	TEXAS	OFFICIAL WOOD	DESTROYII	NG INSECT REPO	RT	
	5118 Bur Oak Dr Inspected Address		- 	Pasadena City		77505 Zip Code
Α.	This inspection covers only the multi-family structure, p be included in this inspection report unless specifically i	rimary dwelling or place on noted in Section 5 of this re	eport.	ON eds, detached garage	=	uses or any other structure
B.	This inspection is limited to those parts of the structure(This inspection is limited to those parts of the structure(areas concealed by wall coverings, furniture, equipmer part of the structure(s) (induding the surface appearar structure(s) at time of inspection but which may be	s) that are visible and acce nt and stored articles and nce of the structure). Inspe	essible at the ti (2) any portion ection does r	ime of the inspection. E n of the structure in whot cover any conditi	xamples of inaccessible are hich inspection would nece	eas include but are not limit ssitate removing or defacin
С.	Due to the characteristics and behavior of various wood parts of the structure being inspected. Previous damage devices. Damage that has been concealed or repaired of determine that work performed by a previous pest	d destroying insects, it may ge to trim, wall surface, etc., may not be visible except	y not always b is frequently by defacing th	e possible to determin repaired prior to the i ne surface appearance	nspection with putty, spack The WDI inspecting com	ling, tape or other decoration
D. E.	If visible evidence of active or previous infestation of list If visible evidence is reported, it does not imply that dar	ed wood destroying insec mage should be repaired	ts is reported, or replaced. I	it should be assumed aspectors of the inspec	that some degree of damaş tion company usually are r	ge is present. not engineers or builders q
F.	to give an opinion regarding the degree of structural de THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A V	WARRANTY AS TO THE A	BSENCE OF W	OOD DESTROYING IN	ISECTS.	
G.	If termite treatment (induding pesticides, baits or other proposed for treatment, label of pesticides to be used a covered by warranty, renewal options and approval by the party contracting for such services to any prospecti contracting party.	and complete details of wa v a certified applicator in t	rranty (if any) he termite cat). At a minimum, the wa egory. Information res	arranty must specify which earding treatment and any	areas of the structure(s) ar warranties should be prov
H.	There are a variety of termite control options offered by renewal options.	y pest control companies.	These options	will vary in cost, efficac	y, areas treated, warrantie	s, treatment techniques an
١.	There are some specific guidelines as to when it is appro					
j.	evidence of an active infestation in or on the structure, If treatment is recommended based solely on the press buyer and seller should be aware that there maybe a effectiveness and may or may not require the services conditions by either mechanical alteration or cultural dranged inspection report recommends any type of treatment a second opinion, and/or the Structural Pest Control of the second opinion.	ence of conducive conditic variety of different strateg of a licensed pest control c nanges. Mechanical altera and you have any questic	ons, a prevent jes to correct to operator. The tion may be in ons about this,	tive treatment or corre the conducive condition re may be instances who is some instances the m	ction of conducive condition n(s). These corrective meas nere the inspector will recon nost economical method to c	ns may be recommended. I ures can vary greatly in cos mmend correction of the co correct conducive condition:
1A <u>.</u>	Green Team Pest	1B <u>.</u>			0759610	
16	Name of Inspection Company	ed and an ord			s License Number	(204) 404 0240
1C	105 E Spreading Oaks Ave Address of Inspection Company	Friendswood City		State TX	77546 Zip	(281) 484-8318 Telephone No.
1D,	John Landry Name of Inspector (Please Print)		1E.	Certified Applica Technician	ator [] [X]	(check one)
2	N/A Case Number (VA/FHA/Other)	3			26/2019 ection Date	
4A	Jerry Rock Name of Person Purchasing Inspection	Seller [] Agent	[] Buyer [X] Management Co. [] Other []	N/A
4B	Owner of Record Owner/Seller					
4C.REP	ORT FORWARDED TO: Title Company or Mortgagee (Under the Structural Pest Control regulations only the			Seller [] ed to receive a copy)	Agent [X] Buye	er []
The stru This rep	ucture(s) listed below were inspected in accordance with port is made subject to the conditions listed under the Sc	the official inspection proper of Inspection. A diag	ocedures ad gram must be	lopted by the Texas [e attached including a	Department of Agriculture all structures inspected.	e Structural Pest Control S
List stru	Residence (slab) icture(s) inspected that may include residence, detached	d garages and other stru	ictures on th	e property. (Refer to	Part A, Scope of Inspection	n)
6A.Wer (Refer t	e any areas of the property obstructed or inaccessible? o Part B & C, Scope of Inspection) If "Yes" specify in 6B.	Yes	[X]	No	[]	
Deck	obstructed or inaccessible areas indude but are not limi [] Insulated area of a [] Sub Floors ade Too High [] Heavy Foilage	ted to the following: ttic [X] Plumbi [] Slab Joi [] Eaves	ng Areas nts	[X] Planter [] Crawl S [X] Weeph		[] []
Other		aps, Furniture/Storage,	Fresh Paint	, Patio Brick/Tile		
	ditions conducive to wood destroying insect infestation: o Part J, Scope of Inspection) If "Yes" specify in 7B.	Yes	[]	No	M	
Plante	ducive Conditions include but are not limited to: Wood to C under or around structure (K) but but but but are not limited to: Wood to C Footing to Wood Pile Cient ventilation (T) Other (C)	oo low or soil line too higr in Contact with Structui	re(Q) []	Formboards left in Wood Rot (M) Wooden Fence in C	place (I) [] Excessiv [] Heavy F Contact with the Structure	re Moisture (J) [] Foliage (N) [] Re (R) []

