

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Northwest Exterminating Company, Inc. License No. 99143
 Address 4355 North Henry Blvd. Stockbridge, GA 30281
 Telephone Number (770) 507-2121 Date of Issuance 9-13-06
 Seller Valencia Watkins Inspector Jonathan Bolser
 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) None
 Address of Structure (s) 5604 Pine Ridge Place Forest Park, GA 30297

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
Back Block, Plumbing, Duct Work, Fixed Walls, Personal 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.
None Observed

Remarks / Additional Findings No Charge for Letter
Visual Inspection Only

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>09/06</u>	<u>09/07</u>	<u>Chemical Barrier</u>
Powder Post Beetles	_____	_____	_____
Wood Boring Beetles	_____	_____	_____
Dry wood Termites	_____	_____	_____
Wood Decaying Fungus	_____	_____	_____

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 of Designated Certified Operator _____ Signature of Purchaser or Legal Representative acknowledging receipt of Report _____
 WHITE - MORTGAGEE COPY CANARY - PURCHASER COPY PINK - OFFICE COPY

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Company Name Northwest Exterminating Company, Inc. License No. 99143
 Address 4355 North Henry Blvd. Stockbridge, GA 30281
 Telephone Number (770) 507-2121 Date of Issuance 9-13-06
 Seller Valerie Watkins Inspector Jonathan Bulser
 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) None
 Address of Structure (s) 5654 Pine Ridge Place Forest Park, GA 30097

FINDINGS

INSPECTION REVEALS VISIBLE EVIDENCE OF:

	ACTIVE INFESTATION		PREVIOUS INFESTATION	
	Yes	No	Yes	No
Subterranean Termites	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Powder Post Beetles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood Boring Beetles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dry Wood Termites	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood Decaying Fungus (Not Molds and Mildews)	<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
Basement, Blue Plumbing, Duct Work, Fire Walls, Personal 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.
None Observed

Remarks / Additional Findings No Charge for Letter
Visual Inspection Only

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.

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Powder Post Beetles	_____	_____	_____
Wood Boring Beetles	_____	_____	_____
Dry wood Termites	_____	_____	_____
Wood Decaying Fungus	_____	_____	_____

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.

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Signature of Designated Certified Operator _____ Signature of Purchaser or Legal Representative acknowledging receipt of Report _____
 WHITE - MORTGAGEE COPY CANARY - PURCHASER COPY PINK - OFFICE COPY

Northwest Exterminating

Office Phone _____

Property Address 5609 Pine Ridge Pl. Forest Park, GA 30097

Owner Valencia Watkins

Occupant _____

Agent _____ Co. _____ W. _____

Date 8-23-06

Inspector Jonathan Bolser

Phone: H _____ W _____

Phone: H _____ W _____

Phone: H _____ W _____

PRICE	\$ 535.00	RENEWAL PREMIUM	\$ 110.00	GUARANTEE	27	PICK UP CHECK	<input type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS	80	TAKE GENERATOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	OUTSIDE POWER		TREATMENT DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS	875 61						
	152 LF						
	L Sided Block						
	SCALE USED 11						

Well
 YES
 NO

Foundation Walls
 BLOCK
 POURED
 OTHER

Type of Construction
 CRAWL
 BASEMENT
 SLAB
 FLOATING
 SUPPORTED
 MONOLITHIC

Station Location
 (i.e. #1, #2, #3, ...etc.)
 Subterranean Termites
 ST

Conductive Conditions
 EC - Earth to Wood Contact
 IV - Inadequate Ventilation
 CD - Cellulose Debris in Crawl Space
 M - Moisture Conditions

