	OFFICIAL WO	OOD DESTR	OYING INS	ECT REPOR	RT	Page 1 of 2		
123 Main St Inspected Address	Hous	Houston City				Zip Code		
ลเอยอนเอน กนนเฮออ	SCOPE	OF INSPEC	CTION			Zip CUUB		
A. This inspection covers only the multi-family structure, primary dwell any other structure will not be included in this inspection report unle B. This inspection is limited to those parts of the structure(s) that are vare not limited to (1) areas concealed by wall coverings, furniture, encessitate removing or defacing any part of the structure(s) (includamage which was not visible in or on the structure(s) at time C. Due to the characteristics and behavior of various wood destroying defacing or removing parts of the structure being inspected. Previor spackling, tape or other decorative devices. Damage that has been the WDI inspecting company cannot guarantee or determine to previous treatment; has rendered the pest(s) inactive.  D. If visible evidence of active or previous infestation of listed wood depresent.  E. If visible evidence is reported, it does not imply that damage should or builders qualified to give an opinion regarding the degree of structure.  F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARR. If termite treatment (including pesticides, baits or other methods) he inspected and proposed for treatment, label of pesticides to be use the structure(s) are covered by warranty, renewal options and approvantations are variety of termite control options offered by pest control.  H. There are a variety of termite control options offered by pest control.	ling or place of bess specifically no visible and accessquipment and so ding the surface of inspection be insects, it may it us damage to fin concealed or rehat work performent of the properties of the repaired or cutral damage. If the properties of the properties	ousiness. Shed toted in Section sible at the tin tored articles a appearance of out which may not always be proposed in the section of the se	s, detached g 1 5 of this rep 1e of the insp 1e of	cort ection. Example retion of the stru.  Inspection of the stru.  Inspection of the termine the prevently repaired except by defacing the summed that some aspection company corrective action of the structure o	es of inaccessible toture in which in the sort cover of repair or repier or repier or the inspiration of the surface apy, as indicated are degree of dampany usually are tition should be possible. A diagram of the warranty mustion regarding training company has a company has a diagram of the company has a	e areas include but spection would any condition or acement work. it ion without ection with putty, opearance, by visual evidence mage is not engineers erformed by a quality estructure(s) are eatment and any s no duty to provide	of fied	
treatment techniques and renewal options.  There are some specific guidelines as to when it is appropriate for recommended if (1) there is visible evidence of an active infestation	corrective treatm	nent to be reco	mmended. Co	orrective treatm	ent may only be			
evidence of a prior treatment.  J. If treatment is recommended based solely on the presence of cond recommended. The buyer and seller should be aware that there may corrective measures can vary greatly in cost and effectiveness and instances where the inspector will recommend correction of the cor alteration may be in some instances the most economical method to and you have any questions about this, you may contact the inspect Structural Pest Control Board.	lucive conditions ay be a variety o may or may not nducive condition to correct condu	s, a preventive f different strate require the se ns by either me cive conditions	treatment or cegies to corre rvices of a lice echanical alter . If this inspec	correction of cor ct the conducivensed pest con- ration or cultura ction report reco	nducive condition e condition(s). T trol operator. The d changes. Mechanges any ty	ns may be hese ere may be aanical oe of treatment		
1A. TERMITE PEST SERVICES		1E		CL No: 06				
Name of inspection Company  1C 2315 Pheasant Creek Dr		Guara		iness License N X 77498	lumber	mber 832-274-1255		
Address of Inspection Company		City	Land, I	State	z Zip		one No.	
1D. Ahmad Mustafa Name of Inspector (Please Print)	1E.	Certified App Technician	licator	[X]	(check	( one)		
2 N/A	3.	10/	21/14					
Case Number (VA/FHA/Other)	<u>J.</u>		ction Date					
4B. N/A  Owner/Seller  4C.REPORT FORWARDED TO: Title Company or Mortgager (Under the Structural Pest Control regulations only the purchase)  The structure(s) listed below were inspected in accordance with the office made subject to the conditions listed under the Scope of Inspection. A conditional listed under the Scope of Inspection.	ser of the service cial inspection prodiagram must be	rocedures adop e attached inclu	receive a cop oted by the Te uding all struc	exas Structural tures inspected		Buyer [X]		
<ol> <li>Two-story single-family residence wit:</li> <li>List structure(s) inspected that may include residence, detached garage</li> </ol>	***************************************			***************************************	pe of Inspection	)		
	ttic [X] [X] [X] [X]	Sla Ea	And reprinted and a long responding colored for an incomm	[X]	Crawl Space Weepholes	butting structure	[X]	
Planter box abutting structure (O) [X] Footing too low or s Insufficient ventilation (T) [ ] Wood Pile in Conta Other (C) [ ]	act with Structure	e (Q) [ ]		ence in Contac	t with the Struct	, ,	[X]	
8. Inspection Reveals Visible Evidence in or on the structure:  8A. Subterranean Termites  8B. Drywood Termites  8C. Formosan Termites  8D. Carpenter Ants  8E. Other Wood Destroying Insects  Specify:	Yes [ ] No Yes [ ] No Yes [ ] No	ion  [X]  [X]  [X]  [X]  [X]  [X]  [X]	Yes Yes Yes	evious Infestations [ ] No [2] S [ ] No [2]	X] Yes X] Yes X] Yes X] Yes	evious Treatment [ ] No [X]		
8F. Explanation of signs of previous treatment (including pesticides, bait	ts, existing treat	ment stickers o	r other metho	ods) identified:				
NONE	han barrar 1							
8G. Visible evidence of: NONE	has been observ	ed in the follov	ring areas: _		***************************************			
If there is visible evidence of active or previous infestation, it must be no inspected must be noted in the second blank. (Refer to Part D, E & F, S	Scope of Inspect	ion)				nfested areas of the	property	
Licensed ar P.O. Box 12847, Austi SPCB/T-4 (Rev. 09/01/07)	nd Regulated in, Texas 787			918-4481, (F/				