



ESCO Pest Control, Inc

9355 Jamaica Beach
Galveston, TX 77554

Office: 409-737-3200

Fax: 409-737-1803

TPCL# 2710A

Cover Sheet

DATE: 1/14/21

ATTN:

BUYER: NATE MCDERMOTT

EMAIL: NMCDERMOTT2016@YAHOO.COM

REALTOR:

EMAIL: JENSENMGMTGROUP@GMAIL.COM

RE: WDI – 3610 AVE Q

PAGES: 4

COMMENTS:

WDI Report, Scope of Inspection, & Invoice marked 'PAID'

~THANK YOU FOR YOUR BUSINESS~

WWW.ESCOPESTCONTROL.COM

ESCOPEST@AOL.COM

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

3610 Q

Gal TX

77550

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. ESCO PEST CONTROL, INC.

1B. 2710-0568035

Name of Inspection Company

SPCS Business License Number

1C. 9355 JAMAICA BEACH

GALVESTON

TX

77554

409-737-3200

Address of Inspection Company

City

State

Zip Code

Phone

1D. STEVE SPICER 0562431

1E. Certified Applicator [X] (check one)

Name of Inspector (Please Print)

Technician []

1F. Inspection Date

1-14-21

2. Name of Person Purchasing Inspection

Seller [] Agent [] Buyer [X] Management Co. [] Other []

3. Owner/Seller

Owner/Seller

4. REPORT FORWARDED TO: Title Company or Mortgagee [] Purchaser of Service [] Seller [] Agent [X] Buyer [X]

(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.

5A. 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)

5B. Type of Construction:

- Foundation: Slab [], Pier & Beam [X], Pier Type [], Basement [], Other []
Siding: Wood [X], Hardie Plank [], Brck [], Stone [], Other []
Roof: Composition [X], Wood Shingle [], Metal [], Tile [], Other []
Stucco []

6A. 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 [], Bait [], Other []
If treating for drywood termites or related insects, the treatment was: Full [], Limited []

6B. Date of Treatment by Inspecting Company: N/A, Common Name of Insect: N/A, Name of Pesticide, Bait or Other Method: N/A

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

YES [], NO [X] List Insects: N/A
If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the purchase or sale of this 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 real estate transaction.

7A. Inspector (Technician or Certified Applicator Name and License Number)

Others Present:
7B. Apprentices, Technicians, or Certified Applicators Name(s) and Registration/License Number(s)

Notice of Inspection Was Posted At or Near:

- 8A. Electric Breaker Box [], Water Heater Closet [], Beneath the Kitchen Sink [X]

8B. Date Posted: 1-14-21

9A. Were any areas of the property obstructed or inaccessible? YES [X] NO []

9B. The obstructed or inaccessible areas include but are not limited to the following:

- Attic [], Insulated Area of Attic [], Plumbing Areas [X], Planter Box Abutting Structure []
Deck [], Sub Floors [X], Slab Joints [X], Craw Space []
Soil Grade Too High [], Heavy Foliage [X], Eaves [], Weepholes []

Other []: Specify

10A. Conditions conducive to wood destroying insect infestation: YES [X] NO []

10B. Conducive Conditions include but are not limited to:

- Debris under or around structure (K) [], Wood to Ground Contact (G) [X], Formboards left in place (I) [], Excessive Moisture (J) []
Planter box abutting structure (O) [], Footing too low or soil or soil line too high (L) [X], Wood Rot (M) [], Heavy Foliage (N) [X]
Insufficient Ventilation (T) [], Wood Pile in Contact with Structure (Q) [], Wooden Fence in Contact with the Structure (R) [], Other (C) []

Specify:

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Inspected Address	City	Zip Code
11. Inspection Reveals Visible Evidence in or on the structure:	Active Infestation	Previous Infestation
11A. Subterranean Termites	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11B. Drywood Termites	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11C. Formosan Termites	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11D. Carpenter Ants	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11E. Other Wood Destroying Insects	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Specify:

11F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified:

Bait Stations, Holes in Slab, Stains under Home

11G. Visible evidence of Dry Wood + Subterranean Termites has been observed in the following areas:

Shown on Diagram on (AD) + (P5)

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)

12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 11. (Refer to Part G, H, and I, Scope of Inspection)

