



WOOD DESTROYING ORGANISM PROTECTION PROGRAM

The Peachtree Promise is Your Protection!
855-PEACHTREE www.peachtreepestcontrol.com

- THIS CONTRACT PROVIDES FOR RETREATMENT OF A STRUCTURE AND THE REPAIR OF DAMAGE CAUSED BY WOOD DESTROYING ORGANISMS WITHIN THE LIMITS STATED IN THIS CONTRACT.
- THIS CONTRACT PROVIDES FOR RETREATMENT OF A STRUCTURE BUT DOES NOT PROVIDE FOR THE REPAIR OF DAMAGES CAUSED BY WOOD DESTROYING ORGANISMS.
- One time or partial treatments will not be warranted or guaranteed

DATE: 1/9/18 BRANCH: Subsidiary PHONE NO. 770 931 9099

BUYER'S NAME (TO APPEAR ON GUARANTEE) Amy Damiani
 STREET ADDRESS (TO APPEAR ON GUARANTEE) 441 Park Ave SE
Atlanta GA 30312
 CITY STATE ZIP
 CONTACT PHONE 404 281-9092 CELL
 EMAIL amy-damiani@mac.com

NAME (AGENT) (IF SAME WRITE SAME)
 BILLING ADDRESS SAME
 CITY STATE ZIP
 CONTACT PHONE CELL
 LEAD SOURCE Current Customer (Booster)

SERVICES: Peachtree Pest Control is hereby authorized to treat the premise(s) limited to the following: Subterranean Termites Powder Post Beetles (below first floor only)
 Wood Decay Fungus (below first floor only) Drywood Termites (contents of structure not included) Structural Modifications (as shown on the graph and specifications sheet)

*Thank you for the opportunity to serve you!
Main Home & Detached Garage Included*

My guarantee will cover the above described premise(s) for one renewal period and will be subject to the general terms and conditions as enumerated on reverse side
RENEWAL: This agreement may be renewed upon the mutual agreement of the Purchaser and Peachtree Pest Control and receipt of the yearly renewal fee of 160 at the beginning of each renewal period.
 If this agreement is renewed, Peachtree Pest Control will conduct periodic inspections and provide additional treatment deemed necessary by Peachtree Pest Control at no additional cost. The renewal fee will remain constant for one renewal period, after the original contract term.

THE COST OF THIS TREATMENT SHALL BE AS FOLLOWS:

INITIAL TREATMENT	\$ <u>1,100 =</u>
STRUCTURAL MODIFICATIONS	\$ _____
DISCOUNTS/COUPONS	\$ <u>100 =</u>
TOTAL	\$ <u>1,000 =</u>
LESS DEPOSIT	\$ _____
BALANCE DUE	\$ _____

METHOD OF PAYMENT: CASH CHECK OTHER

WAIVER FORM: A required form that indicates deviation from the minimum treatment standards as established by the Georgia Structural Pest Control Commission has been made part of this agreement.

Structure:	Residential <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>
Type:	Pretreat <input type="checkbox"/>	Post Treat <input checked="" type="checkbox"/>
Treatment:	Defined <input type="checkbox"/>	Comprehensive <input checked="" type="checkbox"/>
Warranty:	10 Year <input checked="" type="checkbox"/>	5 Year <input type="checkbox"/>

Electronic Communication Acknowledgement Statement
 In accordance with state regulations, pest control companies have a responsibility to provide you with a record every time a pesticide product and/or pest system is applied. This record is required to be provided to the property owner, resident or custodian of the property. This record may include post application precautionary information. Licensed and regulated by the Department of Agriculture, 19 Martin Luther King, Jr. Dr, Atlanta, Georgia 30334 (404) 656-3641.

I understand and request that my pesticide use records be provided or made available to me electronically.

