

18522 Royal mist

Inspected Address

Tom Ball

City

77377

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. K.C. Pest Control 1B. 9890 0568834
Name of Inspection Company SPCS Business License Number
1C. 5314 Lakewood Spring Tx 77379 281-379-6223
Address of Inspection Company City State Zip Telephone No.
1D. Kelton Casey 1E. Certified Applicator [checked] Technician []

2. N/A 3. 1-15-20
Case Number (VA/FHA/Other) Inspection Date

4A. Whitney King Seller [] Agent [] Buyer [checked] Management Co. [] Other []
Name of Person Purchasing Inspection

4B. N/A
Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgagee [] Purchaser of Service [] Seller [] Agent [] Buyer [checked]
(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

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. House 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 [checked] 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 [checked] Insulated area of attic [checked] Plumbing Areas [checked] Planter box abutting structure []
Deck [] Sub Floors [] Slab Joints [checked] Crawl Space []
Soil Grade Too High [] Heavy Foliage [] Eaves [checked] Weepholes []
Other [] Specify: _____

7A. Conditions conducive to wood destroying insect infestation: Yes [checked] 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) [checked] Excessive Moisture (J) []
Planter box abutting structure (O) [] Footing too low or soil line too high (L) [checked] Wood Rot (M) [checked] Heavy Foliage (N) []
Insufficient ventilation (T) [] Wood Pile in Contact with Structure (Q) [checked] 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: _____

8G. Visible evidence of: _____ has been observed in the following areas: _____

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: Correct Conducive Conditions
Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects:

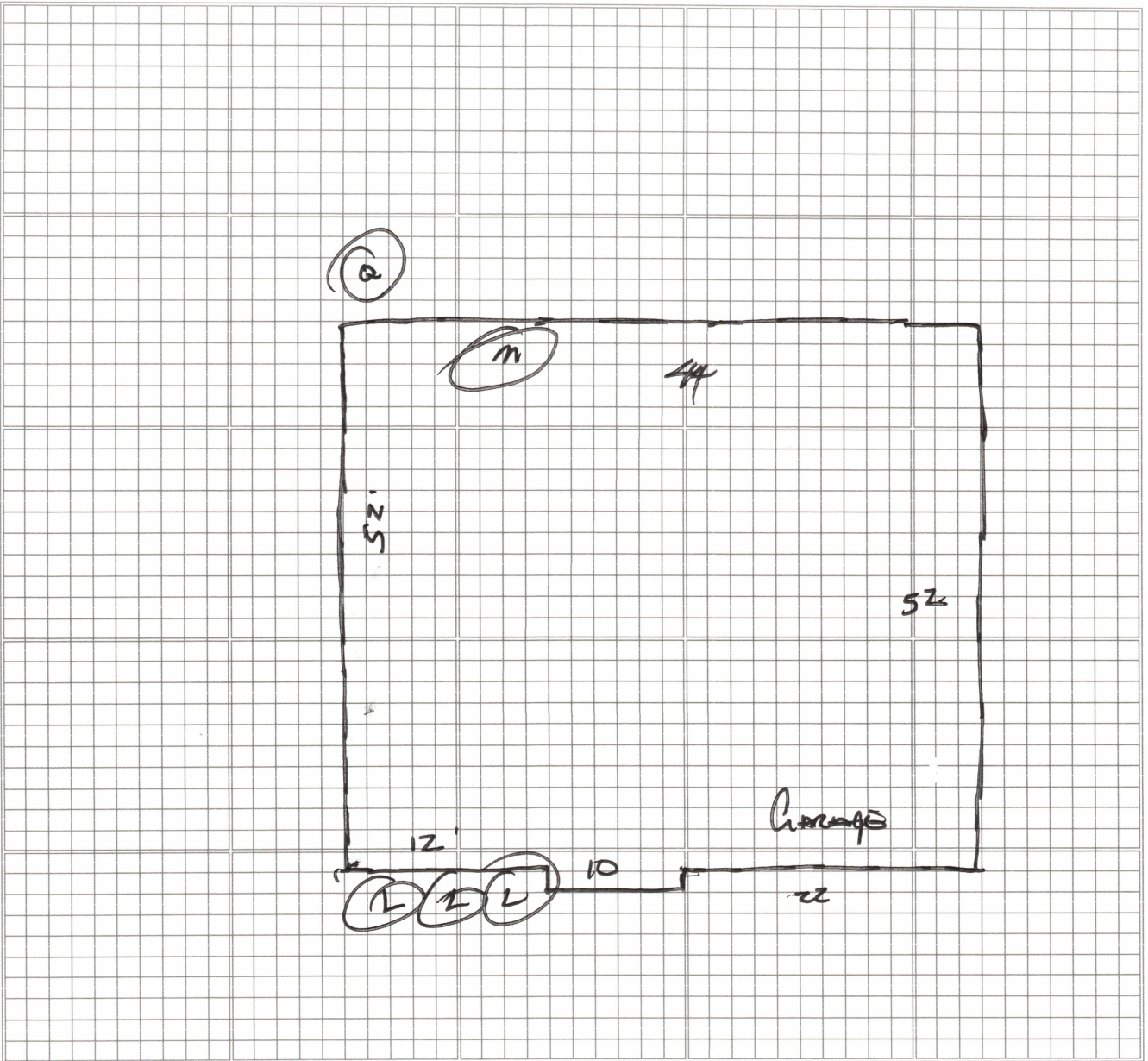
N/A

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 _____ 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 _____

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

Approved: [Signature] 028834
11B. _____
Certified Applicator and Certified Applicator License Number

12B. Date Posted 1-15-20 _____
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: _____