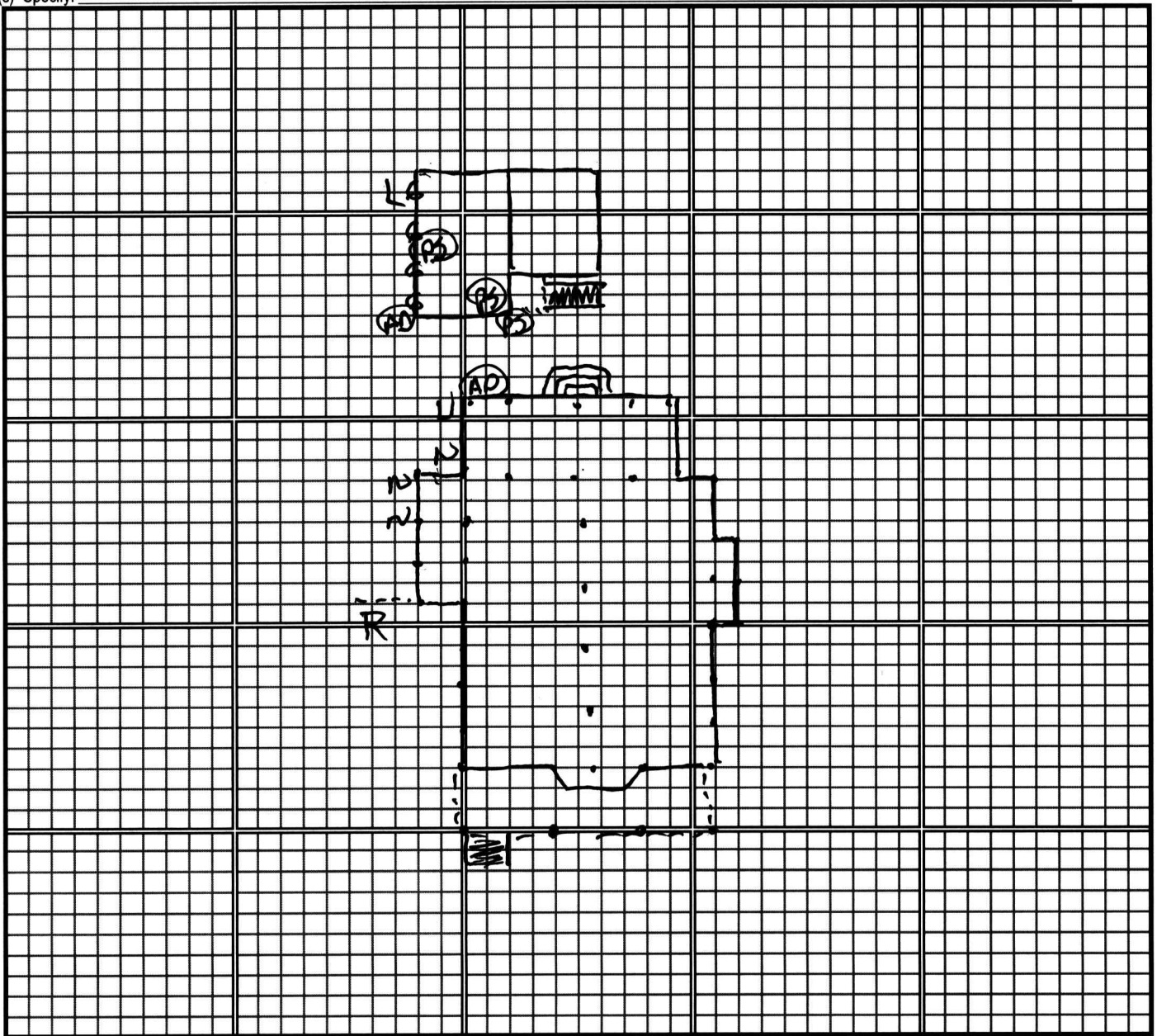
12B. A preventative treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows: Yes No

Specify Reason:

Refer to Scope of Inspection Part J

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=Conductive Conditions; B=Wood Boring Beetles; H=Carpenter Ants; Other(s) -Specify:



Additional Comments:

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

Customer or Designee Not Present

Buyer's Initials

ESCO Pest Control, INC.

INVOICE

9355 Jamaica Beach
Galveston TX 77554
409-737-3200 (Office)
409-737-1803 (Fax)

01/14/21

WDI REPORT FEE

For: INSPECTION

BILL TO:

(B) MCDERMOTT

(S) N/A

Address: 3610 AVE Q

DESCRIPTION	AMOUNT
Inspection of home for wood destroying insects	75.00
15% LATE FEE AFTER 30 DAYS	
Inspection performed by: Steve K Spicer -- License #: 29525PT	
TPCL#2710-A	
Tax (7.25 %)	5.44
TOTAL	\$ 80.44

PAID

Make all checks payable to **ESCO Pest Control, Inc**
Payment due upon receipt

Licensed & Regulated by the Texas Dept. of Agriculture
Structured Pest Control Service
P.O. Box 12847
Austin, TX 78711-2847
1-866-918-4481

THANK YOU FOR YOUR BUSINESS!

ESCO PEST CONTROL INC
16708 SAN LUIS PASS RD STE N
GALVESTON, TX 77554
(409) 737-3200
HEADER 61

Bank ID: 6011
Merchant ID: 1654
Term ID: 002

Sale

XXXXXXXXXX6177

MASTERCARD

Entry Method: Manual

Total: \$ 80.44

01/15/21 07:44:31

Inv #: 000001 Appr Code: 373516

Apprvd: OnLine Batch#: 015001

CVV2 Code: NOT PROCESSED P

Retrieval Ref. #: 80100001

Customer: Copy

THANK YOU!
FOOTER 41