TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

	1001 Towering Oaks	Austin		76537		
	Inspected Address	7100111	City	Zip Co	ode	
	SC	OPE OF INSPECTION	<u> </u>			
Α.	This inspection covers only the multi-family structure, primary dw	elling or place of busines	s. Sheds, detached garages, lea	an-tos, fences, quest ho	uses or any	
B.	other structure will not be included in this inspection report unless specifically noted in Section 5 of this report. 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					
C.	damage which was not visible in or on the structure(s) at time Due to the characteristics and behavior of various wood destroying or removing parts of the structure being inspected. Previous data tape or other decorative devices. Damage that has been concean inspecting company cannot guarantee or determine that wor previous treatment; has rendered the pest(s) inactive.	ng insects, it may not alw nage to trim, wall surface lled or repaired may not b	ays be possible to determine the , etc., is frequently repaired prior or visible except by defacing the	presence of infestation to the inspection with p surface appearance. T	without defacing utty, spackling, he WDI	
D. E.	If visible evidence of active or previous infestation of listed wood ff visible evidence is reported, it does not imply that damage shoulders qualified to give an opinion regarding the degree of structure qualified expert.	uld be repaired or replace	ed. Inspectors of the inspection of	company usually are no	t engineers or	
F. G.	THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WAR If termite treatment (including pesticides, baits or other methods) inspected and proposed for treatment, label of pesticides to be usareas of the structure(s) are covered by warranty, renewal option and any warranties should be provided by the party contracting for	has been recommended sed and complete details is and approval by a certi	, the treating company must prov of warranty (if any). At a minimu fied applicator in the termite cate	ride a diagram of the str im, the warranty must s gory. Information regal	pecify which ding treatment	
H.	to provide such information to any person other than the contract There are a variety of termite control options offered by pest cont		ations will vary in cost officacy a	reas treated warranties	treatment	
	techniques and renewal options.	·	•			
I. J.	There are some specific guidelines as to when it is appropriate for there is visible evidence of an active infestation in or on the struct if treatment is recommended based solely on the presence of corecommended. The buyer and seller should be aware that there measures can vary greatly in cost and effectiveness and may or the inspector will recommend correction of the conducive conditions instances the most economical method to correct conducive conductive this, you may contact the inspector involved, another licens	ture, (2) there is visible e nducive conditions, a pre may be a variety of differ may not require the servi ons by either mechanical ditions. If this inspection	vidence of a previous infestation ventive treatment or correction of ent strategies to correct the conc ces of a licensed pest control ope alteration or cultural changes. M report recommends any type of t	with no evidence of a p f conducive conditions r ducive condition(s). The erator. There may be in lechanical alteration ma reatment and you have	rior treatment. nay be ese corrective estances where ey be in some any questions	
	Texas Department of Agriculture.					
1A.	Metro Inspections	1B.	TPCL# 14072			
	Name of Inspection Company		SPCS Business License I	Number		
1C	N/A			<i>(</i>)		
10_				(512)	318-5810	
	Address of Inspection Company	City	State		318-5810 hone No.	
1D	Address of Inspection Company Justin Poague	City 1.E	State Certified Applicator ☑ Technician □			
	Address of Inspection Company Justin Poague Name of Inspector (Please Print)	1.E	Certified Applicator ☑ Technician ☐	Zip Teler		
	Address of Inspection Company Justin Poague	•	Certified Applicator ☑	Zip Telep		
	Address of Inspection Company Justin Poague Name of Inspector (Please Print) N/A	1.E	Certified Applicator ☑ Technician ☐ 12-9-14	Zip Telep		
1D 2	Address of Inspection Company Justin Poague Name of Inspector (Please Print) N/A Case Number (VA/FHA/Other) John & Jane Doe	1.E	Certified Applicator ☑ Technician ☐ 12-9-14 Inspection Date	Zip Telep		
1D 2 4A 4B	Address of Inspection Company Justin Poague Name of Inspector (Please Print) N/A Case Number (VA/FHA/Other) John & Jane Doe Name of Person Purchasing Inspection N/A	1.E3Seller	Certified Applicator ☑ Technician ☐ 12-9-14 Inspection Date ☐ Buyer ☑ Management C	Zip Telep (check one) Other Agent Agent		
1D24A4B4C.REP@Structura	Address of Inspection Company Justin Poague Name of Inspector (Please Print) N/A Case Number (VA/FHA/Other) John & Jane Doe Name of Person Purchasing Inspection N/A Owner/Seller ORT FORWARDED TO: Title Company or Mortgagee	1.E3Seller	Certified Applicator Technician 12-9-14 Inspection Date Buyer Management C vice Seller e is required to receive a copocedures adopted by the Tex	Zip Telep (check one) O □ Other □ Agent ☑ y) as Department of Agent	Buyer ☑	
1D2. 4A4B 4C.REPOStructura including 5. Vacar	Address of Inspection Company Justin Poague Name of Inspector (Please Print) N/A Case Number (VA/FHA/Other) John & Jane Doe Name of Person Purchasing Inspection N/A Owner/Seller ORT FORWARDED TO: Title Company or Mortgagee (Under the Structural Pest Control regulations only the purchasing Inspected in accordance with the part Pest Control Service. This report is made subject to the		Certified Applicator Technician 12-9-14	Zip Telep (check one) a O Other Agent y) as Department of Agdiagram must be attention	Buyer 🗹	
1D2. 4A4B 4C.REPOStructura including 5. Vacar	Address of Inspection Company Justin Poague Name of Inspector (Please Print) N/A Case Number (VA/FHA/Other) John & Jane Doe Name of Person Purchasing Inspection N/A Owner/Seller ORT FORWARDED TO: Title Company or Mortgagee (Under the Structural Pest Control regulations only the purchasing Inspected in accordance with the pall Pest Control Service. This report is made subject to the grall structures inspected.		Certified Applicator Technician 12-9-14	Zip Telep (check one) a O Other Agent y) as Department of Agdiagram must be attention	Buyer 🗹	
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Buyer's Initials____

