

16131 RIDGE PARK

HOUSTON

77095

Inspected Address

City

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. BUGABUG Name of Inspection Company
1B. 11465 SPCS Business License Number
1C. 1117 TOBOLA ROSENBERG TX 77471 (281) 344-8266
Address of Inspection Company City State Zip Telephone No.
1D. MARK FOLTZ Name of Inspector (Please Print)
1E. Certified Applicator (check one) Technician

2. UNKNOWN Case Number (VA/FHA/Other)
3. 05/12/2020 Inspection Date

4A. WADE DILLON BECK Name of Person Purchasing Inspection
Seller Agent Buyer Management Co. Other
4B. ESTATE OF GARY HACK 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 No
(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.

6B. The obstructed or inaccessible areas include but are not limited to the following:
Attic Insulated area of attic Plumbing Areas Planter box abutting structure
Deck Sub Floors Slab Joints Crawl Space
Soil Grade Too High Heavy Foliage Eaves Weepholes
Other Specify: SEE SCOPE OF INSPECTION LETTER

7A. Conditions conducive to wood destroying insect infestation: Yes No
(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

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 (Q) Wooden Fence in Contact with the Structure (R)
Other (C) Specify:

8. Inspection Reveals Visible Evidence in or on the structure:
8A. Subterranean Termites Active Infestation Previous Infestation Previous Treatment
8B. Drywood Termites
8C. Formosan Termites
8D. Carpenter Ants
8E. Other Wood Destroying Insects

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: DRILL HOLES IN PAVEMENT.

8G. Visible evidence of: SUBTERRANEAN TERMITES has been observed in the following areas: BATH TRAP

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed 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)

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: DETACH WOOD FENCE FROM STRUCTURE, FIX WOOD ROT, AND LOWER SOIL GRADE TO EXPOSE 3" TO 6" OF SLAB. TO CORRECT CONDUCE CONDITIONS.  
Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects: NONE

If treating for subterranean termites, the treatment was:

Partial  Spot  Bait  Other

If treating for drywood termites or related insects, the treatment was:

Full  Limited

10B. Date of Treatment by Inspecting Company: NONE

Common Name of Insect: NONE

Name of Pesticide, Bait or Other Method: NONE

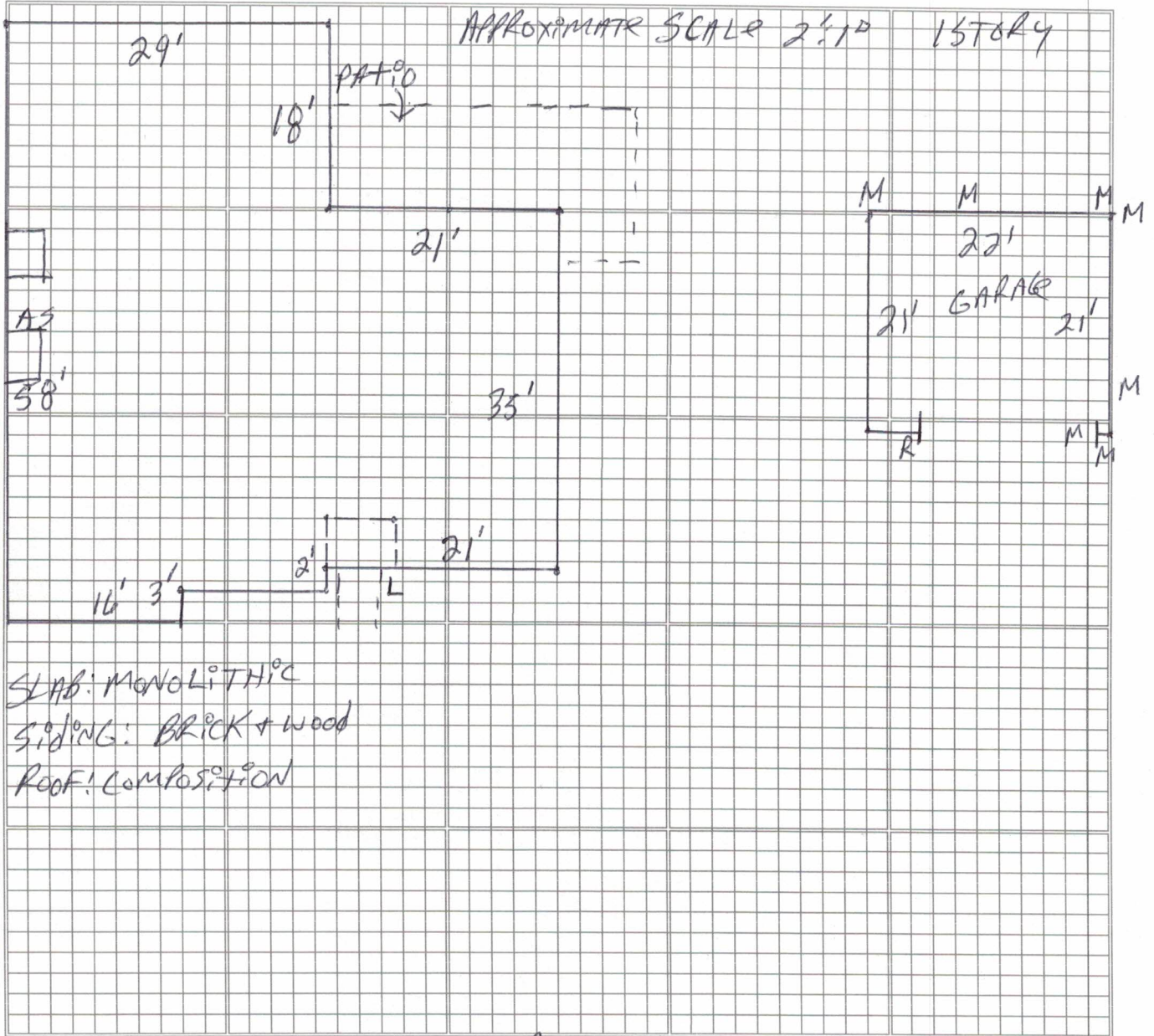
This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes  No  List Insects: NONE

