

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone

Modern Exterminating & Termite
2200 MacDade Blvd
P.O. BOX 91
Holmes, PA 19043
610-586-5525

Company's Business Lic. No.

BU-3726

Date of Inspection

06/21/17

Address of Property Inspected

BOB & MARY REEDER
421 Round Hill Rd
Saint Davids, PA 19087-4737

Inspector's Name, Signature & Certification, Registration, or Lic. #

Scott Kerr

#850850

Structure(s) Inspected

HOUSE

Section II. Inspection Findings

This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

A. No visible evidence of wood destroying insects was observed.

B. Visible evidence of wood destroying insects was observed as follows:

1. Live insects (description and location): _____

2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location):

SHELTER TUBES FRONT SILL PLATE

3. Visible damage from wood destroying insects was noted as follows (description and location):

FRONT SILL PLATE

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

No treatment recommended: (Explain if Box B in Section II is checked) _____

Recommend treatment for the control of: TERMITES

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

Basement 2,3,4,5,6,7,8

Crawlspace 5

Main Level 1,3,4,6,7,8,9,11

Attic 5,11

Garage 1,3,6,7

Exterior _____

Porch _____

Addition _____

Other _____

The Inspector may write out obstructions or use the following optional key:

- | | |
|-------------------------|--|
| 1. Fixed ceiling | 13. Only visual access |
| 2. Suspended ceiling | 14. Cluttered condition |
| 3. Fixed wall covering | 15. Standing water |
| 4. Floor covering | 16. Dense vegetation |
| 5. Insulation | 17. Exterior siding |
| 6. Cabinets or shelving | 18. Window well covers |
| 7. Stored items | 19. Wood pile |
| 8. Furnishings | 20. Snow |
| 9. Appliances | 21. Unsafe conditions |
| 10. No access or entry | 22. Rigid foam board |
| 11. Limited access | 23. Synthetic stucco |
| 12. No access beneath | 24. Duct work, plumbing, and/or wiring |

Section V. Additional Comments and Attachments (these are an integral part of the report)

VALID UPON FULL PAYMENT OF

\$1,325.00 PAID \$1,325.00 CK# 710. TREATED FOR TERMITES ON THURSDAY 07/13/2017. ONE YEAR WARRANTY FOR TERMITES AFTER TREATMENT. WARRANTY IS FULLY TRANSFERABLE TO NEW OWNER. NEW OWNER SHOULD CONTACT MODERN EXTERMINATING TO UPDATE THEIR INFORMATION.

Attachments _____

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

X

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

X

TERMITE INSPECTION REPORT & QUOTATION

2200 MAC DADE BOULEVARD
HOLMES, PENNSYLVANIA 19043



EXTERMINATING & TERMITE
CONTROL CO., INC.

(610) 586-5525 (610) 259-6622 FAX: (610) 586-0244 (610) 356-6080 (610) 485-2755

OWNER OR AGENT

154094

Bob & Mary Resden

421 Round Hill Rd

St David Pa 19087

Date 6/21/17 Inspector SK
 Insp. Date 660 293 1047 Time _____ M
 Phone 660 293 1047 Requested by _____

INSPECTION AT (IF DIFFERENT FROM ABOVE)

Occupant's Name _____
 Occupant's Phone _____

WE HAVE ON THIS DATE COMPLETED AN INSPECTION OF THE STRUCTURE(S) INDICATED ABOVE. OUR FINDINGS ARE AS FOLLOWS:

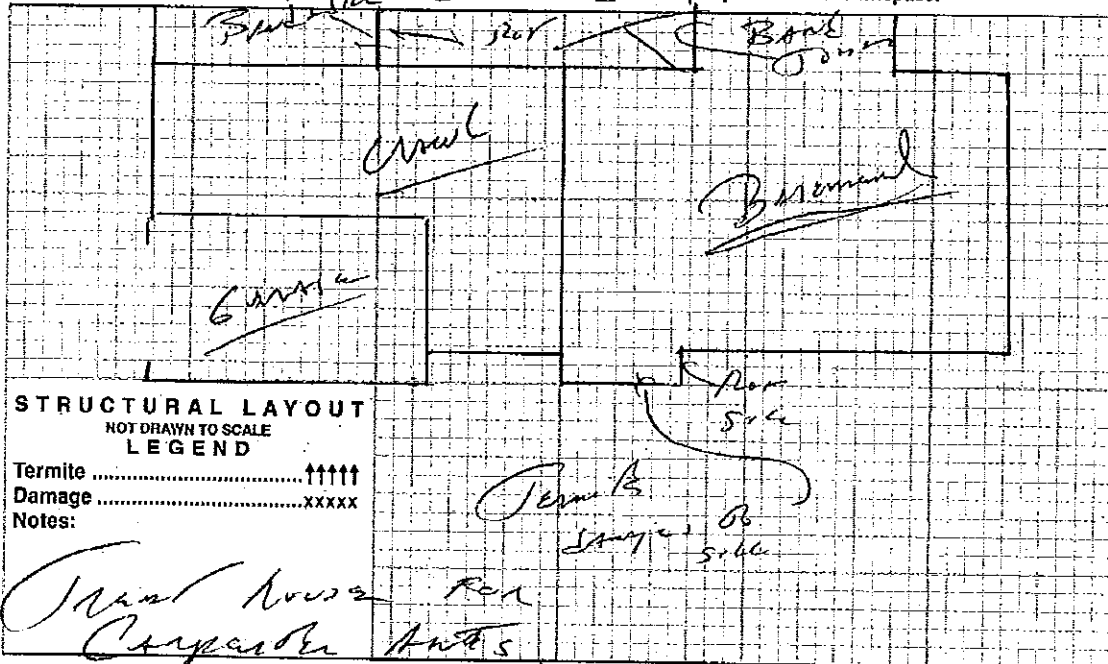
- | | | | | |
|---|---|--|------------------------------------|--|
| <input type="checkbox"/> Swarmers | <input type="checkbox"/> Workers | <input checked="" type="checkbox"/> Damage | <input type="checkbox"/> Tubing | <input type="checkbox"/> Evidence of old termite infestation found. |
| <input type="checkbox"/> Live termites now active in structure. | | | | <input type="checkbox"/> Live termites now active in debris under struc. |
| <input type="checkbox"/> Damage resulting from termites found: | <input checked="" type="checkbox"/> Minor | <input type="checkbox"/> Medium | <input type="checkbox"/> Extensive | <input type="checkbox"/> NO Visible |
- OTHER FINDINGS: Powder Post Beetles Carpenter Ants _____

WE RECOMMEND:

- No termite treatment necessary at this time.
- Should be treated for present termite infestation
- Should be treated for the prevention of termites.

We propose to chemically treat this structure(s) with our chemical formulations in accordance with our standard specifications and guarantees as follows:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drill all concrete resting against foundation walls and chemicalize soil beneath. | <input checked="" type="checkbox"/> As we proceed with this work and we find any vulnerable parts not mentioned in this letter, we will treat same. |
| <input checked="" type="checkbox"/> Chemicalize all soil | <input checked="" type="checkbox"/> All holes to be sealed with cement |
| <input checked="" type="checkbox"/> resting against foundation walls
<input checked="" type="checkbox"/> in unexcavated areas
<input checked="" type="checkbox"/> around outside of house
<input checked="" type="checkbox"/> around outside of garage | <input checked="" type="checkbox"/> This work guaranteed for <u>1 year</u> |
| <input type="checkbox"/> Drill inside perimeter of garage floor and chemicalize soil beneath. | <input checked="" type="checkbox"/> After the <u>1</u> year period, we will inspect yearly and treat any reinfestation at a charge of <u>250.00</u> per year if desired. Yearly warrantee subject to change due to inflation. |
| <input type="checkbox"/> Drill inside perimeter of basement floor and chemicalize soil beneath. | <input type="checkbox"/> Drill inside perimeter of crawlspace. |



QUOTATION

CHEMICAL TREATMENT Including Guarantee \$ 1250.
 RECOMMEND EVALUATION BY MODERN'S CARPENTRY DIVISION. Tax 75.00
 Total 1325.00

TERMS:

This proposal covers only the work itemized. The price quoted includes labor, materials, transportation, insurance and guarantee. All work will be covered by workman's compensation and public liability insurance. The job will be started within _____ days weather conditions permitting. Payment to be made as follows: _____

I hereby certify this inspection was made in a thorough manner and is true and correct insofar as was possible to determine.

ACCEPTED BY OWNER/AGENT: _____

Signed W. Scott Kean Inspector