

0000 Sample Inspection Way

Dallas

75000

Inspected Address

City

Zip Code

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection.
C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected.
D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
E. If visible evidence is reported, it does not imply that damage should be repaired or replaced.
F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.
G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any).
H. There are a variety of termite control options offered by pest control companies.
I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended.
J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended.

1A. HOUSE INSPECTION SERVICES

1B. 616743

Name of Inspection Company

SPCS Business License Number

1C. PO Box 117773

Carrollton

Tx

75011

214-243-5676

Address of Inspection Company

City

State Zip

Telephone No.

1D. Greg House

Name of Inspector (Please Print)

1E. Certified Applicator

[checked box]

(check one)

Technician

[empty box]

2. N/A

Case Number (VA/FHA/Other)

3. 03/12/2019

Inspection Date

4A. Sample Inspection Report

Name of Person Purchasing Inspection

Seller [ ]

Agent [ ]

Buyer [checked]

Management Co. [ ]

Other [ ]

4B. Unknown

Owner/Seller

4C. REPORT FORWARDED TO:

Title Company or Mortgagee [ ]

Purchaser of Service [ ]

Seller [ ]

Agent [checked]

Buyer [checked]

(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. Single Story, Slab, Vacant (stored items), Single Family Residence, Brick, Wood Siding and Trim, Attached Garage

List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

6A. Were any areas of the property obstructed or inaccessible? Yes [x] No [ ]

6B. The obstructed or inaccessible areas include but are not limited to the following:

- Attic [x] Insulated area of attic [x] Plumbing Areas [x] Planter box abutting structure [ ]
Deck [ ] Sub Floors [ ] Slab Joints [x] Crawl Space [ ]
Soil Grade Too High [x] Heavy Foliage [ ] Eaves [x] Weepholes [ ]
Other [x] Specify: Wall&Floor coverings, Any area requiring using a ladder for portions of the inspection other than the roof or attic space, Mechanical Voids, Appliances, Cabinets, Garage stored items, Foundation cracks

7A. Conditions conducive to wood destroying insect infestation? Yes [x] No [ ]

7B. Conducive Conditions include but are not limited to:

- Wood to Ground Contact (G) [ ] Formboards left in place (I) [ ] Excessive Moisture (J) [ ]
Debris under or around structure (K) [ ] Footing too low or soil line too high (L) [x] Wood Rot (M) [x] Heavy Foliage (N) [x]
Planter box abutting structure (O) [ ] Wood Pile in Contact with Structure (Q) [ ] Wooden Fence in Contact with the Structure (R) [x]
Insufficient ventilation (T) [ ] Other (C) [x] Specify: C1-Wood mulch, C3-Sunken room, C5-Garage Trim, C7-Wood posts, C8-Wood trellis

Table with 4 columns: Active Infestation, Previous Infestation, Previous Treatment. Rows include Subterranean Termites, Drywood Termites, Formosan Termites, Carpenter Ants, and Other Wood Destroying Insects.

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: Apparent drill holes, Vents at traps in sink cabinets/tub access areas.

8G. Visible evidence of: Previous carpent ant infestation and/or damage has been observed in the following areas: Front exterior
If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed on the first blank and all identified infested areas of the property inspected must be noted in the second blank.

The conditions conducive to insect infestation reported in 7A & 7B:

9. Will be or has been mechanically corrected by inspecting company: Yes [ ] No [x]

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H and I, Scope of Inspection) Yes [x] No [ ]

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows: Yes [x] No [ ]
Specify reason: M- Wood Rot, L- High Soil Line
Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects: N/A

If treating for subterranean termites, the treatment was: Partial [ ] Spot [ ] Bait [ ] Other [ ]

If treating for drywood termites or related insets, the treatment was: Full [ ] Limited [ ]

