



Saunders Home Inspections

(361)–558–7633

John Saunders

Professional Home Inspector, TREC License # 22967, NACHI 16120102

WDI Inspector, SPCB TPCL 10571 LIC#0784647

PROPERTY INSPECTION REPORT

Prepared For: _____
(Name of Client)

Concerning: _____
(Address or Other Identification of Inspected Property)

By: John Saunders TREC Lic. #22967 03/22/2021
(Name and License Number of Inspector) (Date)

(Name, License Number of Sponsoring Inspector)

PURPOSE, LIMITATIONS AND INSPECTOR / CLIENT RESPONSIBILITIES

This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions. If any item or comment is unclear, you should ask the inspector to clarify the findings. It is important that you carefully read ALL of this information.

This inspection is subject to the rules ("Rules") of the Texas Real Estate Commission ("TREC"), which can be found at www.trec.texas.gov.

The TREC Standards of Practice (Sections 535.227-535.233 of the Rules) are the minimum standards for inspections by TREC-licensed inspectors. An inspection addresses only those components and conditions that are present, visible, and accessible at the time of the inspection. While there may be other parts, components or systems present, only those items specifically noted as being inspected were inspected. The inspector is NOT required to turn on decommissioned equipment, systems, utility services or apply an open flame or light a pilot to operate any appliance. The inspector is NOT required to climb over obstacles, move furnishings or stored items. The inspection report may address issues that are code-based or may refer to a particular code; however, this is NOT a code compliance inspection and does NOT verify compliance with manufacturer's installation instructions. The inspection does NOT imply insurability or warrantability of the structure or its components. Although some safety issues may be addressed in this report, this inspection is NOT a safety/code inspection, and the inspector is NOT required to identify all potential hazards.

In this report, the inspector shall indicate, by checking the appropriate boxes on the form, whether each item was inspected, not inspected, not present or deficient and explain the findings in the corresponding section in the body of the report form. The inspector must check the Deficient (D) box if a condition exists that adversely and materially affects the performance of a system or component or constitutes a hazard to life, limb or property as specified by the TREC Standards of Practice. General deficiencies include inoperability, material distress, water penetration, damage, deterioration, missing components, and unsuitable installation. Comments may be provided by the inspector whether or not an item is deemed deficient. The inspector is not required to prioritize or emphasize the importance of one deficiency over another.

Some items reported may be considered life-safety upgrades to the property. For more information, refer to Texas Real Estate Consumer Notice Concerning Recognized Hazards or Deficiencies below.

THIS PROPERTY INSPECTION IS NOT A TECHNICALLY EXHAUSTIVE INSPECTION OF THE STRUCTURE, SYSTEMS OR COMPONENTS. The inspection may not reveal all deficiencies. A real estate inspection helps to reduce some of the risk involved in purchasing a home, but it cannot eliminate these risks, nor can the inspection anticipate future events or changes in performance due to changes in use or occupancy. It is recommended that you obtain as much information as is available about this property, including any seller's disclosures, previous inspection reports, engineering reports, building/remodeling permits, and reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should also attempt to determine whether repairs, renovation, remodeling, additions, or other such activities have taken place at this property. It is not the inspector's responsibility to confirm that information obtained from these sources is complete or accurate or that this inspection is consistent with the opinions expressed in previous

or future reports.

ITEMS IDENTIFIED IN THE REPORT DO NOT OBLIGATE ANY PARTY TO MAKE REPAIRS OR TAKE OTHER ACTIONS, NOR IS THE PURCHASER REQUIRED TO REQUEST THAT THE SELLER TAKE ANY ACTION. When a deficiency is reported, it is the client's responsibility to obtain further evaluations and/or cost estimates from qualified service professionals. Any such follow-up should take place prior to the expiration of any time limitations such as option periods. Evaluations by qualified tradesmen may lead to the discovery of additional deficiencies which may involve additional repair costs. Failure to address deficiencies or comments noted in this report may lead to further damage of the structure or systems and add to the original repair costs. The inspector is not required to provide follow-up services to verify that proper repairs have been made.

