



OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Northwest Exterminating Company, Inc. License No. 98650
 Address 929 Buford Hwy. Buford, GA 30518
 Telephone Number (770) 614-0220 Date of Issuance 10-2-06
 Seller Teresa Hyatt Inspector Neil Cooper
 File No. _____ Purchaser(s) Pre list

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 620-6-02 of the rules of the Georgia Structural Pest Control Act or subject to any Treatment guarantee specified below.

Main Structure House - slab
 Other Structures (Specify) _____
 Address of Structure (s) 5775 Wylmber Dr. Norcross 30093

FINDINGS

INSPECTION REVEALS VISIBLE EVIDENCE OF:

- Subterranean Termites
- Powder Post Beetles
- Wood Boring Beetles
- Dry Wood Termites

ACTIVE INFESTATION

- | | |
|-------------------------------------|-------------------------------------|
| Yes | No |
| <input checked="" 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, sliding insulation, fixed ceiling, appliances/personal items

Attic, ~~covered~~

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.

earth to wood fence

Remarks / Additional Findings

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>10-06</u>	<u>10-07</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]
 Signature of Designated Certified Operator

 Signature of Purchaser or Legal Representative acknowledging receipt of Report