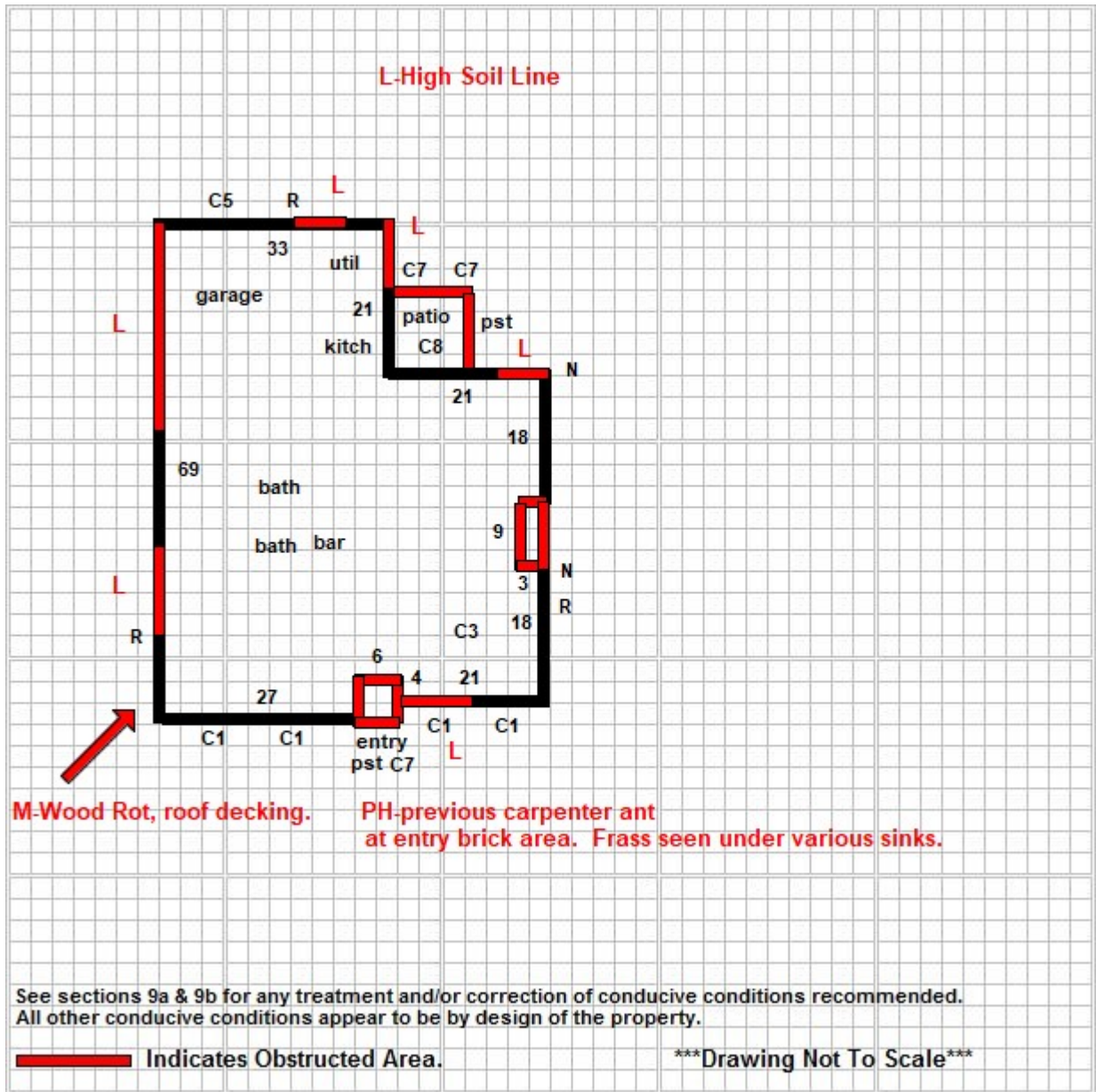
10B. N/A N/A N/A
Date of Treatment by Inspecting Company Common Name of Insect Name of Pesticide, Bait or Other Method

This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes [ ] No [x] List Insects:
If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E- Evidence of infestation; A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify PH- Previous carpenter ant damage/evidence, PST- Previous treatment, M- Wood rot, L- High soil line, R- Wood fence, N- Heavy foliage, C1- Wood mulch, C3- Sunken room, C5- Garage trimmers, C7- Wood posts, C8- Wood trellis



Additional Comments Treatment is recommended because of evidence of previous infestation with no prior treatment. Recommend consulting with owner/seller of property regarding any history of WDI treatments.

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company which I am acting is associated in any way with any party to the transaction.

Signatures:

Notice of Inspection Was Posted At or Near

11A. [Signature]  
Inspector

- 12A. Electric Breaker Box
- Water Heater Closet
- Bath Trap Access
- Beneath the Kitchen Sink

Approved:  
11B. Greg House, SPCS CA# 559963  
Certified Applicator and Certified Applicator License Number

12B. Date Posted 03/12/2019  
Date

Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages: \_\_\_\_\_

Signature of Purchaser of Property or their Designee  
\_\_\_\_\_

Date  
\_\_\_\_\_

Dead carpenter ants at front entry.



High soil lines around property.



Wood rot at front left roof deck corner.