	operty obstructed or inaccessible of Inspection) If "Yes" specify in		☑ No □				
Attic ☑ Deck ☐ Heavy Foliage ☐ other than roof or attic space	ssible areas include but are not Insulated areas of attic ☑ Sub Floors ☑ Weep ho (such as wood ceiling beams), I siding, Perimeter skirt underpir	Plun Slab Joints ☑ Ies ☐ <u>Mechanical voi</u>	nbing Areas ☑ Crawl Sp Other ☑	oace ☑ 「Specify: <u>Wall & flo</u> c	Planter box abutting Soil Grade Too High or coverings, Areas rea g, Sunken rooms, Sto	n 🗆 guiring use	of ladder
	wood destroying insect infestations pection) If "Yes" specify in 7B.		☑ No □				
7B.Conducive Conditions inc Insufficient ventilation (T) ☐ Debris under or around struc Planter box abutting structure Other (C) ☑Specify: C1-Lan	Wood to Ground ture (K) ☑ Footing too low of	or soil line too hi ntact with Struct	gh (L) 🔲 Wo		☐ Excessive Mo Heavy Foliage (N) act with the Structure (Z
8.Inspection Reveals Visible	Evidence in or on the structure:	Activ	ve Infestation	<u>Previous</u>		Previous 1	<u>reatment</u>
8A.Subterranean Termites		Yes		Yes ☑	No ☑	Yes 🗆	No 🗹
8B.Drywood Termites		Yes	= =	Yes □	No ☑	Yes □	No ☑
8C.Formosan Termites 8D.Carpenter Ants		Yes Yes		Yes □ Yes □	No ☑ No ☑	Yes □ Yes □	No ☑ No ☑
8E.Other Wood Destroying In	nsects	Yes		Yes 🗆	No ☑	Yes □	No ☑
Specify: 8F.Explanation of signs of pr 8G.Visible evidence of: <u>Heav</u> crawlspace and ex	evious treatment (including pes y previous Termite Infestation haterior trim	ticides, baits, ex nas been observ	kisting treatme ved in the follo	nt stickers or other m wing areas: <u>In the wi</u>	nethods) identified: <u>No</u> ndow sills, baseboards	signs of tr s, threshol	eatment ds,
infested areas of the property The conditions conducive to 9.Will be or has been mecha	active or previous infestation, it y inspected must be noted in the insect infestation reported in 7A nically corrected by inspecting of	e second blank. . & 7B:	(Refer to Par			d all identif	ied
If "Yes," specify co 9A.Corrective treatment reco (Refer to Part G, H, and I, So	mmended for active infestation	or evidence of p	orevious infest	ation with no prior tre	eatment as identified ir	n Section 8	3.
9B.A preventive treatment ar	nd/or correction of conducive co K-debris under or around the he	nditions as iden		'B is recommended a	as follows: Yes ☑	No 🗆	
10A.This company has treate	ed or is treating the structure for	the following w	ood destroying	j insects: <u>Company c</u>	does not treat for wood	d destroyin	g insects.
If treating for subterranean te	ermites, the treatment was:	Partial	Spot □	Bait □	Other 🗆		N/A ☑
If treating for drywood termite	es or related insects, the treatm	ent was: Full	☐ Limited l	□ N/A 🗹			
10B. Nate of Treatment	N/A by Inspecting Company	Com	N/A nmon Name of	Insect	Name of Pesticide, E	V/A	er Method
This company has a contract Yes □ No ☑	or warranty in effect for control List Insects: <u>N/A</u> of warranty and treatment diag	of the following	wood destroy				

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PO Box 12847, Austin, Texas 78711-2847

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(512) 305-8250

Bug

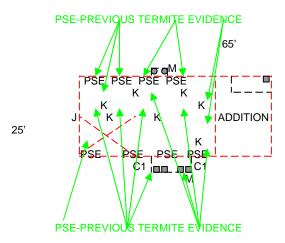
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Diagram of Structure(s) Inspected

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: X-Obstructed/Inaccessible, M-Wood rot, K-Debris under or around structure, J-Excessive moisture-(A/C condensate drain within 1' of foundation), C1-Landscape mulch by design, C7-Wood posts conducive by design,



E 07 Weed Deet

——=Area Obstructed/inaccessible □=C7-wood Post						
Additional Comments: Full treatment recommended-evidence of heavy	y previous	infestation with no signs of trea	atment at interior, exterior and crawlspace			
Neither I nor the company for which I am acting have had, presently h neither I nor the company for which I am acting is associated in any w			n the property. I do further state that			
Signatures: 11A. Justin Poague Inspector	12A.	Notice of Inspection Was Pos Electric Breaker Box ☐	sted At or Near: Water Heater Closet			
		Bath Trap Access ☐	Beneath the Kitchen Sink $lackim$			
Approved: 11B. Justin Poague CA#45622	12B.	Date Posted 12-9-14				
Certified Applicator and Certified Applicator License Number	er		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				
	_					

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CRAWLSPACE



Termite damage to structural beam



Hanging dirt tubes





INTERIOR



Baseboard activity

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Window sill trim and sheetrock