



In-Ground Sprinkler Inspection

Transferee / Property Information

Transferee Name:	Ralph Adams, Jr.	Street Address:	3319 Aberdeen Way
City:	Houston	State / Zip:	TX, 77025
Customer:	NuCompass Mobility Services - TX	File Number:	TXUE180051
Customer Contact:	Martha Brock	Report Date:	5/30/2018

Inspection Conditions

Date of Inspection:	5/29/2018	Time:	3:00 pm
Weather:	Fair	Temperature:	93° F
Occupied:	Yes	Parties Present:	Homeowner

Overall System Information / Operation

Manual Controls:	<u>Acceptable</u>
Remarks:	
Corrective Action:	
Condition of Sprinkler Heads:	<u>Acceptable</u>
Remarks:	
Corrective Action:	
Timer / Automatic Settings:	<u>Acceptable</u>
Remarks:	
Corrective Action:	
Water Pressure / Flow:	<u>Acceptable</u>
Remarks:	
Corrective Action:	
Backflow Prevention:	<u>Acceptable</u>
Remarks:	
Corrective Action:	
Overall System Coverage:	<u>Acceptable</u>
Remarks:	
Corrective Action:	
Overall System Condition:	<u>Acceptable</u>
Remarks:	
Corrective Action:	

Comments / Recommendations:

All visually accessible components of the sprinkler system were assessed and found to be in serviceable condition. No repairs are required at this time.



Termite Inspection Summary

Transferee / Property / Inspection Information

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City:	<u>Houston</u>	State / Zip Code:	<u>TX/77025</u>
Customer:	<u>NuCompass Mobility Services</u>	File Number:	<u>TXUE180051</u>
Customer Contact:	<u>Martha Brock</u>	Inspection / Report Date:	<u>5/29/2018-5/30/2018</u>

Issues Identified During Inspection

At the time of inspection, there was no visible evidence of active infestation of any wood destroying insects

Action Required

Action Required: No corrective action is required at this time.

If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Kelly N. Boak
Senior Inspection Specialist
ReloOlogy Inspection Management Services
Phone: 215/622-4696

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

3319 Aberdeen Way
Inspected Address

Houston
City

77025
Zip Code

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection.
C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected.
D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
E. If visible evidence is reported, it does not imply that damage should be repaired or replaced.
F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.
G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any).
H. There are a variety of termite control options offered by pest control companies.
I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended.
J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended.

1A. Ranger Termite and Pest Control Name of Inspection Company
1B. 6686 SPCS Business License Number
1C. PO Box 80162 Address of Inspection Company
1D. Rick Ellis Name of Inspector (Please Print)
1E. Certified Applicator (check one) Technician []

2. Lin Brown Case Number (VA/FHA/Other)
3. 5/29/08 Inspection Date

4A. Relo Name of Person Purchasing Inspection
4B. Ralph Adams Owner/Seller
4C. REPORT FORWARDED TO Title Company or Mortgagee [] Purchaser of Service [] Seller [] Agent [] Buyer []

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. Residence and Garage List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

6A. Were any areas of the property obstructed or inaccessible? Yes [x] No []
6B. The obstructed or inaccessible areas include but are not limited to the following:
Attic [] Insulated area of attic [x] Plumbing Areas [x] Planter box abutting structure [x]
Deck [] Sub Floors [] Slab Joints [x] Crawl Space []
Soil Grade Too High [] Heavy Foliage [] Eaves [] Weepholes []
Other [] Specify []

7A. Conditions conducive to wood destroying insect infestation Yes [] No [x]
7B. Conducive Conditions include but are not limited to:
Debris under or around structure (K) [] Wood to Ground Contact (G) [] Formboards left in place (I) [] Excessive Moisture (J) []
Planter box abutting structure (O) [] Footing too low or soil line too high (L) [] Wood Rot (M) [] Heavy Foliage (N) []
Insufficient ventilation (T) [] Wood Pile in Contact with Structure (C) [] Wooden Fence in Contact with the Structure (R) []
Other (C) [] Specify []

Table with 4 columns: Inspection Reveals Visible Evidence in or on the structure, Active Infestation, Previous Infestation, Previous Treatment. Rows include Subterranean Termites, Drywood Termites, Formosan Termites, Carpenter Ants, and Other Wood Destroying Insects.