Property conditions change with time and use. For example, mechanical devices can fail at any time, plumbing gaskets and seals may crack if the appliance or plumbing fixture is not used often, roof leaks can occur at any time regardless of the apparent condition of the roof, and the performance of the structure and the systems may change due to changes in use or occupancy, effects of weather, etc. These changes or repairs made to the structure after the inspection may render information contained herein obsolete or invalid. This report is provided for the specific benefit of the client named above and is based on observations at the time of the inspection. If you did not hire the inspector yourself, reliance on this report may provide incomplete or outdated information. Repairs, professional opinions or additional inspection reports may affect the meaning of the information in this report. It is recommended that you hire a licensed inspector to perform an inspection to meet your specific needs and to provide you with current information concerning this property.

TEXAS REAL ESTATE CONSUMER NOTICE CONCERNING HAZARDS OR DEFICIENCIES

Each year, Texans sustain property damage and are injured by accidents in the home. While some accidents may not be avoidable, many other accidents, injuries, and deaths may be avoided through the identification and repair of certain hazardous conditions. Examples of such hazards include:

- malfunctioning, improperly installed or missing ground fault circuit protection (GFCI) devices for electrical receptacles in garages, bathroom, kitchens, and exterior areas;
- malfunctioning arc fault protection (AFCI) devices;
- ordinary glass in locations where modern construction techniques call for safety glass;
- malfunctioning or lack of fire safety features such as, smoke alarms, fire-rated doors in certain locations, and functional emergency escape and rescue openings in bedrooms;
- malfunctioning carbon monoxide alarms;
- excessive spacing between balusters on stairways and porches;
- improperly installed appliances;
- improperly installed or defective safety devices;
- lack of electrical bonding and grounding; and
- lack of bonding on gas piping, including corrugated stainless steel tubing (CSST).

To ensure that consumers are informed of hazards such as these, the Texas Real Estate Commission (TREC) has adopted Standards of Practice requiring licensed inspectors to report these conditions as "Deficient" when performing an inspection for a buyer or seller, if they can be reasonably determined.

These conditions may not have violated building codes or common practices at the time of the construction of the home, or they may have been "grandfathered" because they were present prior to the adoption of codes prohibiting such conditions. While the TREC Standards of Practice do not require inspectors to perform a code compliance inspection, TREC considers the potential for injury or property loss from the hazards addressed in the Standards of Practice to be significant enough to warrant this notice.

Contract forms developed by TREC for use by its real estate licensees also inform the buyer of the right to have the home inspected and can provide an option clause permitting the buyer to terminate the contract within a specified time. Neither the Standards of Practice nor the TREC contract forms requires a seller to remedy conditions revealed by an inspection. The decision to correct a hazard or any deficiency identified in an inspection report is left to the parties to the contract for the sale or purchase of the home.

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

| | | | |
|---|----|----|---|
| I | NI | NP | D |
|---|----|----|---|

I. STRUCTURAL SYSTEMS

A. Foundations

Type of Foundation(s): Foundation Types

Comments:

Performance Opinion: (An opinion on performance is mandatory)

Note: Weather conditions, drainage, leakage and other adverse factors are able to effect structures, and differential movements are likely to occur. The inspectors opinion is based on visual observations of accessible and unobstructed areas of the structure at the time of the inspection. Future performance of the structure cannot be predicted or warranted. The inspector is **not a foundation expert** but only rendering an opinion.

SUGGESTED FOUNDATION MAINTENANCE & CARE - Proper drainage and moisture maintenance to all types of foundations due to the expansive nature of the area load bearing soils. Drainage must be directed away from all sides of the foundation with grade slopes. In most cases, floor coverings and/or stored articles prevent recognition of signs of settlement - cracking in all but the most severe cases. **It is important to note, this was not a structural engineering survey nor was any specialized testing done of any sub-slab plumbing systems during this limited visual inspection**, as these are specialized processes requiring excavation. In the event that structural movement is noted, client is advised to consult with a Structural Engineer who can isolate and identify causes, and determine what corrective steps, if any, should be considered to either correct and/or stop structural movement.

B. Grading and Drainage

Comments:

Note: Any area where the ground or grade does not slope **away** from the structure is to be considered an area of improper drainage. Suggested minimum-- Six inches of fall per 10 feet. **Water should never runoff towards the structure foundation.**

C. Roof Covering Materials

Type(s) of Roof Covering: Roof Covering Materials

Viewed From: Roof Viewed From

Comments: Keep tree limbs away from roof structure.