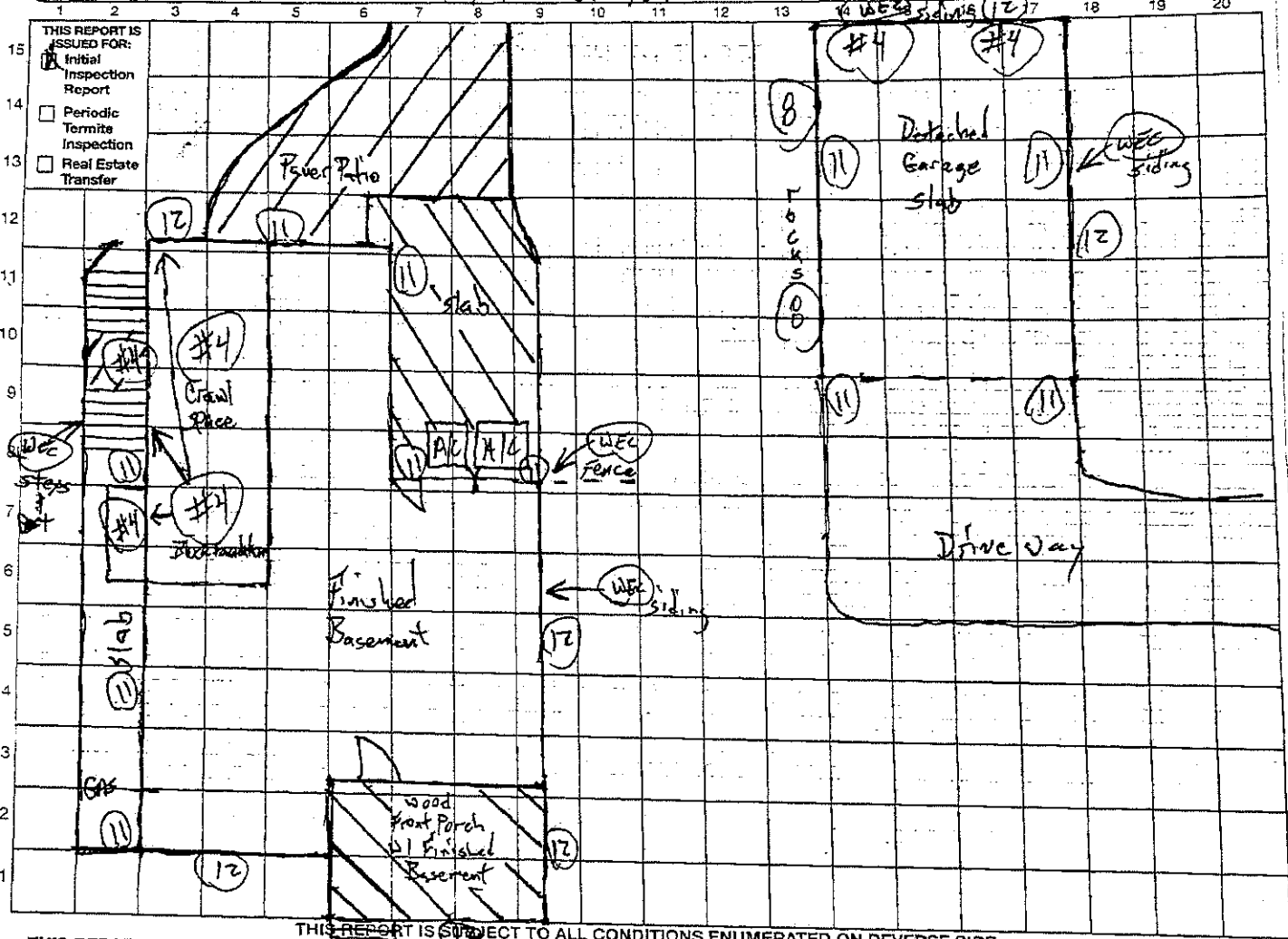
1/9/18 DATE [Signature] CUSTOMER

[Signature] PEACHTREE PEST CONTROL
MANAGEMENT: [Signature]

Buyer's Right to Cancel: You, the Buyer, may cancel this agreement by providing notice to the Seller before midnight of the third business day following the date on this agreement.