8G. Visible evide		(Including pesticides, baits, existing treatment stickers or other methors has been observed in the following areas:	ds) identified: N/A
If there is visible	e evidence of active or previous	infestation, it must be noted. The type of insect(s) must be listed in the	a first blank and all identified infasted areas of the areas
		(Refer to Part D, E & F, Scope of Inspection)	e first blank and amdentined intested areas of the prop
	Li	icensed and Regulated by the Texas Department of A PO Box 12847, Austin, Texas 78711-2847	Agriculture
SPCS/T-4	(Rev. 09/01/07)	Phone 866-918-4481, Fax 888-232-2567	Buyer's Initials

	TEXAS OFFI	CIAL WO	OD DEST	ROYING IN	SECT RE	PORT				
	ct infestation reported in 7A & 7B: y corrected by inspecting company:						Yes	[]	No	[X]
If "Yes," specify corrections:	N/A							-		
A.Corrective treatment recomme	ended for active infestation or eviden in 8. (Refer to Part G, H, and I, Scope o	ce of previo	ous infestatio	on with no pric	or treatme	nt	75			2.2
as identified in Sectio B.A preventive treatment and/o	n 8. (Refer to Part G, H, and I, Scope o or correction of conducive conditions a	f Inspection is identified	1) lin 7A & 7B i	s recommende	ed as follov	vs:	Yes Yes	[]	No No	[X]
Specify reason: N/A										-
Refer to Scope of Inspection Pa	art I									
The state of the s	is treating the structure for the follow	ing wood d	lectrouing in	corte: N	I/A	Hamilton Market State				
treating for subterranean term	nites, the treatment was: or related insects, the treatment was:	Partial Full	[]	Spot Limited	[]	Bait	[]	Other	[]	
Date of Treatment by	N/A Inspecting Company	2	Common N	N/A lame of Insect	.,	_	Name of Pes		VA or Other	Meth
nis company has a contract or w	varranty in effect for control of the follo	owing wood					INDITIC OF FEE	adde, baic	or ourer	IVICU
			i destroying	insects:						
	No [X] List Insects: _ warranty and treatment diagram m Dia	N/A just be atta	ached.	re(s) Inspe	ected	nfestation a	and type of ins	sect by usin	g the fol	lowin
If "Yes", copy(ies) of which is the inspector must draw a diagraph odes: E-Evidence of Infestation,	No [X] List Insects: _warranty and treatment diagram m Dia aminduding approximate perimeter A-Active; P-Previous; D-Drywood Tern (s) – Specify N/A	N/A nust be atta agram of measuremenites; S-Subi	f Structu	re(s) Inspe	previousi	mites; C-Co	and type of ins nducive Cond	sect by usin itions; B-Wo	g the fol ood Borii	lowin ng
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If "Yes", copy(ies) of v	No [X] List Insects: _warranty and treatment diagram m Dia aminduding approximate perimeter A-Active; P-Previous; D-Drywood Tern (s) – Specify N/A	N/A nust be atta agram of measuremenites; S-Subi	f Structu	re(s) Inspe licate active or ermites; F-Forn	previous i mosan Ter	mites; C-Co	and type of ins nducive Cond	itions; B-Wa	g the fol ood Borin	dowir

6 2 15	4			21					
Additional Comments									
Inspector Approved:	W. Ba	ectric Breaker Box ater Heater Closet ath Trap Access eneath the Kitchen Sink	[] [] []						
11B. <u>Greg Bryan #558140</u> Certified Applicator and Certified Applicator License Number	12B	2019	0-11-26 Date	and the second s					
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 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	Da	ite							
SPCS/T-4 (Rev. 09/01/07)									