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: NOTE: GARAGE NOT TO POSITION ON GRAPH.

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: [Signature]  
11A. Inspector

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: 05/12/2020  
Date

Approved: [Signature] 559197  
11B. Certified Applicator and Certified Applicator License Number

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: NONE

Signature of Purchaser of Property or their Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**POST-CONSTRUCTION SUBTERRANEAN TERMITE, DRYWOOD TERMITE & RELATED WOOD DESTROYING INSECT TREATMENT DISCLOSURE DOCUMENT**

**PEST CONTROL COMPANY:**

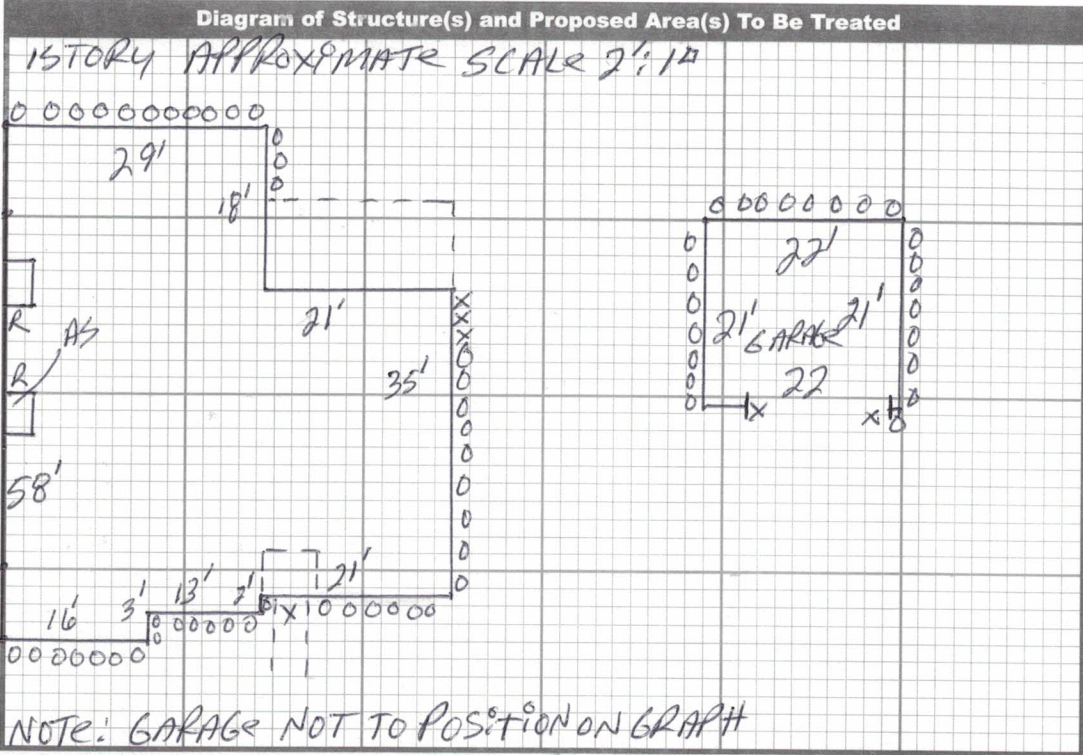
Name: BUGABUG TPCL# 11465 Phone: (281) 344-8266  
 Address: 1117 TOBOLA City: ROSENBERG State: TX Zip Code: 77471