The Georgia Structural Pest Control Commission Act requires all pest control companies to maintain insurance coverage. Information about this coverage is available from this pest control company.

Peach Tree
 DATE: 1/9/18
 BRANCH: S-wanee
 PHONE NO: 770 231 9099
 PURCHASER/OWNER: Amy Damiani
 ADDRESS: 441 Park Ave SE
 BUSINESS PHONE: 404 281-9092
 CITY: Atlanta
 HOME PHONE:
 STATE: GA ZIP CODE: 30312
 SCALE USED: 1/4" = 1'-0"



THIS REPORT IS NOT INTENDED TO BE A COMPLETE DISCLOSURE OF ALL ACTIVE OR PREVIOUSLY ACTIVE WOOD-DESTROYING ORGANISMS.

COMMENTS: Main Home & Detached Garage Included - 260 SFT Total
 #4 Waiver - Block Foundation Wall left & backside.

Wood to earth contact
 Wood debris in crawl area
 Insufficient ventilation
 WEC - Main Home - Steps left side, Siding Right side, Fence Right side, Garage - Siding back left side.
 #4 - Main Home - Crawl Space back left side, Steps back left side, door latch left side, Garage - back side to slabs

TYPE INFESTATION	KEYS	LOCATION	TYPE CONSTRUCTION	BAITING / MONITORING	SOIL BARRIER APPLICATION
AI - Active Infestation	Waiver	Sills	Floating Slab	Waiver Form <input type="checkbox"/> YES <input type="checkbox"/> NO	Waiver Form <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PI - Previous Infestation		Joists/Plates	Supported Slab	Foam Application <input type="checkbox"/> YES <input type="checkbox"/> NO	Foam Application <input type="checkbox"/> YES <input type="checkbox"/> NO
SA - Suspected Activity		Subfloor	Monolithic Slab	Linear Footage _____	Linear Footage 160 Main Home
ST - Subterranean Termites		Walls/Studs	Brick	Number of Active St. _____	Square Footage 100 Garage
PPB - Powder Post Beetles		Finished Trim	Stone	Number of Monitoring St. _____	Bath Traps _____
OHB - Old House Borers		Interior Trim	Solid Poured	Number of Above Ground _____	# Vents to be Installed _____
MC - Moisture Condition		Paneled Walls	Hollow Block	Moisture Readings Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: Foundation <input type="checkbox"/> Well <input type="checkbox"/>
V - Vents Needed		Doors	Crawl	Highest _____ %	Type Termiticide used _____
WEC - Wood Earth Contact		Windows	Basement	Moisture Barrier Yes <input type="checkbox"/> No <input type="checkbox"/>	Percentage used _____
X - Possible Damage		Framing	Exterior Insulating Finishing System		Total to be used _____
Well - YES <input type="checkbox"/> NO <input type="checkbox"/>		Steps			Moisture Barrier <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZED COMPANY SIGNATURE: [Signature]
 DATE: 1/9/18
 PURCHASER/OWNER SIGNATURE: [Signature]
 DATE: 1/9/18
 Revised: September 2014
 COMPANY COPY

**TERMITE SPECIFICATIONS
AND SERVICE FILE**

TERMITE CONTROL GRID # _____

Name Amy Damiano
Treating Address 441 Park Avenue E
City Atlanta Zip 30312
Person To See Amy Damiano
Home Phone # _____
Work Phone # 404-281-9092

Billing Address Same
City _____ Zip _____
Where is Electricity Available? Front Porch
Well on Property? Yes No
If Yes, Location _____

Date Sold _____ Scheduled _____
Initial _____
Price _____
Renewal _____
Total _____
 Cash on Completion Charge
 Visa MasterCard
 Other
Acct. # _____
Date of Exp. _____

SUB TERMITES Linear Footage 160 Main Home
MOISTURE BARRIER Square Footage 100 Garage
OLD HOUSE BORERS Square Footage _____
VENTS No. of Units _____
Pre-Application Checklist Completed and Signed by Customer? Yes No

GUARANTEE QUALIFICATIONS

**RE-TREATMENT ONLY
GUARANTEE HOMES**

A structure with any of the following conditions **cannot** qualify for a Repair Guarantee. These structures can only qualify for a Retreatment Guarantee.

