A&B SEPTIC SERVICE VALLEY SEPTIC SERVICE

P.O. Box 444
Albany, OR 97321

Invoice

Invoice # 28131

Date: 5/28/2015

Terms: Net 30

Due Date: 6/27/2015

DIANA BYRNE
380 NW HERMOSA BLVD
PORTLAND, OR 97210

Service Address:	29759 BELLFOUNTAIN RD CORVALLIS. OR 97333

Units	Description	Rate	Serviced	Amount
1,500	Pumped septic tank	0.30	5/21/2015	450.00
1	Septic tank evaluation w/o#8622	150.00		150.00
			Invoice Total	$600.00

PAID

Thank you for choosing us, we appreciate your business.

If paying by Credit Card please circle which card type and write your card number in the space below or call our office. 1-866-927-1156

REMITTANCE ADVICE - PLEASE RETURN WITH YOUR PAYMENT

A & B Septic Service

P.O. Box 444
Albany, OR 97321

1-866-927-1156

Service Address: 29759 BELLFOUNTAIN RD, CORVALLIS GU...

Invoice # 28131

Date: 5/28/2015

Terms: Net 30

Card Type: (Please Circle Below)

Visa / Mastercard

Card No: _____ Exp: _____

Signature: _____

Total: $600.00 Amount Enclosed: _____

EXISTING SYSTEM EVALUATION REPORT EXISTING SEPTIC TANK EVALUATION REPORT x

Existing System Evaluation Report for Onsite Wastewater Systems

DEQ

State of Oregon Department of Environmental Quality
Onsite Program
165 East 7th Avenue, Suite 100
Eugene, Oregon 97401

Please answer the following questions as completely as possible. If you are unable to fill out any part of this form indicate in writing why these sections were left blank. Refer to OAR 340-071-0155. For more information, visit www.oregon.gov/DEQ/WQ/pages/onsite/septicsmart.

Septic System Owner-Provided Information: **VACANT LOT**

Property Owner(s)(Sellers) DIANA BYRNE Telephone 503-227-1327

Site Address 29759 BELLFOUNTAIN RD City: CORVALLIS Zip Code: 97333

County: BENTON Lot Size: 29 ACRES Acres/Square Feet (circle units)

Legal Description: T 13 R 5 SEC 18 TL 100

Age of wastewater treatment system N/A (years) Is there a service contract for system components? NO

Date the septic tank was last pumped UNKNOWN (please attach receipt if available)

Number of people occupying the dwelling 0 If unoccupied, how long has it been vacant 6 MNTHS

The above information is true and to the best of my knowledge.

5/15/2015 BY PHONE WITH DIANA BYRNE

Date (MM/DD/YYYY) Signature of Owner

Name of person performing inspection (please print) ROB KOONTZ

Certification:

- Installer
- Maintenance Provider
- X National Association of Wastewater Technicians
- Other DEQ approved in writing (please describe)
- Professional Engineer
- Environmental Health Specialist
- Wastewater Specialist

Certification Number: 12489ITC

Business name: Best Pots, Inc. Dba: A & B/Valley Septic Service Email a_b_septic@hotmail.com

Business address: P.O. Box 444, Albany, Or, 97321 Phone: 1-866-927-1156

Date of Inspection: 5/21/2015 (MM/DD/YYYY)

I hereby certify, by my signature, that I meet all of the qualifications required to perform onsite wastewater system inspections in the state of Oregon pursuant to OAR 340-071-0155.

5/21/2015 ROB KOONTZ

Date (MM/DD/YYYY) Signature of Qualified Septic System Inspector

Oregon Department of Environmental Quality

1. **General System Information**

The Existing System Evaluation Report form contains 7 pages. Some of the questions on this form may not pertain to they system being inspected, as there are many systems. If you (the septic system inspector) are unable to answer any of the questions on this form please indicate, in writing, why this information was not available at the time the inspection was completed.

* The existing septic system consists of (check all that apply):

x Septic Tank	Cesspool
Disposal Trenches/Leach Lines	Capping Fill
Seepage Bed	Sand Filter
Other (please describe) _____	

Note: If the system is a seepage bed or cesspool contact your local County or DEQ office for further guidance.