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I NI NP D

:

D. Roof Structures and Attics

Viewed From: [Roof Structure Viewed From](#)

Approximate Average Depth of Insulation: ___inches

Approximate Average Thickness of Vertical Insulation: _____

Comments:

E. Walls (Interior and Exterior)

Comments:

Interior Walls:

Exterior Walls:

Siding Materials: Brick Stone Wood Wood trimwork Stucco
 Vinyl Aluminum Asbestos Hardie Board Other

Always keep exterior caulked, sealed, and or painted.

F. Ceilings and Floors

Comments:

Ceiling:

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| I | NI | NP | D |
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Floors:

G. Doors (Interior and Exterior)

Comments:

Interior Doors

Exterior Doors

Garage Doors

Type: Metal Wood Fiberglass Doors / panels are damaged

H. Windows

Comments:

I. Stairways (Interior and Exterior)

Comments:

INTERIOR

EXTERIOR

J. Fireplaces and Chimneys

Comments:

Type of Fireplace: Factory Masonry Free Standing

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I NI NP D

Unable to fully view all fireplace components

K. Porches, Balconies, Decks, and Carports

Comments:

Structures:

Rails:

L. Other

Comments:

II. ELECTRICAL SYSTEMS

A. Service Entrance and Panels

Comments:

Overhead Service Underground Service

Sub Panel

Type of Wire:

Copper

Aluminum

B. Branch Circuits, Connected Devices, and Fixtures

Type of Wiring: Copper Aluminum Conduit _____

Comments:

Outlet and Switches

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Ground Fault Circuit Interrupt Safety Protection (GFCI):

GFCI was first used in the 1970s and so any home built before 1971 may or may not have GFCI protection.

| | | | | | | | |
|-----------|------------------------------|-----------------------------|----------------------------------|------------|------------------------------|-----------------------------|----------------------------------|
| Kitchen: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Bathrooms: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Exterior: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Garage: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Basement: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Wet Bar: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Pool/Spa: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | A/C Unit: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |

ARC Fault Circuit Interrupt Safety Protection (AFCI): not required -

AFCI first introduced in 1999 and made code in 2002

| | | | | | | | |
|----------|------------------------------|-----------------------------|----------------------------------|----------|------------------------------|-----------------------------|----------------------------------|
| Living: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Dining: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |
| Laundry: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial | Bedroom: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partial |

Smoke and Fire Alarms

*Smoke detectors are required on every floor level of a home and in each bedroom

Fixtures

Other Electrical System Components

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

A. Heating Equipment

Type of System: [Heating Types](#)

Energy Source: [Heating Energy Sources](#)

Comments:

B. Cooling Equipment

Type of System: [Cooling Types](#)

Comments:

Unit #1:

Supply Air Temp: ____ °F Return Air Temp: ____ °F Temp. Differential: ____ °F

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I NI NP D

C. Duct Systems, Chases, and Vents

Comments:

Type of Ductwork: Flex Ductwork Duct Board Metal

IV. PLUMBING SYSTEMS

A. Plumbing Supply, Distribution Systems and Fixtures

Location of water meter:

Location of main water supply valve:

Static water pressure reading: _____ below 40 psi above 80 psi
 Lack of reducing valve over 80 psi

Comments: Operated 2 faucets simultaneously.

Water Source: Public Private **Sewer Type:** Public Private

Sinks

Comments: _____

Bathtubs and Showers

Comments: _____

Commodes

Comments: _____

Washing Machine Connections

Comments: _____

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I NI NP D

Exterior Plumbing

Comments: _____

B. Drains, Wastes, and Vents

Comments:

C. Water Heating Equipment

Energy Source: Water Heating Energy Sources

Capacity: Gallons

Comments:

D. Hydro-Massage Therapy Equipment

Comments:

E. Other

Comments:

V. APPLIANCES

A. Dishwashers

Comments:

B. Food Waste Disposers

Comments:

C. Range Hood and Exhaust Systems

Comments:

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| | | | |
|---|----|----|---|
| I | NI | NP | D |
|---|----|----|---|

D. Ranges, Cooktops, and Ovens

Comments:

Range Type: Electric Gas

Oven(s):

Unit #1: Electric Gas

Tested at 350°F, Variance noted: (max 25°F)

Unit #2: Electric Gas

Tested at 350°F, Variance noted: (max 25°F)

E. Microwave Ovens

Comments:

F. Mechanical Exhaust Vents and Bathroom Heaters

Comments:

G. Garage Door Operators

Comments:

H. Dryer Exhaust Systems

Comments:

I. Other

Comments:

VI. OPTIONAL SYSTEMS

A. Landscape Irrigation (Sprinkler) Systems

Comments:

B. Swimming Pools, Spas, Hot Tubs, and Equipment

Type of Construction: [Pool Construction Types](#)

Comments:

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| | | | |
|---|----|----|---|
| I | NI | NP | D |
|---|----|----|---|

C. Outbuildings

Comments:

D. Private Water Wells (A coliform analysis is recommended)

Type of Pump: N/A

Type of Storage Equipment: N/A

Proximity To Known Septic System: _____

Comments:

E. Private Sewage Disposal (Septic) Systems

Type of System: Septic Systems

Location of Drain Field:

PROXIMITY TO ANY KNOWN WELLS OR UNDERGROUND WATER SUPPLY: _____

Comments:

Inspection Highlights:

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Rule §7.176 Requires this department prescribed form to be used for real estate transactions in Texas regarding the visible presence or absence of wood destroying insects and conditions conducive to infestations of wood destroying insects.

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. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**
- 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. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.**
- 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. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- 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). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

Inspected Address _____ City _____ Zip Code _____

1A. Wenske Pest Control 1B. 10571
 Name of Inspection Company SPCS Business License Number

1C. 1949 State Hwy 159 LaGrange Texas 78945 361 558-7633
 Address of Inspection Company City State Zip Telephone No.

1D. John Saunders 1E. Certified Applicator (check one)
 Name of Inspector (Please Print) Technician

1F. Monday, March 22, 2021
 Inspection Date

2. _____ Seller Agent Buyer Management Co. Other
 Name of Person Purchasing Inspection

3. _____
 Owner/Seller

4. REPORT FORWARDED TO: Title Company or Mortgagee Purchaser of Service Seller Agent 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 Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5A. Residence, Outbuilding
 List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

5B. Type of Construction:
 Foundation: Slab Pier and Beam Pier Type: _____ Basement Other: _____
 Siding: Wood Fiber Cement Board Brick Stone Stucco Other: _____
 Roof: Composition Wood Shingle Metal Tile Other _____

6A. This company has treated or is treating the structure for the following wood destroying insects: NO
 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

6B. _____
 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: _____
 If "Yes" copy(ies) of warranty and treatment diagram must be attached.

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

7A. 0784647
 Inspector (Technician or Certified Applicator Name and License Number)

Others Present: John Wenske
 7B. TPCL 10571
 Apprentices, Technicians, or Certified Applicators (Names) and Registration/License Number(s)

Notice of Inspection Was Posted At or Near:
 8A. Electric Breaker Box 8B. Date Posted: _____
 Water Heater Closet
 Beneath the Kitchen Sink

9A. Were any areas of the property obstructed or inaccessible? Yes No
 (Refer to Part B & C, Scope of Inspection) If "Yes" specify in 9B.
 9B. The obstructed or inaccessible areas include but are not limited to the following:
 Attic Insulated area of attic Plumbing Areas Planter box abutting structure
 Deck Sub Floors Slab Joints Craw Space
 Soil Grade Too High Heavy Foliage Eaves Weepholes
 Other Specify: no plumbing access available for every fixture

10A. Conditions conducive to wood destroying insect infestation? Yes No
 (Refer to Part J, Scope of Inspection) If "Yes" specify in 10B.
 10B. 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) 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: _____

| | | |
|---|--|--|
| Inspected Address | City | Zip Code |
| 11. Inspection Reveals Visible Evidence in or on the structure: | Active Infestation | Previous Infestation |
| 11A. Subterranean Termites | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11B. Drywood Termites | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11C. Formosan Termites | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11D. Carpenter Ants | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11E. Other Wood Destroying Insects | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|------------------------------|-----------------------------|
| Previous Treatment | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Specify: _____

11F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: _____

11G. Visible evidence of: _____ has been observed in the following areas: _____

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. (Refer to Part D, E & F, Scope of Inspection)

12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 11. (Refer to Part G, H and I, Scope of Inspection) Yes No