- Please check which condition exists:
- 1. Finished areas in full or partial basement.
 - 2. Finished garages with raised floors preventing treatment.
 - 3. Excessive moisture or fungus (unless moisture treatment is performed with termite control).
 - 4. Slab or partial slab construction with outside grade above floor level.
 - 5. Slab covered by wood floor.
 - 6. Bath traps.

**CORRECTABLE HOMES FOR
REPAIR GUARANTEE**

A structure with any of the following conditions **must be corrected** before a Repair Guarantee can be issued.

- Please check which condition exists:
- 1. Inaccessible crawl space.
 - 2. Outside grade above sill line.
 - 3. Wood in substructure heavily damaged.
 - 4. Less than 18-inch clearance under substructure.
 - 5. Wood in contact with ground.
 - 6. Stucco, foam insulation or similar material below outside grade.

**NON-TREATABLE
HOMES**

A structure with any of the following conditions **cannot** be treated.

- Please check which condition exists:
- 1. Slab houses with sub-slab heating ducts.
 - 2. Houses with plenum construction (crawl area used as air conditioning and heating duct).
 - 3. Houses with a well located within 20 feet of house unless Branch Manager personally inspects well and completes **Well Inspection Checklist** before treatment.
 - 4. Log Homes.

SPECIAL INSTRUCTIONS: Main Home & Detached Garage Included

DIRECTIONS TO THE JOB: _____

OFFICIAL WAIVER

Of the Georgia Minimum Treatment Standards for the Control of Subterranean Termites

NOTICE TO PROPERTY OWNERS/AGENT - DO NOT SIGN THIS DOCUMENT UNTIL YOU HAVE READ AND SIGNED "CONDITIONS GOVERNING THE USE OF OFFICIAL WAIVER OF THE MINIMUM TREATMENT STANDARDS FOR THE CONTROL OF SUBTERRANEAN TERMITES" IN THIS DOCUMENT. THESE "CONDITIONS" MUST BE CONSIDERED PART OF THIS DOCUMENT. YOU MUST RECEIVE A COPY OF THIS REPORT AND SUPPORTING GRAPH AT TIME OF SIGNING OR SERVICE.

CONDITIONS GOVERNING THE USE OF THE OFFICIAL WAIVER OF THE MINIMUM TREATMENT STANDARDS FOR THE CONTROL OF SUBTERRANEAN TERMITES

1. The Official Waiver of the Minimum Treatment Standards for the Control of Subterranean Termites is intended to be used **ONLY** in situations where it is not possible or practical to meet the minimum treatment standards established by the Georgia Structural Pest Control Commission.
2. The Official Waiver of the Minimum Treatment Standards for the Control of Subterranean Termites is not to be used to bypass the minimum treatment standards nor is it used to notify any agency of government that a termite treatment has been completed. For defined post construction soil treatments and preconstruction soil treatments, only items #1, 2 and 3 are applicable.
3. By signing this document the property owner/agent acknowledges that the property identified will not receive a complete minimum treatment. Signing this document does not affect the terms of any guarantee between the property owner and the pest control company.
4. Each "no" must be explained in detail in the area provided on this document as to specifically what areas of the structure do not meet the treatment standards and why it is not possible to meet these treatment standards. Additional space is provided below.
5. All sections of this document must be filled out completely. Failure to comply with this requirement or failure to provide the explanation required in "Condition #4" above will constitute a violation involving misuse of this form and may render it void.

Name of Company Peachtree Pest Control Co., Inc.
 Address of Company 326 Brogden Rd. Suwanee GA 30024
 Owner of Property Amy Damron
 Inspector name and certification/registration number Kevin Harwell SP 23070
 Address of Structure Treated - Note: A separate Official Waiver is required for each individual structure. Reproduction of the Official Waiver for multiple structures is not acceptable.
441 Park Ave SE Atlanta GA 30312
 Phone Number of Property Owner/Agent 404-281-9092

Indicate with a check mark those items that do NOT meet the minimum treatment standards.

