|  | FICIAL WOOD DESTRO  | THO HOLOT KEI OKT  | FF3.45   | Page 1 of 4<br>-  |
|--|---|--|--|---|
| 10 Heather Lake Ct.  | <u>Kingwood</u>   | 0"   | <u>77345</u>   |   |
| Inspected Address  |   | City   |  | Zip Code  |
|  | SCOPE OF INSP   | ECTION   |  |   |
| This inspection covers only the multi-family structure, p  |   |  | os, fences, guest  | t houses or any other st  |
| will not be included in this inspection report unless spe<br>This inspection is limited to those parts of the structure  |   |  | les of inaccessibl   | le areas include hut are  |
| limited to (1) areas concealed by wall coverings, furnitu<br>or defacing any part of the structure(s) (including the st  | ire, equipment and stored articles<br>urface appearance of the structur   | s and (2) any portion of the structure i<br>e). <b>Inspection does not cover any</b>   | n which inspection or dan  | on would necessitate rea  |
| in or on the structure(s) at time of inspection but we<br>Due to the characteristics and behavior of various woo   |   |  |  | ition without defacing or   |
| removing parts of the structure being inspected. Previo  | ous damage to trim, wall surface,   | etc., is frequently repaired prior to the  | inspection with p  | outty, spackling, tape or   |
| decorative devices. Damage that has been concealed   | or repaired may not be visible ex   | cept by defacing the surface appeara   | nce. The WDI in:   | specting company car  |
| guarantee or determine that work performed by a pest(s) inactive.  | previous pest control company   | , as indicated by visual evidence o  | f previous treat   | ment, has rendered th   |
| If visible evidence of active or previous infestation of lis   | ted wood destroying insects is re   | ported, it should be assumed that so   | me degree of dan   | nage is present.  |
| If visible evidence is reported, it does not imply that dar  | nage should be repaired or repla  | ced. Inspectors of the inspection com  | pany usually are   | not engineers or builde   |
| qualified to give an opinion regarding the degree of structure at the stru |   |  |  | y a qualified expert.   |
| THIS IS NOT A STRUCTURAL DAMAGE REPORT Of If termite treatment (including pesticides, baits or other   |   |  |  | e structure(s) inspected  |
| proposed for treatment, label of pesticides to be used a   | and complete details of warranty  | (if any). At a minimum, the warranty n   | nust specify which   | h areas of the structure  |
| covered by warranty, renewal options and approval by   |   |  |  |   |
| by the party contracting for such services to any prospethan the contracting party.  | ective buyers of the property. The  | inspecting company has no duty to p  | provide such info  | rmation to any person o   |
| There are a variety of termite control options offered by  | pest control companies. These   | options will vary in cost, efficacy, area  | s treated, warran  | ities, treatment techniqu   |
| renewel entires  |   |  |  |   |
| renewal options.   |   |  |  | 1 126747 11   |
| There are some specific guidelines as to when it is app  |   |  |  |   |
| There are some specific guidelines as to when it is app<br>visible evidence of an active infestation in or on the str<br>If treatment is recommended based solely on the prese   | ucture, (2) there is visible evidence<br>ence of conducive conditions, a pi   | ce of a previous infestation with no every eventive treatment or correction of co  | idence of a prior onducive condition   | treatment.<br>Ins may be recommend  |
| There are some specific guidelines as to when it is app<br>visible evidence of an active infestation in or on the str<br>If treatment is recommended based solely on the prese<br>buyer and seller should be aware that there may be a   | ucture, (2) there is visible evidence<br>ence of conducive conditions, a proverse to conductive trategies to conductive to conduct the conductive trategies the conductive trategies to conduct the conductive trategies the conductiv | ce of a previous infestation with no evereventive treatment or correction of correct the conducive condition(s). The   | idence of a prior onducive conditions se corrective me   | treatment.<br>ns may be recommend<br>asures can vary greatly  |
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The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas 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. House structure with detached garage only

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

4C. REPORT FORWARDED TO: Title Company or Mortgagee  $\square$  Purchaser of Service  $\square$  Seller  $\square$  Agent  $ot identification of the purchaser of Service <math>\square$  Seller  $\square$  Agent ot identification of the purchaser of Service <math>
ot identification of Service of S

