

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

106 - POMPANO

GALVESTON, TEXAS

77550
Zip Code

Inspected Address

City

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. GENESIS PEST CONTROL 1B. TPCL# 12292 TPW // TDA # 0569270
Name of Inspection Company SPCB Business License Number
1C. 3010-OVERLAND TRAIL DIKINSON TEXAS 77539 409-457-5160
Address of Inspection Company City State Zip Telephone No.
1D. JOSE R PORTILLO 1.E Certified Applicator [X] (check one)
Name of Inspector (Please Print) Technician []
2. Case Number (VA/FHA/Other) 3. 06/01/2016 Inspection Date 4A. Seller [] Agent [x] Buyer [x] Management Co. [] Other [] Owner

4B-Name of Person Purchasing Inspection: VICKY RAABE Owners/Sellers: UNKNOWN

4C.REPORT FORWARDED TO: Title Company or Mortgagee [] Purchaser of Service [X] Seller [P] Agent [] Buyer []
(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 Structural Pest Control Board. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected. SINGLE FAMILY HOME, ATTACHED GARAGE, COMP. ROOF.

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 [X] 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 [X] Plumbing Areas [X] Planter box abutting structure [X]
Deck [] Sub Floors [X] Slab Joints [] Crawl Space []
Soil Grade Too High [] Heavy Foliage [] Eaves []
Other [] Specify: between the walls or siding.

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

7B.Conductive Conditions include but are not limited to:
Debris under or around structure (K) [] Wood to Ground Contact (G) [X] Form boards left in place (I) [] Excessive Moisture (J) []
Footing too low or soil line too high (L) [X] Wood Rot (M) [] Heavy Foliage (N) []
Planter box abutting structure (O) [X] Wood Pile in Contact with Structure (Q) [] Wooden Fence in Contact with the Structure []
Insufficient ventilation (T) [] Other (C) []

8. Inspection Reveals Visible Evidence in or on the structure:
Active Infestation Previous Infestation Previous Treatment
8A. Subterranean Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8B. Drywood Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8C. Formosan Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8D. Carpenter Ants Yes [] No [X] Yes [] No [X] Yes [] No [X]
8E. Other Wood Destroying Insects Yes [] No [X] Yes [] No [X] Yes [] No [X]

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: TERMINEX STICKER
8G. Visible evidence of: NO ACTIVE TERMITES AT THIS TIME has been observe in the following areas: SEE GRAPH.
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).

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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.

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Address of Inspection Company City State Zip Telephone No.
1D. JOSE R PORTILLO 1.E Certified Applicator [X] (check one)
Name of Inspector (Please Print) Technician []

2. Case Number (VA/FHA/Other) 3. 06/01/2016 Inspection Date
4A. Seller [] Agent [x] Buyer [x] Management Co. [] Other [] Owner
4B-Name of Person Purchasing Inspection: VICKY RAABE Owners/Sellers : UNKNOWN
4C.REPORT FORWARDED TO: Title Company or Mortgagee [] Purchaser of Service [X] Seller [P] Agent [] Buyer []

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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 [X] No []
6B. The obstructed or inaccessible areas include but are not limited to the following:
Attic [] Insulated area of attic [X] Plumbing Areas [X] Planter box abutting structure [X]
Deck [] Sub Floors [X] Slab Joints [] Crawl Space []
Soil Grade Too High [] Heavy Foliage [] Eaves [] Weep holes []
Other [] Specify: between the walls or siding.

7A. Conditions conducive to wood destroying insect infestation: Yes [X] No []
7B. Conducive Conditions include but are not limited to:
Debris under or around structure (K) [] Wood to Ground Contact (G) [X] Form boards left in place (I) [] Excessive Moisture (J) []
Planter box abutting structure (O) [X] Footing too low or soil line too high (L) [X] Wood Rot (M) [] Heavy Foliage (N) []
Insufficient ventilation (T) [] Wood Pile in Contact with Structure (Q) [] Wooden Fence in Contact with the Structure []
Specify:
8. Inspection Reveals Visible Evidence in or on the structure:
Active Infestation Previous Infestation Previous Treatment
8A. Subterranean Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8B. Drywood Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8C. Formosan Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8D. Carpenter Ants Yes [] No [X] Yes [] No [X] Yes [] No [X]
8E. Other Wood Destroying Insects Yes [] No [X] Yes [] No [X] Yes [] No [X]
Specify:
8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: TERMINEX STICKER
8G. Visible evidence of NO ACTIVE TERMITES AT THIS TIME has been observe in the following areas: SEE GRAPH.

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B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.
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. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment; has rendered the pest(s) inactive.
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. Inspectors of the inspection company usually are not engineers Or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
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). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, Treatment techniques and renewal options.
I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be Recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no Evidence of a prior treatment.
J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be Recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These Corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Board.

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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 [X] 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:
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Soil Grade Too High [] Heavy Foliage [] Eaves [] Weep holes []
Other [] Specify: between the walls or siding.

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

7B.Conductive Conditions include but are not limited to:
Debris under or around structure (K) [] Wood to Ground Contact (G) [X] Form boards left in place (I) [] Excessive Moisture (J) []
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Insufficient ventilation (T) [] Wood Pile in Contact with Structure (Q) [] Wooden Fence in Contact with the Structure []
Other (C) []

8. Inspection Reveals Visible Evidence in or on the structure:
Active Infestation Previous Infestation Previous Treatment
8A.Subterranean Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8B.Drywood Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8C.Formosan Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8D.Carpenter Ants Yes [] No [X] Yes [] No [X] Yes [] No [X]
8E.Other Wood Destroying Insects Yes [] No [X] Yes [] No [X] Yes [] No [X]

8F.Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: TERMINEX STICKER
8G.Visible evidence of NO ACTIVE TERMITES AT THIS TIME has been observe in the following areas: SEE GRAPH
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).