SECTION ONE - TERMITE CONTROL

SOIL TREATMENTS - Note: For defined post construction soil treatments and Preconstruction soil treatments, only items #1, 2 and 3 are applicable

Type of Treatment: Check One

- Comprehensive post construction soil treatment
 Defined post construction soil treatments
 Pre-construction soil treatment

Date Job Completed _____ NO

1. All debris removed _____
2. Wooden contacts removed or insulated
3. Crawl space clearance 18" inches or greater
4. Foundation adequately drilled/treated _____
5. Voids adequately drilled/treated _____
6. Earth filled porches adequately drilled/treated _____
7. Contiguous slabs adequately drilled/treated _____
8. Slabs at/above grade adequately drilled/treated _____
9. Monolithic slabs adequately treated _____
10. Termite tunnels removed _____

Non Soil Pesticide, Device, Bait or Baiting System - Note: All items pertain to both post-construction and pre-construction applications

- Date Job Completed _____ NO
1. All debris removed _____
 2. Wooden contacts removed _____
 3. Crawl space clearance 18 inches or greater _____
 4. Barrier or baiting system installed consistent with label directions Not Applicable _____

Explain in detail what areas of the structure do not meet treatment standards and why it is not possible to meet these treatment standards. Also, attach a graph indicating the area(s) that were not treated to minimum standards. Failure to attach a graph and provide detailed written explanation will void this document. Use other side if necessary.

#2 WEC - Garage - siding back & Rightside, Do NOT Remove per Customer Request.

#4 Main Home - Block Foundation Back's leftside, crawl space back leftside, steps & Door Hatch leftside
#4 Garage - backside @ shelves due to nature of construction.

Signature of Property Owner/Agent [Signature] Date _____

**ATTACH CUSTOMER'S INSPECTION/TREATING
REPORT GRAPHS AND STATE FORM IIs (IF ANY) HERE**

Treating Specifications

Form II Made Part of These Specifications

**BASEMENT/SLAB
CONSTRUCTION**

**CRAWL SPACE
CONSTRUCTION**

- | | | | | |
|--|---|--|---|---|
| <p><input type="checkbox"/> 1. Remove floor covering</p> | <p><input type="checkbox"/> 7. Partition wall treatment
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 13. Remove cellulose debris
from under structure</p> | <p><input type="checkbox"/> 18. Triple brick treatment
2 gal/10 lineal feet</p> | <p><input type="checkbox"/> 24. Short rod soil treatment
4 gal/10 lineal feet</p> |
| <p><input type="checkbox"/> 2A. Scrape off tunnels</p> <p><input type="checkbox"/> 2B. Drill hollow block
foundation wall 2 gal
per 10 lineal feet</p> | <p><input type="checkbox"/> 8. Short rod soil treatment
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 13A. Remove form board
See Form #2</p> | <p><input type="checkbox"/> 19. Drill/treat hollow block
2 gal/10 lineal feet</p> | <p><input type="checkbox"/> 25. Chimney void treatment
2 gal/10 lineal feet</p> |
| <p><input type="checkbox"/> 3. Drill/treat slab below wood.
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 9. Drill/treat hollow block
2 gal/10 lineal feet</p> | <p><input type="checkbox"/> 14. Scrape off tunnels</p> | <p><input type="checkbox"/> 20. Stone treatment 2 gal/
10 lineal feet</p> | <p><input type="checkbox"/> 26. Trench or rod and treat
soil 4 gal/10 lineal feet</p> |
| <p><input type="checkbox"/> 4. Drill/treat expansion joint.
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 10. Long rod soil treatment
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 15. Trench and treat soil
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 21. Void treatment, Porch
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 27. Brick veneer treatment
2 gal/10 lineal feet</p> |
| <p><input type="checkbox"/> 5. Treat vent bath trap.
1 gal/10 square feet</p> | <p><input type="checkbox"/> 11. Drill/treat under slab
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 16. Trench and treat
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 22. Long rod soil treatment.
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 28. Drill/treat under slab
4 gal/10 lineal feet</p> |
| <p><input type="checkbox"/> 6. Utility pipe treatment
4 gal/10 lineal feet</p> | <p><input type="checkbox"/> 12. Trench or rod and
treat soil 4 gal/10
lineal feet</p> | <p><input type="checkbox"/> 17. Double brick treatment
2 gal/10 lineal feet</p> | <p><input type="checkbox"/> 23. Drill/treat porch 4 gal/
10 lineal feet</p> | |

