

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

COMPANY NAME Fast Action Pest Control LICENSE No. 98595
 ADDRESS P.O. Box 135 Blairsville, GA 30514
 TELEPHONE No. 706-781-6119 DATE OF ISSUANCE July 16, 2019
 SELLER William & Chelsea Benton INSPECTOR Jeff Fortenberry SP10625
 FILE No. _____ PURCHASER(S) _____

SCOPE OF INSPECTION

An inspection of the below listed structure(s) was performed by a qualified inspector employed by this firm to determine the presence or previous presence of an infestation of the listed organisms and is not intended to be a structural report. Neither is this a warranty as to absence of wood destroying organisms. This report is subject to all conditions enumerated on the reverse side and is issued without warranty or guarantee except as provided in Rule 620-6-.03 of the Rules of the Georgia Structural Pest Control Act or subject to any treatment guarantee specified below.

Main Structure wood frame over crawl space

Other Structures (Specify) _____

Address Of Structure(s) 948 Ivy log Rd Blairsville GA 30512

FINDINGS

Inspection Reveals Visible Evidence Of:

	Active Infestation		Previous Infestation	
	Yes	No	Yes	No
Subterranean Termites	—	✓	—	✓
Powder Post Beetles	—	✓	—	✓
Wood Boring Beetles	—	✓	—	✓
Dry Wood Termites	—	✓	—	✓
Wood Decaying Fungus (Not Molds and Mildews)	—	✓	—	✓

Were any areas of the structure obstructed or inaccessible? ☒ Yes ☐ No

If yes, list these areas (see Item 3 on reverse side of form)

upper portion of ground corner insidently finished
 The following conditions conducive to infestation for wood destroying organisms were found at the time of inspection. The location(s) of these conditions conducive to infestation are indicated on the attached diagram:

Notice at time of inspection

Remarks/Additional Findings:

No activity noted - crawl space Don has from 6" to 8" soil

NOTE: If visible evidence of active or previous infestation is reported it should be assumed that some degree of damage is present and a diagram identifying the structure(s) inspected and showing the location of such evidence must be attached to this form. Evaluation of damage and any corrective action should be performed by a qualified inspector in the building trade approved by the purchaser and lending agency.

TREATMENT

The above described structure(s) was treated by this company as follows:

Organism	Treatment Date	Contract Expiration	Type Treatment (Chemical Barrier, Bait, Wood Treatment)
Subterranean Termites	_____	_____	_____
Powder Post Beetles	_____	_____	_____
Wood Boring Beetles	_____	_____	_____
Dry Wood Termites	_____	_____	_____
Wood Decaying Fungus	_____	_____	_____

The present treatment warranty(ies) is:

☐ Transferable to any subsequent owner of the property upon payment of a fee on or before the expiration date.

☐ Not transferable to any subsequent owner of the property.

☒ The above structure(s) are not covered by a treatment contract with this Company.

This structure has a current Official Waiver Form issued by this Company ☐ Yes ☐ No

If yes, a copy must be attached as part of this report.

CERTIFICATION

This is to certify that neither I, nor the company, has had or contemplates having any interest in the property involved, nor is acting in any association with any party to the transaction.

Jeff Fortenberry
 Signature Of Designated Certified Operator

[Signature]
 Signature Of Purchaser Or Legal Representative Acknowledging Receipt Of Report

Copies To:

_____ Purchaser _____ Mortgagee _____ Realtor _____ Seller