Licensed and Regulated by the Texas Department of agriculture
PO Box 12847
Austin, Texas 78711-2847

The conditions conducive to insect infestation reported in 7A & 7B:

9. Will be or has been mechanically corrected by inspecting company: Yes No

If "Yes," specify corrections:

****** Annual Termite Inspection highly recommended**

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: _____
 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

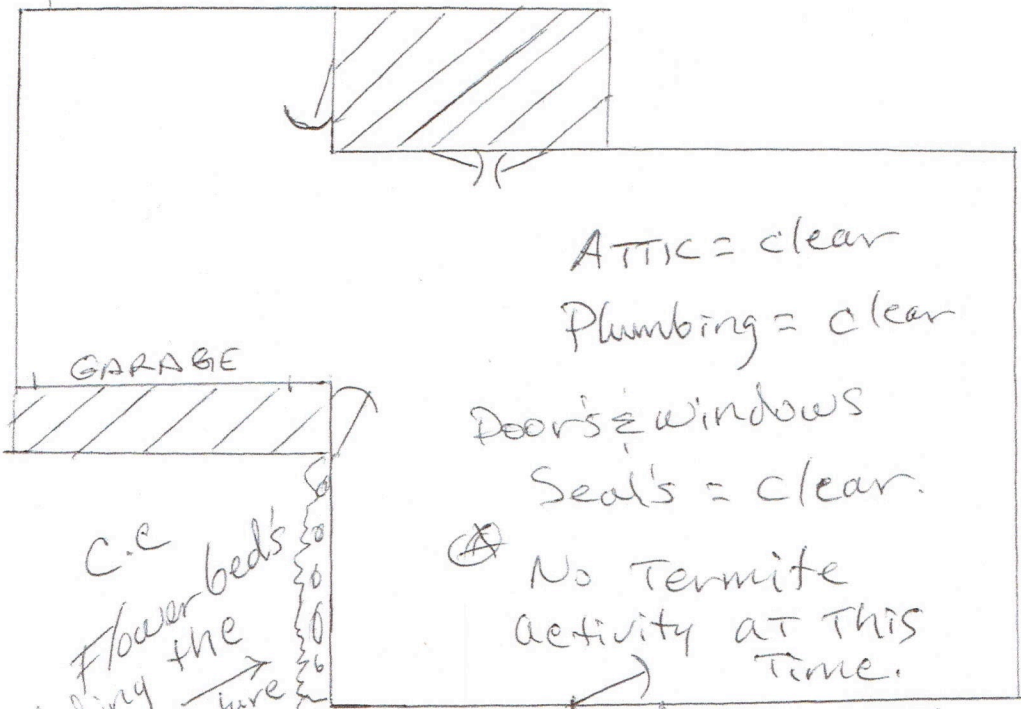
10B. _____ N/A
 Date of Treatment by Inspecting Company _____ Common Name of Insect _____ Name of Pesticide, Bait or Other Method _____

This company has a contract or warranty in effect for control of the following wood destroying insects:
 Yes No List Insects: _____ N/A
 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

Wood to soil contact.



******Additional Comments: PROPERTY SHOWED NO ACTIVE TERMITES AT THIS TIME.**

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:
 11A. [Signature]
 Inspector

Notice of Inspection Was Posted At or Near
 12A. Electric Breaker Box
 Water Heater Closet
 Bath Trap Access
 Beneath the Kitchen Sink

Approved:
 11B. Jose R Portillo CA# 42267 PTW
 Certified Applicator and Certified Applicator License Number

12B Date posted: 06/01/2016
 Date

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 the number of pages: _____
 Signature of the Purchaser of Property or their Designee _____

Date _____



GENESIS PEST CONTROL
 License #12292 CA #0561606
 3010 Overland Trail
 DICKINSON, TEXAS 77539
 (409) 457-5160

DATE	2-1-16	TIME	IN	OUT	ACCOUNT NO.	ROUTE NO.	
NAME	VICKY RAAIBE					ACCOUNT TYPE	
ADDRESS	106 - Pompano					<input type="checkbox"/> REGULAR	<input checked="" type="checkbox"/> RESIDENTIAL
CITY, STATE, ZIP	Galveston TX 77550					<input type="checkbox"/> 1-TIME	<input type="checkbox"/> COMMERCIAL
PHONE						FREQUENCY:	
						<input checked="" type="checkbox"/> ANNUALLY	<input type="checkbox"/> 6 MONTHS
						<input type="checkbox"/> MONTHLY	<input type="checkbox"/> 3 MONTHS
						<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> WEEKLY

INSPECTION TREATMENT _____

TARGET PEST(S)	SITE TREATED	APPLICATION METHOD	APPLICATION RATE

CHEMICALS USED	AMOUNT	%	EPA NUMBER

DESCRIPTION / REMARKS	AMOUNT
WDF Refert	

SUB-TOTAL	100.00
TAX	8.25
TOTAL	108.25

SERVED BY Ese Ratto	LICENSE NO. CA 0561606
CUSTOMER SIGNATURE	

ACCOUNT BALANCE	
<input type="checkbox"/> CASH	AMOUNT PAID
<input type="checkbox"/> CHECK #	
BALANCE DUE	

SERVICE ORDER / INVOICE 1617