

# 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 11/8/06  
 Seller Jraina Hawkins Inspector Casey Motter  
 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) NONE  
 Address of Structure (s) 7264 Taloga Lane Union City, GA 30291

### 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 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"/> |

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, stone veneer, and plumbing.

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

Remarks / Additional Findings Paid 8210 by credit card to make letter transferrable through NOV 2006.

**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>12-04</u>	<u>12-06</u>	<u>scouticon</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

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**SCOPE OF INSPECTION**

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Main Structure House  
 Other Structures (Specify) NONE  
 Address of Structure (s) 7204 Taloga Lane Union City, GA 30291

**FINDINGS**

**INSPECTION REVEALS VISIBLE EVIDENCE OF:**

- Subterranean Termites
- Powder Post Beetles
- Wood Boring Beetles
- Dry Wood Termites
- Wood Decaying Fungus (Not Molds and Mildews)
- Were any of the areas of the structure obscured or inaccessible?

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

**PREVIOUS 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"/> |

If yes, list these areas (see item 3 on reverse side of form) Floor/wall coverings, siding, insulation, fixed ceiling, appliances/personal items, stone veneer, and plumbing.

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

Remarks/Additional Findings Paid \$210 by credit card to make letter transferable through NOV 2006.

**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>12-06</u>	<u>12-06</u>	<u>Sentricon</u>
Powder Post Beetles	/	/	
Wood Boring Beetles	/	/	
Dry wood Termites	/	/	
Wood Decaying Fungus	/	/	

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  - Not transferable to any subsequent owner of the property.
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- This structure has a current Exception Form II issued by this company  YES  NO  
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Signature of Designated Certified Operator \_\_\_\_\_ Signature of Purchaser or Legal Representative acknowledging receipt of Report \_\_\_\_\_