

# OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Northwest Exterminating Company, Inc. License No. 97382  
 Address 1740 Corn Road Smyrna, GA 30080  
 Telephone Number (770) 436-2020 Date of Issuance 6-15-06  
 Seller Freddie Patterson Inspector Craig Coran  
 File No. \_\_\_\_\_ Purchaser(s) 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) w/it  
 Address of Structure (s) 1540 Mercer Way Decatur GA 30035

### FINDINGS

#### INSPECTION REVEALS VISIBLE EVIDENCE OF:

- Subterranean Termites
- Powder Post Beetles
- Wood Boring Beetles
- Dry Wood Termites
- Wood Decaying Fungus (Not Molds and Mildews)

#### ACTIVE INFESTATION

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### PREVIOUS INFESTATION

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Were any of the areas of the structure obscured or inaccessible?  Yes  No

If yes, list these areas (see item 3 on reverse side of form) Floor/wall coverings, siding, insulation, fixed ceiling, appliances/personal items, Brick  
valet, Block, Plumbing, Storage

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.

Remarks / Additional Findings Inadequate ventilation and debris in crawl/  
Decking components in contact with soil - appears to be  
pressure treated/paid in full

**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.

### TREATMENT

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

ORGANISM	TREATMENT DATE	CONTRACT EXPIRATION	TYPE TREATMENT (chemical barrier, bait, wood treatment)
Subterranean Termites	<u>/</u>	<u>/</u>	<u>w/it</u>
Powder Post Beetles	<u>/</u>	<u>/</u>	
Wood Boring Beetles	<u>/</u>	<u>/</u>	
Dry wood Termites	<u>/</u>	<u>/</u>	
Wood Decaying Fungus	<u>/</u>	<u>/</u>	

#### THE PRESENT TREATMENT WARRANTY (IES) IS:

- Transferable to any subsequent owner of the property upon payment of a fee on or before the expiration date.
- Not transferable 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 report is to certify that neither I nor the company has had or contemplates having any 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

WHITE - MORTGAGEE COPY      CANARY - PURCHASER COPY      PINK - OFFICE COPY



Office Phone (5) 938-2820 Inspector Chris Bevan

Property Address 15410 Mariner Way Decatur GA. 30035. Date 6-15-00

Owner \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_

Occupant \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_

Agent \_\_\_\_\_ Co. \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_

PRICE \$	RENEWAL PREMIUM \$	GUARANTEE	PICK UP CHECK	<input type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS	TAKE GENERATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	OUTSIDE POWER	TAKE LETTER <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS			TREATMENT DATE	SCALE USED

REMARKS: 817 F11  
144-130

- Well**  
 YES  
 NO
- Foundation Walls**  
 FT. AWAY  
 BLOCK  
 POURED  
 OTHER
- Type of Construction**  
 CRAWL  
 BASEMENT  
 SLAB  
 FLOATING  
 SUPPORTED  
 MONOLITHIC
- Station Location**  
 (i.e. #1, #2, #3, ... etc.)  
 Subterranean Termites  
 ST
- Fungus  
 F  
 Wood Borers  
 WB  
 Powder Post Beetles  
 PPB  
 Inaccessible Areas  
 I  
 Shrub  
 \*
- Conductive Conditions**  
 EC - Earth to Wood Contact  
 IV - Inadequate Ventilation  
 CD - Cellulose Debris in Crawl Space  
 M - Moisture Conditions