(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

Buyer 🗹

## TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

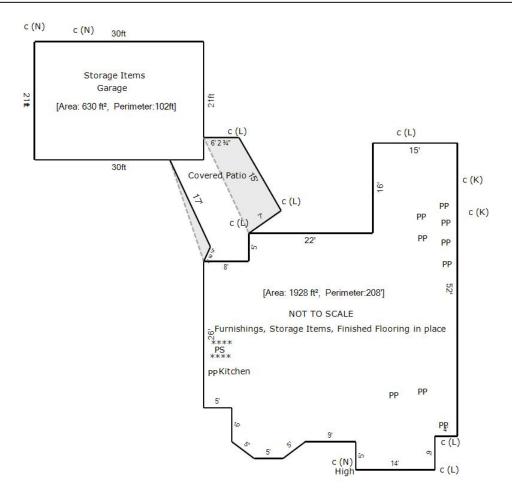
| 6A. Were any areas of the p (Refer to Part B & C, Scope  |                            |  |                         | Yes 🗹            | No          | o 🗆        |                         |                 |            |                  |                  |                         |
|--|----------------------------|--|-------------------------|------------------|-------------|------------|-------------------------|-----------------|------------|------------------|------------------|-------------------------|
| 6B. The obstructed or inacc  | essible areas i            | nclude but are not limited   | to the follow           | ving:            |             |            |                         |                 |            |                  |                  |                         |
| Attic  |                            | Insulated area of attic  |                         | Plumb            | ing Areas   |            |                         | Planter box     | abuttin    | g structure      | . 🗆              |                         |
| Deck   |                            | Sub Floors   | $\overline{\checkmark}$ | Slab J           | oints       |            | $\overline{\checkmark}$ | Crawl Space     | се         |                  |                  |                         |
| Soil Grade Too High  | $\overline{\checkmark}$    | Heavy Foliage  | $\overline{\checkmark}$ | Eaves            |             |            | $\overline{\mathbf{V}}$ | Weepholes       | ;          |                  |                  |                         |
| Other  | $\overline{\checkmark}$    | Specify: Wall Void   | ls / Furn               | <u>iture , S</u> | Storage     | e Iter     | ns and l                | <u>Finished</u> | d Floo     | oring I          | n Place          |                         |
|  |                            |  |                         |                  |             |            |                         |                 |            |                  |                  |                         |
| 7A. Conditions conducive to (Refer to Part J, Scope of In-   |                            |  |                         | Yes 🗹            | N           | 。<br>□     |                         |                 |            |                  |                  |                         |
| 7B. Conducive Conditions in  | clude but are r            | ot limited to: Wood to Ground (  | Contact (G)             | [                |             | Form       | boards left ir          | n place (I)     |            | Exces            | ssive Moisture ( | J) 🗆                    |
| Debris under or around struc   | cture (K)                  | Footing too low or   | soil line too           | high (L)         | <b>√</b>    | Wood       | Rot (M)                 |                 |            | Heavy            | y Foliage (N)    | $\overline{\checkmark}$ |
| Planter box abutting structur  | e (O)                      | Wood Pile in Cont  | act with Stru           | ıcture (Q)       |             | Wood       | len Fence in            | Contact w       | ith the S  | tructure (R      | R)               |                         |
| Insufficient ventilation (T)   |                            | Other (C)  | Specify:                |                  |             |            |                         |                 |            |                  |                  |                         |
| 8. Inspection Reveals Visible  | e Evidence in o            | r on the structure:  |                         | Active Inf       | estation    |            | Previous                | Infestation     |            | Previous         | Treatment        |                         |
| 8A. Subterranean Termites  |                            |  |                         | Yes $\square$    | No 🗹        |            | Yes 🗹                   | No 🗆            |            | Yes $\square$    | No 🗹             |                         |
| 8B. Drywood Termites   |                            |  |                         | Yes 🗆            | No 🗹        |            | Yes 🗆                   | No 🗹            |            | Yes 🗆            | No 🗹             |                         |
| 8C. Formosan Termites  |                            |  |                         | Yes 🗆            | No 🗹        |            | Yes 🗆                   | No 🗹            |            | Yes 🗌            | No 🗹             |                         |
| 8D. Carpenter Ants   |                            |  |                         | Yes $\square$    | No 🗹        |            | Yes 🗆                   | No 🗹            |            | Yes 🗆            | No 🗹             |                         |
| 8E. Other Wood Destroying Specify:   | Insects                    |  |                         | Yes 🗆            | No ☑<br>—   |            | Yes 🗆                   | No 🗹            |            | Yes              | No 🗹             |                         |
| 8F. Explanation of signs of p  |                            |  |                         | -                |             |            |                         |                 |            |                  |                  |                         |
| 8G. Visible evidence of: $\underline{Pr}$  | <u>evious sul</u>          | <u>o termites</u> has bee  | n observed i            | in the follow    | ing areas:  | <b>Beh</b> | <u>ind refr</u>         | <u>igerato</u>  | r area     | <u>a in kite</u> | <u>chen near</u> | <u>ice maker</u>        |
| water supply.  If there is visible evidence of inspected must be noted in the supplemental to the suppleme |                            |  |                         |                  | ect(s) mus  | st be lis  | sted on the fi          | rst blank ar    | nd all ide | entified infe    | ested areas of t | ne property             |
| The conditions conducive to  | insect infestati           | on reported in 7A & 7B:  |                         |                  |             |            |                         |                 |            |                  |                  |                         |
| 9. Will be or has been mecha   | anically correct           | ed by inspecting compan  | y:                      |                  |             |            |                         | Ye              | es 🗌       |                  | No 🗹             |                         |
| If "Yes", specify corrections:   |                            |  |                         |                  |             |            |                         |                 |            |                  |                  |                         |
| 9A. Corrective treatment rec   |                            |  | •                       | ious infesta     | tion with n | o prior    | treatment               |                 | <b>.</b> 7 |                  | 🗖                |                         |
|  | •                          | art G, H and I, Scope of I   |                         |                  |             |            |                         |                 | es 🗹       |                  | No ∐             |                         |
| 9B. A preventive treatment a   |                            |  |                         |                  |             |            |                         |                 | es 🗹       | II               | No 🗆             |                         |
|  | _                          | present at the rid from touching   | _                       |                  |             |            |                         |                 |            | _                | _                | _                       |
| <u>/ siding.</u>   |                            |  |                         |                  |             |            |                         |                 |            |                  |                  |                         |
| Refer to Scope of Insp   | ection Part J              |  |                         |                  |             |            |                         |                 |            |                  |                  |                         |
| 10A. This company has trea   | ted or is treatin          | a the structure for the foll   | owina wood              | destrovina       | insects: N  | J/A        |                         |                 |            |                  |                  |                         |
| If treating for subterranean to  |                            |  |                         |                  | Spot        |            | Ba                      | it $\square$    |            | Other            |                  |                         |
| If treating for drywood termit   | •                          |  |                         |                  | Limited     |            | Ju                      |                 |            |                  | -                |                         |
| 10B. N/A Date of Treatment b   |                            | <u>N</u> /   | <u>'A</u>               | on Name of       |             | _          | <u>N/A</u>              | Name of P       | esticide   | Bait or Ot       | her Method       |                         |
| This company has a contract Yes N  | t or warranty in<br>o ☐ Li | effect for control of the for standard standard standard for control of the forest standard standard standard for standard standa | ollowing woo            | od destroyin     |             |            |                         | . taine of F    |            | , sait of Ot     | or Motilou       |                         |
| If "Yes", copy(id  | es) of warrant             | y and treatment diagrar  | n must be a             | ttached.         |             |            |                         |                 |            |                  |                  |                         |