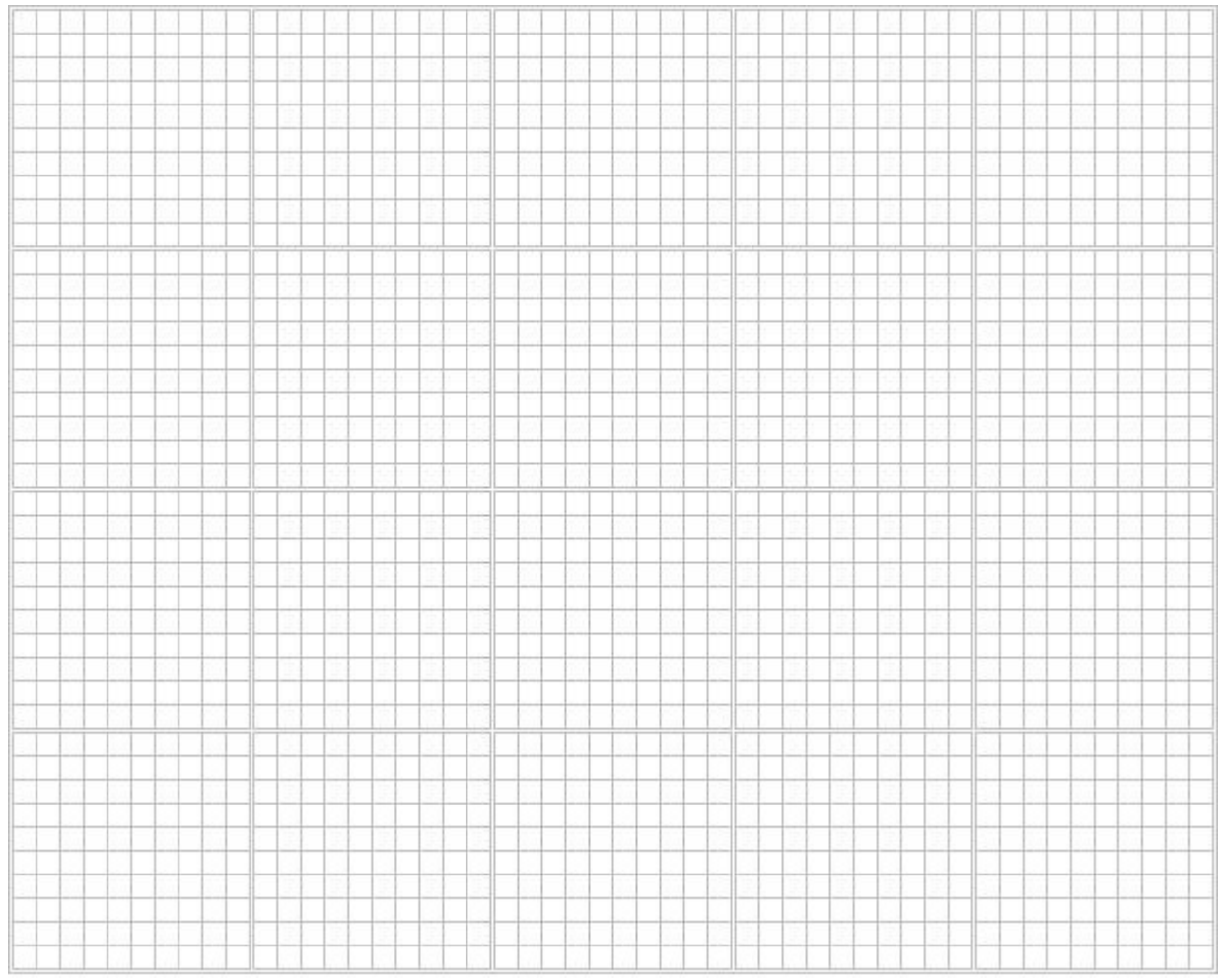
12B. A preventive treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows: Yes No

Specify reason: see Recommendations below diagram

Refer to Scope of Inspection Part J

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 _____



Additional Comments Always maintain 4-6 inches of visible foundation around your home. Keep exterior sealed and/or painted and replace any rotted wood. Never allow wood to ground contact. It is recommended that a reputable pest control company perform regular service to your home to keep your home safe from wood destroying insects. No signs of wdi were seen on walls & ceilings during the time of this inspection.

Inspected Address _____

City _____

Zip Code _____

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 _____

Customer or Designee not Present **Buyers Initials** _____