

**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 2/10/07  
 Seller Shawn Fleming Inspector Tommy Hebert  
 File No. 65043 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) 498 Crestworth Crossing Powder Springs, GA 30127

**FINDINGS**

**INSPECTION REVEALS VISIBLE EVIDENCE OF:**

	ACTIVE INFESTATION		PREVIOUS INFESTATION	
	Yes	No	Yes	No
Subterranean Termites	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	

If yes, list these areas (see item 3 on reverse side of form) Floor/wall coverings, siding, insulation, fixed ceiling, appliances/personal items, finished basement, low vinyl siding, and garage full of 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

Remarks / Additional Findings None charge No charge for report.

**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