

**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 10/4/06  
 Seller Bruce Tryon Inspector Tommy Hebert  
 File No. 215250 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) 1652 Pine Circle Austell, GA 30168

**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, brick veneer, and hollow block.

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.

wood to earth contact on decking components. Appears pressure treated. Inadequate ventilation in crawl.

Remarks / Additional Findings Paid \$45 by credit card

**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>N/A</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]  
 Signature of Purchaser or Legal Representative acknowledging receipt of Report

**Northwest Exterminating**

Date 7/13/05

Office Phone 770-436-2030

Inspector Tommy Hebert

Property Address 1653 Pine Circle Austell, GA 30168

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	OUTSIDE POWER	TAKE LETTER	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		TREATMENT DATE	SCALE USED
					<u>NONE</u>

REMARKS Not drawn to scale

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 PST (Previous)  Fungus  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

The diagram shows a rectangular layout of a building's foundation and ground level. A large area is labeled 'Crawl' and contains several circular symbols with 'V' inside, representing ventilation points. To the right of the crawl space is a 'Finished Slab' area, and further right is a 'wood deck'. A 'Driveway' is shown at the bottom left. Handwritten notes 'ec' are placed near the deck and crawl space boundaries. 'PST' is written in the crawl space area. A small box labeled 'Crawl IV' is shown near the driveway.