

# TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

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169 Lakeside Ln Southside Shores Streetman

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 Texas Structural Pest Control Board.

1A. HOBBS PEST MANAGEMENT, INC.  
Name of Inspection Company

1B. 6012  
SPCB Business License Number

1C. 15373 WAYNE DRIVE  
Address of Inspection Company

MABANK, TX 75156 (903) 451-3387  
City, State Zip Telephone Number

1D. DAVID SPENCE  
Name of Inspector (Please Print)

1E. Certified Applicator ☒ (Check one)  
Technician ☐

2.   
Case Number (VA/FHA/Other)

3. 2-20-08  
Inspection Date

4A. JOE OBAYA (ED)  
Name of Person Purchasing Inspection

Seller ☐ Agent ☐ Buyer ☒ Management Co. ☐ Other ☐

4B. JACK MILISOR  
Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgagee ☒ Purchaser of Service ☐ Seller ☐ Agent ☐ Buyer ☐  
(Under The Texas Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

Licensed and Regulated by The Texas Structural Pest Control Board  
P.O. Box 1927  
Austin, Texas 78767-1927 • (512) 305-8250

Buyer's Initials \_\_\_\_\_

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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. Home dwelling only.  
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 ☒ 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.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Attic               | <input type="checkbox"/> Insulated area of attic | <input type="checkbox"/> Plumbing Areas | <input type="checkbox"/> Planter box abutting structure |
| <input type="checkbox"/> Deck                | <input type="checkbox"/> Sub Floors              | <input type="checkbox"/> Slab Joints    | <input type="checkbox"/> Crawl space                    |
| <input type="checkbox"/> Soil Grade Too High | <input type="checkbox"/> Heavy Foliage           | <input type="checkbox"/> Eaves          | <input type="checkbox"/> Weepholes                      |
| <input type="checkbox"/> Other               |  |   |   |
- Specify: \_\_\_\_\_

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:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Wood to Ground Contact (G)          | <input checked="" type="checkbox"/> Formboards left in place (I)   | <input type="checkbox"/> Excessive Moisture (J)                      |
| <input type="checkbox"/> Debris under or around structure (K)           | <input type="checkbox"/> Footing too low or soil line too high (L) | <input type="checkbox"/> Wood Rot (M)                                |
| <input type="checkbox"/> Heavy Foliage (N)                              | <input type="checkbox"/> Planter box abutting structure (O)        | <input type="checkbox"/> Wood Pile in Contact with the structure (Q) |
| <input type="checkbox"/> Wooden Fence in Contact with the structure (R) | <input type="checkbox"/> Insufficient ventilation (T)              |  |
| <input type="checkbox"/> Other(C) (Specify) _____                       |  |  |

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 type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" 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. CarpenterAnts	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	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"/>

Specify \_\_\_\_\_  
8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: None

8G. Visible evidence of: Previous Termites has been observed in the following areas: Deck crawl space.

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: 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: Remove formboards and debris.

10A. This company has treated or is treating the structure for the following wood destroying insects: NO

Treatment method was: Conventional ☐ Bait ☐ Other ☐  
If treating for subterranean termites, the treatment was: Partial ☐ Spot ☐  
If treating for drywood termites or related insects, the treatment was: Full ☐ Limited ☐

10B. Date of Treatment by inspecting Company: NA Common Name of Insect: NA Name of Pesticide, Bait or Other Method: NA

