

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 8/17/06
 Seller Johan Desire 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) Detached Structure
 Address of Structure (s) 4160 King Valley Dr. Smyrna, GA 30082

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, low crawl, hollow block, brick veneer, and partially finished basement.

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.

Inadequate ventilation in crawls due to construction. Floor joists less than 18" above grade of soil.

Remarks / Additional Findings No charge for letter, Mrs paid for termite treatment.

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>8/2006</u>	<u>8/2007</u>	<u>Sentricon</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

Office Phone 770-436-2020

Property Address 4160 King Valley Dr. Smyrna GA 30082

Inspector Tommy Helbert

Date 5/16/06

Owner _____ Phone: H _____ W _____

Occupant _____ Phone: H _____ W _____

Agent _____ Phone: H _____ W _____

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

Fungus

Wood Borers

Powder Post Beetles

Inaccessible Areas

Strab

Conductive Conditions

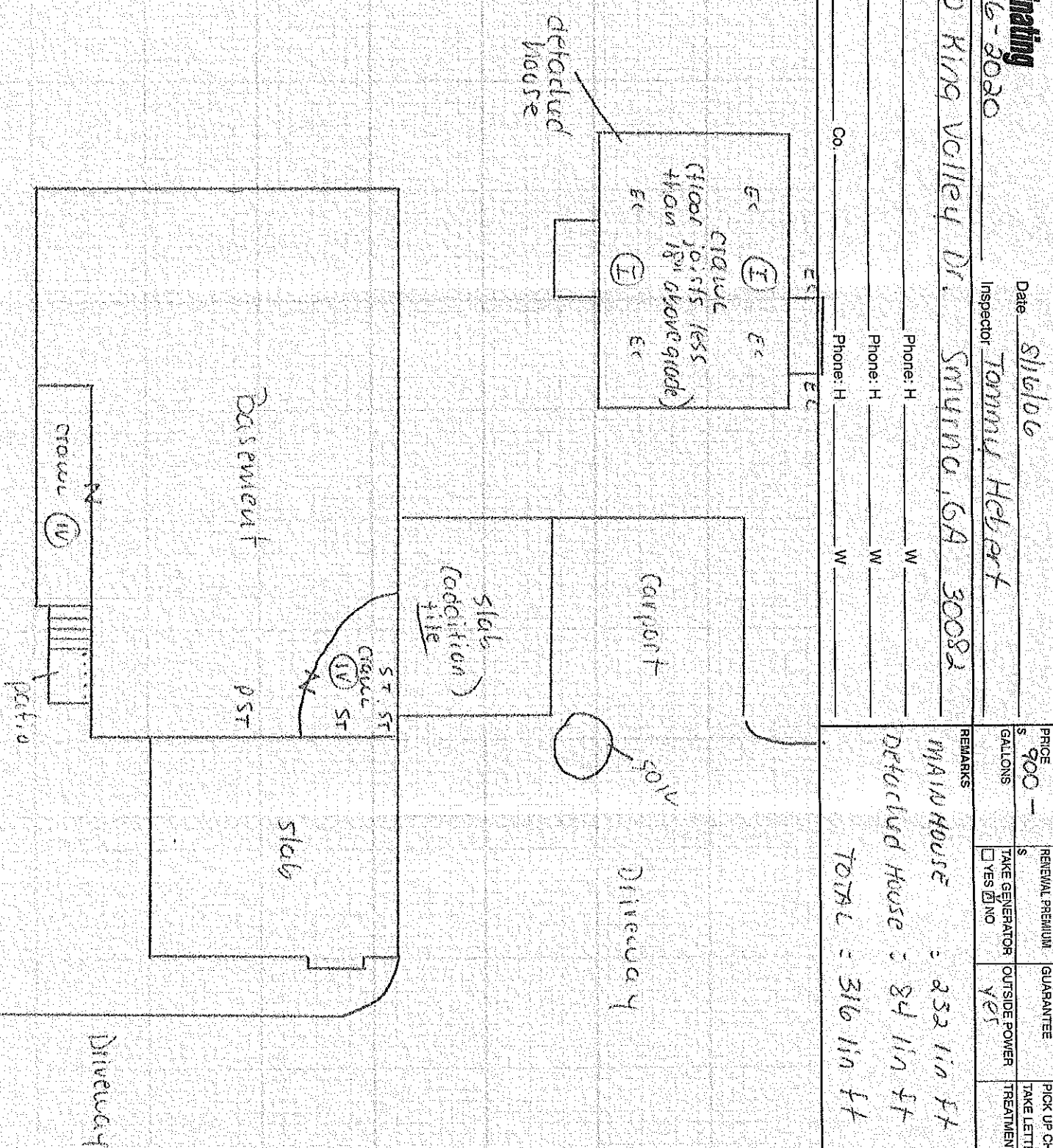
EC - Earth to Wood Contact

IV - Inadequate Ventilation

CD - Cellulose Debris in Crawl Space

ME - Moisture Conditions

* _____



PRICE	\$ 900 -	RENEWAL PREMIUM	GUARANTEE	PICK UP CHECK	<input type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS		TAKE GENERATOR	OUTSIDE POWER	TREATMENT DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	yes	SCALE USED	1:1

REMARKS
 MAIN HOUSE : 232 lin ft
 Detached House : 84 lin ft
 TOTAL = 316 lin ft