6F Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: None

6G Visible evidence of: None has been observed in the following areas: None

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be typed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

The conditions conducive to insect infestation reported in 7A & 7B. 9 Will be or has been mechanically corrected by inspecting company: If "Yes," specify corrections:

Yes No

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H and I, Scope of Inspection)

Yes No

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows:

Yes No

Specify reason: Refer to Scope of Inspection Part J

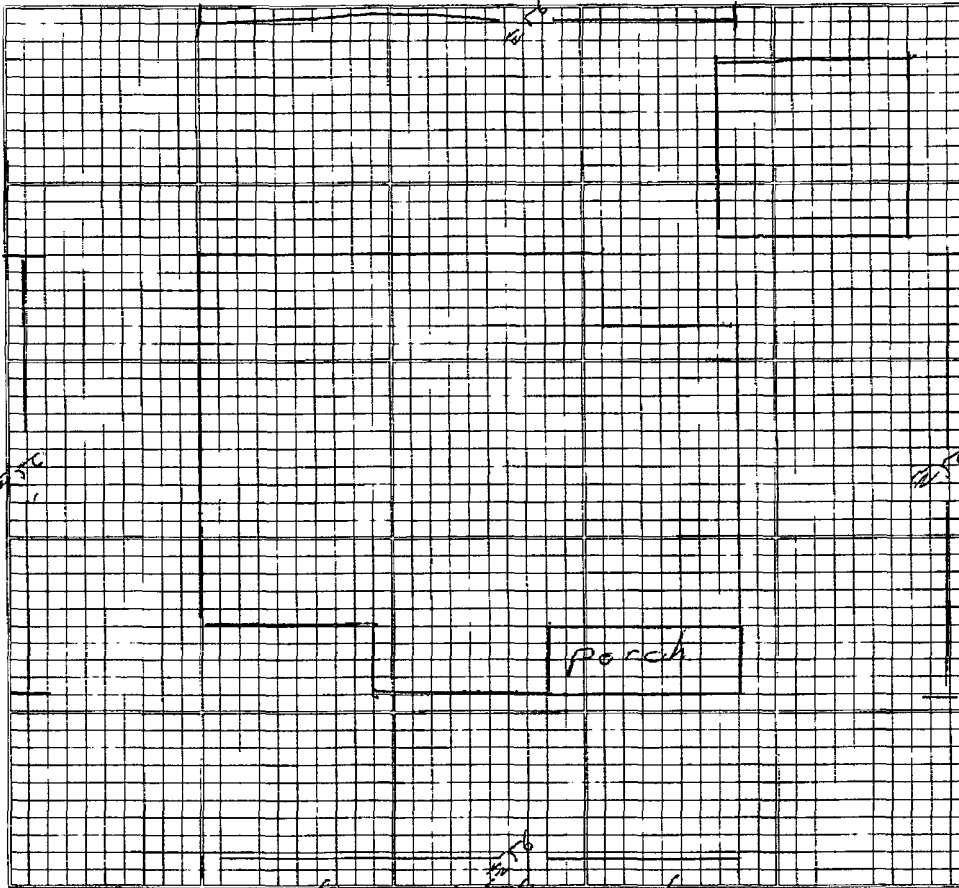
10A. This company has treated or is treating the structure for the following wood destroying insects. If treating for subterranean termites, the treatment was: Partial Spot Full Limited If treating for drywood termites or related insects, the treatment was: Full Limited

Bait Other

10B. Date of Treatment by Inspecting Company: Common Name of Insect: Name of Pesticide, Bait or Other Method: This company has a contract or warranty in effect for control of the following wood destroying insects: Yes No List insects: If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of Infestation, A-Active, P-Previous, D-Drywood Termites, S-Subterranean Termites, F-Formosan Termites, C-Conducive Conditions, B-Wood Boring Beetles, H-Carpenter Ants, Other(s) - Specify



Additional Comments: Recently painted inside

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

Signatures 11A. [Signature] Inspector

Approved 11B. [Signature] 26098 Certified Applicator and Certified Applicator License Number

12A. Notice of Inspection Was Posted At or Near: Electric Breaker Box Water Heater Closet Bath Trap Access Beneath the Kitchen Sink 12B. Date Posted: 5/29/2018 Date

Statement of Purchaser: I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages. Signature of Purchaser of Property or their Designee Date