SPCS/T-4 (Rev. 09/01/07) Buyer's Initials \_\_\_\_\_\_

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: EEvidence 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 **PP = Plumbing Penetrations** 

SPCS/T-4 (Rev. 09/01/07) Buyer's Initials \_\_\_\_

## TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

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 which I am acting is associated in any way with any party to the transaction.

| Signatures:   | Notice     | of Inspection Was Posted At o   | r Near     |                       |                 |
|---|------------|---|------------|-----------------------|-----------------|
| 11AInspector  Approved:   | 12A.       | Electric Breaker Box<br>Water Heater Closet<br>Bath Trap Access<br>Beneath the Kitchen Sink |            |                       |                 |
| CA #0612434  Certified Applicator and Certified Applicator License Number               | 12B.       | Date Posted <b>Monday</b> ,   | June       | <b>17, 2019</b> Date  |                 |
| Stateme   | nt of Pເ   | rchaser   |            |                       |                 |
| I have received the original or a legible copy of this form. I have read and understand |            |   | o read and | understand the "Scope | of Inspection." |
| understand that my inspector may provide additional information as an addendum to the   | is report. |   |            |                       |                 |
| If additional information is attached, list number of pages:                            |            |   |            |                       |                 |
| Signature of Purchaser of Property or their Designee                                    | Date       |   |            |                       |                 |
|   |            |   |            |                       |                 |