- 29. Drill through foundation sill at 16 inch intervals and treat behind sills with an application of termite chemical.
- 30. Drill wooden door casing at bearing point and treat with termite chemical where indicated.
- 31. Remove tile for drilling purposes and replace after treatment.
- 32. Cut plugs from tile for drilling purposes and replace plugs after treatment.
- 33. Drill through brick veneer into the hollow cement at approx. 6 inch intervals and flood holes with termite chemical.
- 34. Drill hollow uncapped iron column and treat with termite chemical.
- 35. Cut off wood steps and install one cement step where indicated
- 36. Cut off wood supports in contact with soil and insulated with masonry.
- 37. Excavate necessary dirt for termite-control treatment and working conditions.
- 38. Remove wood form board from expansion joint, refill after treating, where indicated.
- 39. Haul debris from premises.
- 40. Remove form boards, where indicated on graph, and haul from premises.
- 41. Install _____ 8x16 _____ type vents for proper cross-ventilation.
- 42. Install _____ 8x16 well type vents where indicated for proper cross-ventilation.
- 43. Replace wood supports with concrete block piers.
- 44. Spray the infested Powder Post Beetle areas where indicated on graph sheet. (NO REPAIR WARRANTY)
- 45. Spray understructure where indicated with wood preservative for fungus control. (NO WARRANTY)
- 46. Install moisture barrier (4mm polyethylene).



FIELD COPY OF GEORGIA WOOD INFESTATION INSPECTION REPORT

Original Report will be issued by Peachtree's office

WDO & File Number (Account #): _____ License number: _____ Issuance Date: _____
 Company Name: Peachtree Pest Control Co., Inc.
 Company Address: 326 Brogdon Road, Suwanee, GA 30024
 Company Telephone No.: 770-931-9099 Inspector: Kevin Howell 5073070
 Seller: Amy Damiano Purchaser: _____
 Main Structure Only: Main Home & Detached Garage / Single Family Dwelling
 Other Structures (Specify): N/A
 Address Of Structure(s): 441 Park Avenue SE Atlanta GA 30312

Construction Type (Check all that apply): Basement Slab Crawl
 Copies To: Purchaser Mortgagee Realtor Seller

FINDINGS (Must make an official graph if any visible evidence found)

Visible Evidence of wood destroying organisms was observed. No control measures were performed.
 Visible Evidence of wood destroying organisms was observed. Proper control measures were performed.
 Visible Evidence of active or previous infestation exists as checked below:

Inspection reveals evidence of:

	Active	Previous	Location
Subterranean Termites	<input type="checkbox"/>	<input type="checkbox"/>	_____
Powder Post Beetles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wood Boring Beetles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dry Wood Termites	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wood Decaying Fungi (Not Molds and Mildew)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Was the structure occupied at the time of inspection? Yes No
 Were any areas of the structure obstructed or inaccessible? Yes No
 Location: Behind Cabinets, Trimmer, Siding to Ground

The following conditions conducive to infestation were found. (Must make an official Graph if YES)

- Earth-to-wood contact: No Yes (locations): Steps, Siding, Fence
- Cellulose debris: No Yes (locations): _____
- Inadequate ventilation: No Yes (describe): _____

Remarks/Additional Findings: _____

The above described structure(s) was treated by this company as follows:

Organism	Treatment Date	Contract Expiration Date	Type Treatment (Chemical Barrier, Bait, Wood Treatment)
Subterranean Termites	_____	_____	_____
Powder Post Beetles	_____	_____	_____
Wood Boring Beetles	_____	_____	_____
Dry Wood Termites	_____	_____	_____
Wood Decaying Fungus	_____	_____	_____

The present treatment warranty(s) is/are:
 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 property.
 The above structure(s) is/are not covered under a treatment contract by this company.

