

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

2019 Termite report
Inspected Address

Your City
City

77777
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. Elite Inspection Group, LLC admin@eiginspection.com 1B. TPCL # 536540
Name of Inspection Company SPCB Business License Number

1C. 11146 La Grange Dr. Frisco, TX 75035 (469-818-5500)
Address of Inspection Company City State Zip Telephone No.

1D. Garrett Hand 1.E Certified Applicator [X] (check one)
Name of Inspector (Please Print) Technician []

2. N/A 3. January 30, 2019
Case Number (VA/FHA/Other) Inspection Date

4A. Smart Home Buyer Seller [] Agent [] Buyer [X] Management Co. [] Other []
Name of Person Purchasing Inspection

4B. N/A
Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgagee [] Purchaser of Service [] Seller [] Agent [X] Buyer []
(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 Board. 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 Family Residence
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 [] (Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.

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

- Attic [] Insulated area of attic [X] Plumbing Areas [X] Planter box abutting structure []
Deck [] Sub Floors [] Slab Joints [] Craw Space []
Soil Grade Too High [X] Heavy Foliage [] Eaves [] Weep holes []
Other [X] Specify: __Raised flooring in master bedroom, formal dining__

7A. Conditions conducive to wood destroying insect infestation: Yes No
(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

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

- Wood to Ground Contact (G) Form boards left in place (I) Excessive Moisture (J)
- Debris under or around structure (K) Footing too low or soil line too high (L) Wood Rot (M) Heavy Foliage (N)
- Planter box abutting structure (O) Wood Pile in Contact with Structure (Q) Wooden Fence in Contact with the Structure (R)
- Insufficient ventilation (T) Other (C) Specify: _____

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8. Inspection Reveals Visible Evidence in or on the structure:	Active Infestation		Previous Infestation		Previous Treatment	
8A. Subterranean Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8B. Drywood Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8C. Formosan Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8D. Carpenter Ants	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8E. Other Wood Destroying Insects Specify: _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: Drill holes

8G. Visible evidence of: Damaged wood, drywall damage
has been observed in the following areas: SW corner of home, water heater closet

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

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

9. Will be or has been mechanically corrected by inspecting company: N/A Yes No
If "Yes," specify corrections:

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 No

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows: Yes No

Specify reason: Fence touching, high soil, form board, heavy foliage (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 insects, the treatment was: Full Limited