**CUSTOMER:**

Name / Contact: ESTATE OF GARY HACK Phone: \_\_\_\_\_  
 Address to be Treated: 1613 RIDGE PARK City: HOUSTON State: TX Zip Code: 77095  
 Email: \_\_\_\_\_ Notes: CONVERSION PLUS BOOSTER COMPANY UNKNOWN

This disclosure document is provided with each written estimate for treatment of subterranean termites, drywood termites, powder post beetles, wood boring beetles or other related wood destroying insects (excluding carpenter ants). For all treatments there will be a diagram showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Phone (866) 918-4481

**TARGET PEST(S):**  
SUBTERRANEAN TERMITES  
**AREA(S) OF ACTIVITY:**  
BATH TRAP



**AREA(S) TO BE TREATED:**  
EXTERIOR PERIMETER AS MARKED AND BATH TRAPS  
**DISCLOSURE DATE & ESTIMATE DETAILS:**  
05/13/2020

**Key To Diagram Symbols**

Conditions Conducive for Infestation.....	C
Evidence of Infestation.....	E
Evidence of Active Infestation.....	A
Evidence of Previous Infestation.....	P
Evidence of Subterranean Termites.....	S
Evidence of Formosan Termites.....	F
Evidence of Wood Boring Beetles.....	W
Evidence of Powder Post Beetles.....	Y
Evidence of Drywood Termites.....	D
Evidence of Other WDI.....	V
Areas to be Drilled.....	X
Areas to be Trenched.....	O
Area to be Rodded.....	R
Area Bait Station to be Installed.....	BS
Area Physical Barrier to be Installed.....	BT

**CONSTRUCTION TYPE:**

<b>FOUNDATION:</b> <input checked="" type="checkbox"/> Slab <input type="checkbox"/> Pier and Beam Pier Type: _____ <input type="checkbox"/> Basement <input type="checkbox"/> Other: _____	<b>SIDING:</b> <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Plaster <input type="checkbox"/> Other: <u>N/A</u>	<b>ROOF:</b> <input checked="" type="checkbox"/> Composition <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____	<b>PRIMARY USE:</b> <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Public Building <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____	<b>INACCESSIBLE / OBSTRUCTED AREAS:</b> <input checked="" type="checkbox"/> PLUMBING <input checked="" type="checkbox"/> HIGH SOIL <input checked="" type="checkbox"/> INSULATED AREAS <input checked="" type="checkbox"/> BEHIND MIRRORS
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**PROPOSED TREATMENT TYPE & SPECIFICATIONS:**

Subterranean Termite Post-Construction Treatment Types:  Partial  Spot  Baiting System  Barrier  Pier and Beam  Slab Construction (See definitions on back side)  
 Drywood Termite, Powder Post Beetle, Wood Boring Beetle or other related Wood Destroying Insect Treatment Type:  Full  Spot (See definitions on back side)  
 Approximate measurements of structure(s) to be treated: 282 LF  
 A label of DOMINION 2L is attached. The concentration of termiticide or type of treatment to be applied at this location will be .05 % (circle one)  
 If a baiting system will be installed the minimum number of bait stations will be 0. If a physical barrier will be used, the amount of barrier will be: \_\_\_\_\_ sq ft cu ft

**WARRANTY & ATTACHMENTS:**

Warranty information (if any) including area covered, time period of warranty, renewal options and cost, the obligations of the contracting parties, and conditions that could develop which would void the warranty is attached. If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify): \_\_\_\_\_  
 A copy of the consumer information sheet has been made available to the appropriate party.

Mark Foltz Signature of Certified Applicator or Technician Completing Estimate  
559197 Printed Name & License #  
05/13/2020 Date  
 Signature of Customer Verifying Receipt of This Document \_\_\_\_\_ Date \_\_\_\_\_