The structure has a current Exception Form II issued by this company: Yes No

Additional Information:
 Fee \$: -0- for: WDO Report WDO Report and Treatment Listing Letter
 To be paid at time of: Inspection Treatment Closing Pick Up Delivery
 Person Requesting Inspection (Name and Organization): _____
 Method of Delivery: Mail to: Amy-Damiano@mac.com Will be picked up by: _____
 Fax to (Name & #): _____ Deliver to: _____
 Closing attorney Name: _____ Closing Attorney Address: _____

F-31 SP25640

1/15/2018

10:00 AM Confirmed

Target Pest(s): Subterranean Termites

Map 275 E5
Directions:

Print Date 1/12/2018

Lic#: 97802

Acct #01-0105974 INV # 1133892
Sold By Kevin Harwell

Service Address New Home Owner 441 Park Avenue Se Atlanta, GA 30312 Ph: 404-287-0799	Bill To: Amy Damiani 441 Park Ave SE Atlanta, GA 30312-3451 Ph: 404-287-0799
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Warranty Date: 1/9/2018 Comp-160 Basement/Slab/Crawl -Retreatment Only -Waiver Form -Booster Due: 2028 Confirmed 1/15 10-Noon	Additional Contacts 404-281-9092 Cell Measurement
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This work order	Amount	Adj Total	Tax	Total	
Please call customer when in house Amy @ 404-287-0992 Termite Booster Treatment	\$1,000.00	\$1,000.00	\$0.00	\$1,000.00	Bal this site as of 1/12/2018: \$0.00

History	Program	Start	Last	Prod \$	Inv \$	Production Value
						\$1,000.00

Balance all sites \$0.00 30 days \$0.00 60 days \$0.00 90 days \$0.00 120 Days \$0.00 Prepay \$1,000.00 Total Prev \$0.00

PEST CONTROL INTERIOR					
SERVICE SITE	SERVICE AREA	TARGET	QUANTITY	METHOD	PRODUCT

PEST CONTROL EXTERIOR					
SERVICE SITE	SERVICE AREA	TARGET	QUANTITY	METHOD	PRODUCT

SCHOOL/DAYCARE USE ONLY	
<input type="checkbox"/> No person(s) / students present at time of service	<input type="checkbox"/> Doors locked/area secured
<input type="checkbox"/> Re-entry signs placed at appropriate locations	<input type="checkbox"/> School Holiday
<input type="checkbox"/> Log Books Updated	<input type="checkbox"/>

Time In: 10:01	<input checked="" type="radio"/> AM	AMOUNT PD	CASH	CHECK #
Time Out: 1:32	<input checked="" type="radio"/> PM	CC# / EXP DATE		

WOOD DESTROYING ORGANISM CONTROL					
SERVICE SITE	SERVICE AREA	TARGET	QUANTITY	METHOD	PRODUCT
17,18	3,29,30	ST	90gal	3,1b	302

BAITING SYSTEM					
SERVICE SITE	SERVICE AREA	TARGET	QUANTITY	METHOD	PRODUCT

INSPECTION / RENEWAL	
<input type="checkbox"/> NO VISIBLE SIGNS OF ACTIVE	<input type="checkbox"/> AT THIS TIME
<input type="checkbox"/> ACTIVITY FOUND. AREAS:	

COMMENTS
Treated house for termites. only treated exterior of garage.

Customer/Customer's Representative

Date

Company Representative

Date

Mage Ritz SP25640, 1/15/18