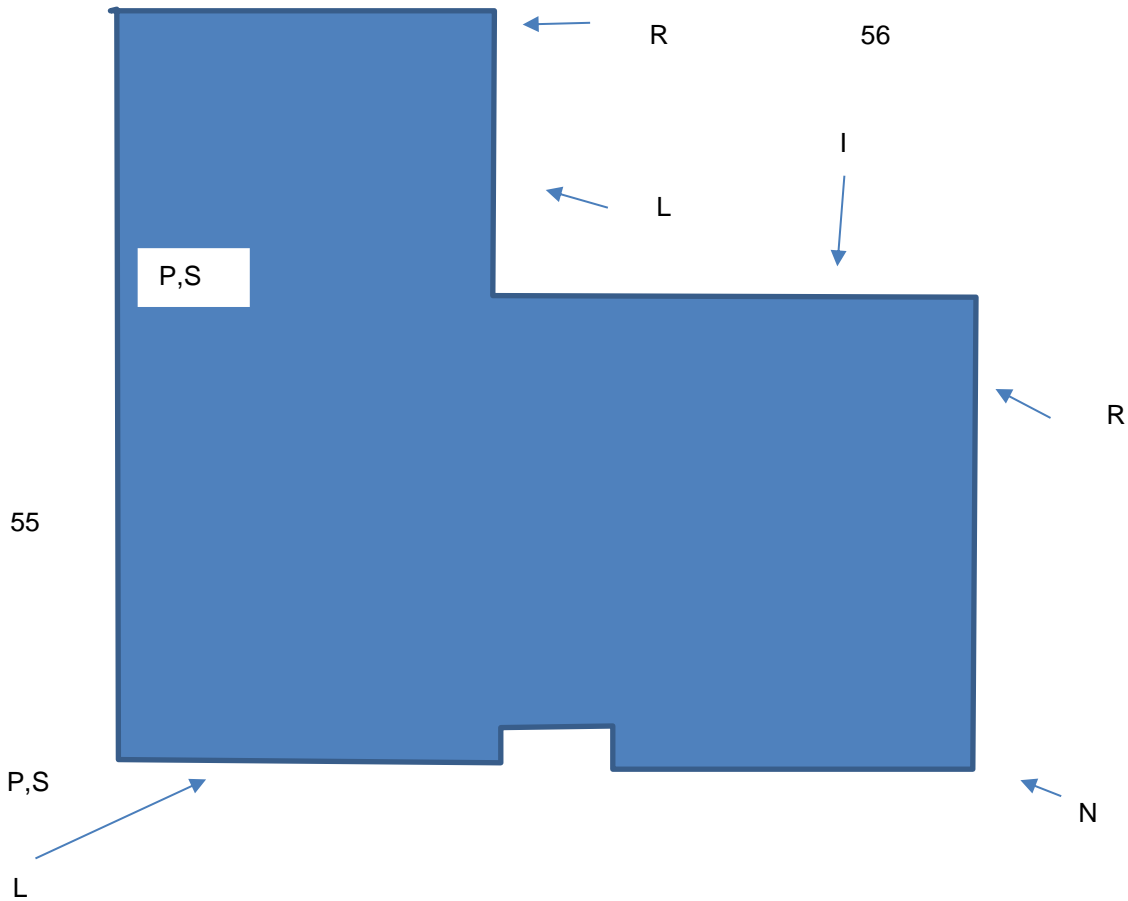
10B. N/A N/A N/A
Date of Treatment by Inspecting Company Common Name of Insect Name of Pesticide, Bait or Other Method

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

Yes No List Insects: N/A
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 _____ **See section 7B. for conducive conditions letter codes**



Additional Comments: Post tension slab Slab on grade Pier and Beam

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 for which I am acting is associated in any way with any party to this transaction.

Signatures:

11A. Garrett Hand TDA# 0702629 (Apprentice Mike Kemper)
 Inspector

Approved:

11B. Garrett Hand TPCL#536540
 Certified Applicator and Certified Applicator License Number

Notice of Inspection was posted at or near

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

12B. Date Posted January 30, 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: _____
 I agree to receive email correspondence from Inspectors service group, related to this inspection and/or future pest control services, and/or discounts/offers.

Signature of Purchaser of Property or their Designee

Date

Elite Inspection Group, LLC
 Administrative office and mailing address
 PO Box 2205 Frisco, TX 75034
 469-818-5500
admin@eiginspection.com www.eigdallas.com

EXTENDED WARRANTY



**Conducive conditions only -
275.00**

- Termite and Carpenter Ant Suppression Treatment on conducive conditions.
- 1-year transferable warranty covering subterranean termites and carpenter ants
- Clean and Clear wdi report

Active or previous infestation noted on the WDI report

- Custom proposal for treatment to remedy the active or previous infestation.
- 1-year transferable warranty covering subterranean termites and carpenter ants
- Clean and clear WDI report.

NO treatments needed - \$99.00 warranty coverage

- 1-year transferable warranty covering subterranean termites and carpenter ants
- Clean and clear wdi report

OPTIONS VALID UP TO 90 DAYS AFTER WDI INSPECTION

Any future treatments to eliminate a carpenter ant or termite infestation within the warranty period will be covered at no additional cost

There are limitations as to what we can inspect at every property. Clients need to understand the "Scope of Inspection" disclosure on the Texas Official Wood Destroying Insect Report. The report is **NOT** a warranty as to the absence of wood destroying insects or damage of any kind.

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