SHENANDOAH BACTERIOLOGICAL LABORATORY

VA Lab ID # 00257 WV Lab ID # 9941M MD Lab # 302
460 Reynolds Rd.
Cross Junction, VA 22625
Phone: (540) 888-4500

CERTIFICATE OF ANALYSIS

CERTIFICATE # SBL2000335 DATE: 02-14-2020

PWSID #:	Tax Map #:	Health Dept #:
N/A	N/A	N/A

CUSTOMER: Pest Pro Solutions

CERTIFICATE TO:

SAMPLE LOCATION: 989 Falconwood Rd., Paw Paw, WV

SAMPLE TYPE / SOURCE: Drinking Water

CHLORINE PRESENT?: No

DATE OF ANALYSIS / RESULTS:

BACTERIAL ANALYSIS:	BACTERIAL RESULTS:
2/13/2020	2/14/2020

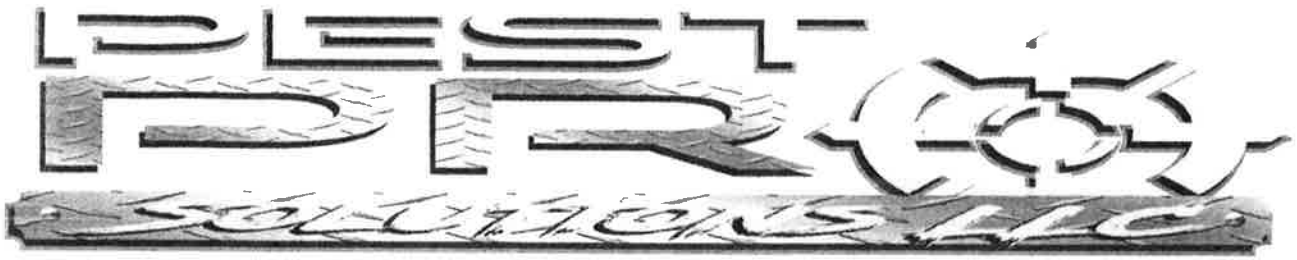
TESTS PERFORMED: *Bacterial*

PARAMETER	RESULT	METHOD
Total Coliform	Absent	SM 9223 / Colilert
E-Coli	Absent	SM 9223 / Colilert

Total Coliform and E-Coli ABSENT = Meets minimum requirement set forth by EPA and is safe for human consumption.
Total Coliform PRESENT and E-Coli ABSENT or Total Coliform PRESENT and E-Coli PRESENT = Does Not meet minimum requirement set forth by EPA and is NOT SAFE for human consumption.

LEGEND:
NT in "Results" field = Not Tested

Authorized Signature



SEPTIC SYSTEM REPORT

1696 H Rubenstein Rd.
Capon Bridge, WV 26711

Reference: _____
Property: 989 Falconwood Rd
Paw Paw, WV
Date of Inspection: 2-1-20

System History: *This report is invalid unless this section is completed.*
Please answer questions at settlement

1. Does this property utilize a conventional septic system? Yes____ No ____
2. Has septic system been pumped in last 30 days? Yes____ No ____
   Date (if yes) _____
3. Has septic system backed up/been repaired in last 12 months? Yes____ No ____
4. Has septic system been checked for system problems/failure by other company in last 12 months? Yes____ No ____
5. Has the property been continuously occupied during the last 30 days? Yes____ No ____
6. Is the approximate age of the septic system 15 years or older? Yes____ No ____

Customer: _____ Date: _____
Please Print

_____
Signature

A visual walk-over inspection of the drain field was performed on the above reference property. The results of this report are therefore based solely on a visual walk-over inspection.

Walk-over Inspection Results:

Based upon the visual walk-over inspection, the septic system appears:
__✓__ to be satisfactory, because there was no visual evidence of septic system failure or outbreak at the time of inspection.
____ to be unsatisfactory, because there was visual evidence of septic failure and/or outbreak at the time of inspection.

Due to the nature of septic systems, the information contained herein is not to be construed as a warranty or guarantee against future septic system failure, but is merely indicative of the visible conditions which existed at the time and date of the inspection. *This report is invalid unless System History is completed and customer acknowledgement is signed and dated.*

Technician's Name: Jason Wilkins Technician's Signature: Jason E. Wilkins Date: 2-1-20

Authorized Customer Signature: _____ Date: _____

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on **page 2**.

Section I. General Information

Inspection Company, Address & Phone

Pest Pro Solutions, LLC
1696 H Rubenstein Rd
Capon Bridge, WV 26711
304-359-4960

Company's Business Lic. No: **9439 (VA) • 1186 (WV)**

Date of Inspection: 2-1-20

Address of Property Inspected: 989 Falconwood Rd, Paw Paw, WV

Inspector's Name, Signature & Certification, Registration, or Lic. #: C06997

[signature]

Structure(s) Inspected: Single Family

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 & location) ______

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

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

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: Termite monitors around structure

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: ______

Section IV. Obstructions and Inaccessible Areas

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

☐ Basement
☐ Crawlspace ______
☑ Main Level 1, 3, 4, 6, 7, 8, 9, 11, 13, 24
☐ Attic
☐ Garage
☑ Exterior 11, 13, 16, 17, 24
☑ Porch 7, 11, 13, 24
☐ Addition
☑ Other: Structure built on post & beam

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

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

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

90 Day Termite Warranty

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