

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Northwest Exterminating Co. Inc.

License No. 97382

Address 1740 Corn Road, Smyrna, GA 30080

Telephone Number 770-436-2020

Date of Issuance 3/27/06

Seller Simone Adams

Inspector Tommy Hebert

File No. _____ Purchaser(s) Pre-Listing



SCOPE OF INSPECTION

AN INSPECTION OF THE BELOW LISTED STRUCTURE(S) WAS PERFORMED BY A QUALIFIED INSPECTOR EMPLOYED BY THIS FIRM TO DETERMINE THE PRESENCE OR PREVIOUS PRESENCE OF AN INFESTATION OF THE LISTED ORGANISMS AND IS NOT INTENDED TO BE A STRUCTURAL REPORT. NEITHER IS THIS A WARRANTY AS TO ABSENCE OF WOOD DESTROYING ORGANISMS. THIS REPORT IS SUBJECT TO ALL CONDITIONS ENUMERATED ON THE REVERSE SIDE AND IS ISSUED WITHOUT WARRANTY OR GUARANTEE EXCEPT AS PROVIDED IN RULE 620-6-.03 OF THE RULES OF THE GEORGIA STRUCTURAL PEST CONTROL ACT OR SUBJECT TO ANY TREATMENT GUARANTEE SPECIFIED BELOW.

Main Structure House

Other Structures (specify) None

Address of Structure(s) 2413 Chauncey Lane Marietta, GA 30064

INSPECTION REVEALS VISIBLE EVIDENCE OF:

FINDINGS

	ACTIVE INFESTATION		PREVIOUS INFESTATION	
	YES	NO	YES	NO
Subterranean Termites	_____	_____	_____	_____
Powder Post Beetles	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Wood Boring Beetles	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Dry Wood Termites	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Wood Decaying Fungus (Not Molds and Mildews)	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Were any areas of the structure obstructed or inaccessible?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	_____	<input checked="" type="checkbox"/>

If Yes, list these areas (see Item 3 on reverse side of form) floor/wall coverings, siding, insulation, fixed ceilings, appliances/personal items

The following conditions conducive to infestation for wood destroying organisms were found at the time of inspection. The location of these conditions conducive to infestation are indicated on the attached diagram: None

Remarks / Additional findings: Paid 845 ck #1486.

NOTE: If visible evidence of active or previous infestation is reported it should be assumed that some degree of damage is present and a diagram identifying the structure(s) inspected and showing the location of such evidence must be attached to this form. Evaluation of damage and any corrective action should be performed by a qualified inspector in the building trade approved by the purchaser and lending agency.

THE ABOVE DESCRIBED STRUCTURE(S) WAS TREATED BY THIS COMPANY AS FOLLOWS:

TREATMENT

ORGANISM	TREATMENT DATE	CONTRACT EXPIRATION	TYPE TREATMENT (CHEMICAL BARRIER, BAIT, WOOD TREATMENT)
Subterranean Termites	_____	_____	<u>N/A</u>
Powder Post Beetle	_____	_____	_____
Wood Boring Beetles	_____	_____	_____
Dry Wood Termites	_____	_____	_____
Wood Decaying Fungus	_____	_____	_____

THE PRESENT TREATMENT WARRANTY (IES) IS:

- Transferrable to any subsequent owner of the property upon payment of a fee on or before the expiration date.
- Not transferrable to any subsequent owner of the property.
- The above structure(s) are not covered by a treatment contract with this company.

This structure has a current exception Form II issued by this company YES NO If YES, a copy must be attached as part of this report.

CERTIFICATION

This is to certify that neither I nor the Company has had or contemplates having an interest in the property involved, nor is acting in any association with any party to the transaction.

[Signature]
SIGNATURE OF DESIGNATED CERTIFIED OPERATOR

SIGNATURE OF PURCHASER OR LEGAL REPRESENTATIVE
ACKNOWLEDGING RECEIPT OF REPORT

COPIES TO: _____ PURCHASER _____ MORTGAGEE _____ REALTOR _____ SELLER
Revised 02.03 - Replaces all previous editions
Form #101