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Wood Destroying Insect Inspection Report	Notice: Please read important consu	mar information on page 2.
Section I. General information Inspection Company, Address & Phone	Company's Past Control Business Lic. No.	
Joy Exterminating Co., LLC	WV 568 • OH 4843	2-4-21
P.O. Box 42 Newport, OH 45768	Address of Property Inspected Z ~	rick
	3006	2 SR78
1-800-807-1863 • 740-374-7193	1 curs	uille Ohic
nspector's Name, Signature & Certification, Registration, or Ltc. # 2-0410		
Star Jay Sta	n House	, 2 Buildings, Barn
Section II. Inspection Findings This report is indicative of the not to be construed as a guerantee or warranty against latent, concealed, or inspection of the readily accessible areas of the structure(s) inspected	future infestations or wood destroying in	
A. No VIsible evidence of wood destroying insects was observed.		
B. Visible evidence of wood destroying insects was observed as follows:	ws:	
1. Live insects (description & location):		
2 Dead insects insect parts frace sheller tubes exit holes or st	gining (description and location): I c	om see exit heles
2. Dead insects, insect parts, frass, shelter tubes, exit holes, or st Coursed by Powder Post	Brotles in the	Ference Room
3. Visible damage from wood destroying insects was noted as to	Town (decembring and learning). T	10 66 2 Flore
3. Visible damage from wood destroying insects was noted as to	one of 1950ment	that have
damage caused by Pende	Dust Beetles	
OTE: This is not a structural damage report. If box B above is chec	ked, it should be undaratood that so	me degree of damage, including hidde
amäge, may be present. If any questions after egarding damage indicat qualified structural professional to determine the entent of damage and the		the buyer or any interested parties conta
No action and/or treatment recommended: (Explain if Box B in Section	n It is checked):	
No action and/or treatment recommended: (Explain if Box B in Section Recommend action(s) and/or treatment(s) for the control of:	n It is checked):	The inspector may write out obstruction
No action and/or treatment recommended: (Explain if Box B in Section Recommend action(s) and/or treatment(s) for the control of:	n It is checked):	The inspector may write out obstruction or use the following optional key:
No action and/or treatment recommended: (Explain if Box B in Section Recommend action(s) and/or treatment(s) for the control of:	n It is checked):	The inspector may write out obstruction or use the following optional key: 1. Fixed ceiling 15. Standing water
No action and/or treatment recommended: (Explain if Box B in Section Recommend action(s) and/or treatment(s) for the control of: Section IV. Obstructions and inaccessible Areas the following areas of the structure(s) inspected were obstructed or inaccessible Basement Commissions	n It is checked):	The inspector may write out obstruction use the following optional key: 1. Fixed ceiling 15. Standing water 2. Suspended ceiling 16. Dense vegetated 3. Fixed wall covering 17. Exterior stding
No action and/or treatment recommended: (Explain if Box B in Section Recommend action(s) and/or treatment(s) for the control of: Section IV. Obstructions and inaccessible Areas he following areas of the structure(s) inspected were obstructed or inaccessible areas. Basement	n It is checked):	The inspector may write out obstruction or use the following optional key: 1. Fixed ceiling 2. Suspended ceiling 3. Fixed wall covering 4. Floor covering 5. Window well covering 7. Exterior stding 7. Exterior stding 7. Window well covering 7. Exterior stding
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Page 1 of 2