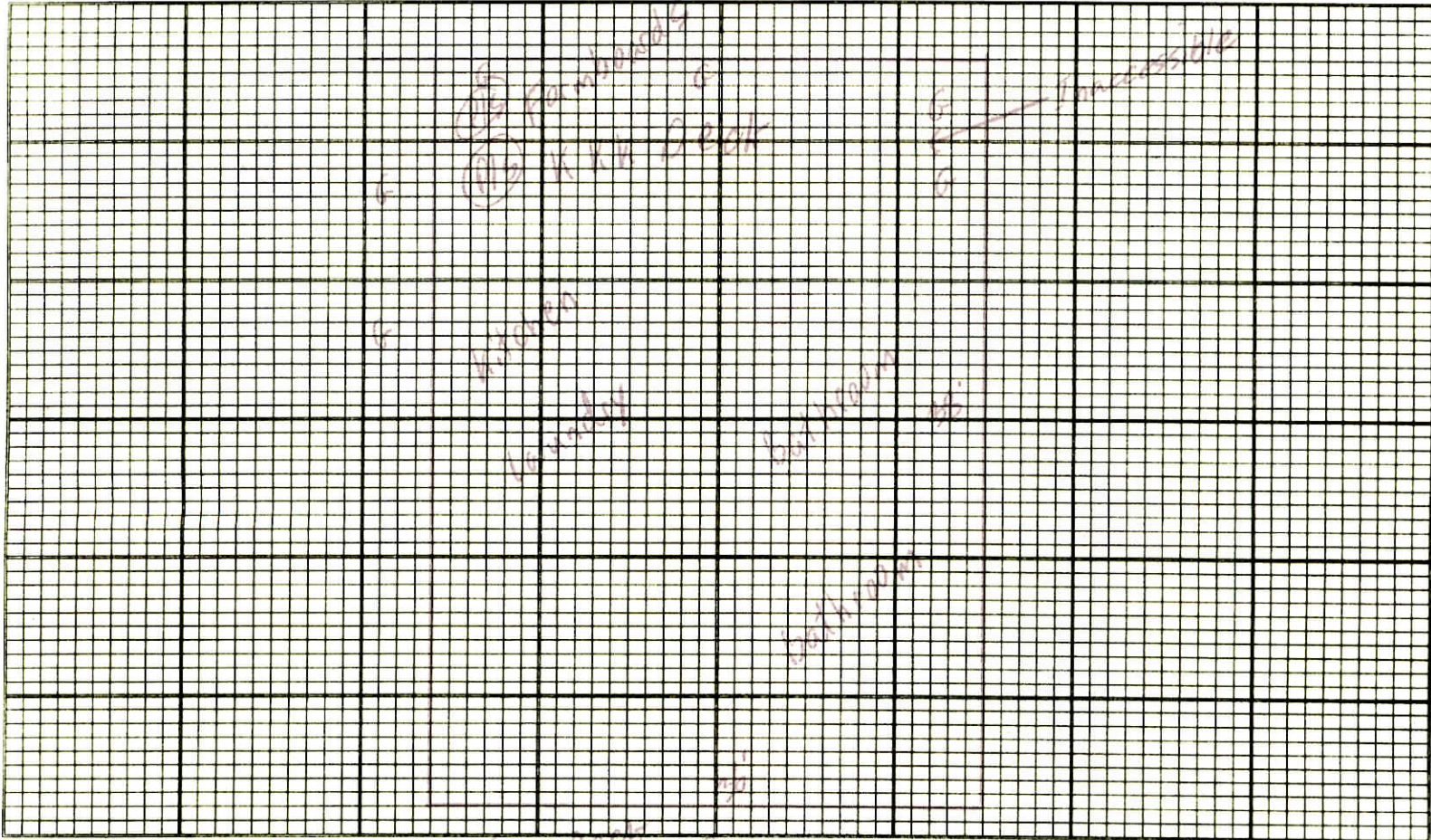
This company has a contract or warranty in effect for control of the following wood destroying insects:  
Yes ☐ No ☒ List insects: NA

If "Yes", copy(ies) of warranty and treatment diagram must be attached.

## Diagram of Structure(s) Inspected

Foundation Type: Slab ☒ Pier & Beam ☐ Other ☐  
 Siding: Wood ☐ Wood Veneer ☐ Stone ☐ Brick ☐ Stucco ☐ Other ☐  
 Roof: Composition ☐ Wood Shingle ☐ Built Up ☐ Metal ☐ Other ☐  
 Primary Use: Residence ☒ Public Building ☐ Commercial ☐ Industrial ☐ Multi-Family ☐ Other ☐

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by following codes: E-Evidence of infestation; A-(active); P-(previous); D-Drywood; S-Subterranean Termite; F-Formosan Termite; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) \_\_\_\_\_



Additional Comments: \_\_\_\_\_

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: Dan L. Spence  
 11A. \_\_\_\_\_ Inspector

Approved: Dan L. Spence 34542 02-20-08  
 11B. \_\_\_\_\_  
 Certified Applicator and Certified Applicator License Number Date

Notice of Inspection Was Posted At or Near

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

12B. Date Posted 02-20-08

## 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: N/A

Signature of Purchaser of Property or their Designee \_\_\_\_\_

Date \_\_\_\_\_