* There is a permit for the septic system Yes No
* Permit Number UNKNOWN
* Date septic system installed: UNKNOWN (YYYY) No record of installation date
* All plumbing fixtures are connected to the septic system Yes x No Unknown
  If you answered "No," please describe below:
  NO HOUSE ON SITE
* Additional Comments:
  UNKNOWN REGARDING PERMITS - DID NOT ORDER ASBUILT FROM BENTON COUNTY

2. **Overall Septic System Status**

*	Discharge of sewage to the ground surface	Yes	x No
*	Discharge of sewage to surface waters	Yes	x No
*	Sewage backup into plumbing fixtures	Yes	x No

* Additional Comments:

3. **Septic tank**

In order to fully describe the condition of the tank, the septic tank may need to be pumped. Please indicate below if the septic system tank was pumped during the course of this inspection.

* Septic tank was pumped during the course of this inspection — x Yes — No
* If the septic tank was **NOT pumped** during the course of this inspection, please explain below, e.g. septic system owner declined to have the tank pumped etc:

* The septic tank material is:
  - x Concrete
  - Steel
  - Plastic
  - Fiberglass
  - Other (explain)
  - Unknown
* Is the septic tank accessible? — x Yes — No
* Septic tank volume (in gallons) 1500
* Septic tank risers at ground level — x Yes — No
* Tank appears to be watertight and in good condition — x Yes — No
  If you answered "No," please describe the condition of the septic tank below. For example, evidence of gas corrosion, cracks, leaks, etc.

* Septic tank lid(s) is intact — x Yes — No
* Septic tank baffles and elbows are intact — x Yes — No
* Effluent filter is present — Yes — x No
* Effluent filter is free of debris — Yes — No
* Liquid level in tank relative to invert of outlet — x At — Above — Below
* Scum layer 0 (inches) **Sludge** layer 24 (inches)
* **Scum** and **Sludge** layer more than 35% of the total tank volume — x Yes — No
* Additional comments:

OUTLET NOT ACCEPTING LIQUID AT TIME OF EVALUATION, WOULD NEED FURTHER INVESTIGATION TO FIND PROBLEM

4. **Dosing tank/ Pump Basin**

Dosing tanks, where present, have a pump that sends effluent to the soil absorption field (leach field). Not all septic system designs have a dosing tank.

* The septic system has a dosing tank Yes x No
(If "No," skip the rest of section 4)
* Dosing tank capacity_____(gallons)
* Dosing tank material _____
* Dosing tank appears to be watertight and in good condition Yes No
* Dosing tank lid is intact Yes No
* Electrical components are sealed and watertight Yes No
* Pump/ siphon is functional Yes No
* Type of Pump Demand dose Time dose
* Pump control mechanism is functional (floats, pressure transducer) Yes No
* There is a high water alarm Yes No
* The high water alarm (audible and visual) is working Yes No N/A
* Type of screen _____
* Screen is clean and free of debris Yes No
* Scum/ sludge present in Dosing tank Yes No
* **Scum** layer_____(inches) **Sludge** layer_____(inches)
* Additional Comments:

_____
_____
_____
_____

5. **Soil absorption system**

The soil absorption system is a set of trenches that effluent from the septic tank and filters the effluent before it enters the groundwater.

* The septic system has a soil absorption system Yes No Unknown
* Absorption distribution Equal Serial Pressure Equal via pressure
* Absorption lines construction material:
Gravel and pipe Chamber Tile Polystyrene foam and pipe Other
* Absorption distribution unit(s) (dropbox, hydrosplitter, equal distribution box)
Intact Damaged N/A
* Absorption distribution unit(s) are free of debris and solids Yes No

* Locate all drain lines in soil absorption system Yes No
  Total length of drain lines_____(ft)

* Absorption area appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

  Yes No

  If you answered "No," please describe below:

* Absorption area appears to be **free** from surface water runoff and down spouts Yes No

* Evidence of ponding in absorption area or distribution unit(s) Yes No

* The absorption replacement area assigned in the "as-built" drawing appears to be intact

  Yes No

  If you answered "No," please explain below:

* Additional Comments:

6. **Sand Filter System**

   There are different sand filter system designs used in Oregon. Not every sand filter system will contain all of the components mentioned below, e.g. pumps. The owner of a sand filter system **installed on or after January 2, 2014** must maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this inspection form.**

* The septic system has a sand filter Yes x No
  (If "No," skip the rest of section 6)

* Type of sand filter
  - Intermittent
  - Re-circulating
  - Bottomless

* Sand filter container appears to be watertight and in good condition Yes No

* Sand filter appears to be **free** from roads, vehicular traffic, structures, livestock, deep-rooted plants etc.

Yes No

If you answered "No," please describe below:

_____

_____

_____

_____

* Sand filter appears to be **free** from surface water runoff and down spouts Yes No
* Evidence of ponding in/ on sand filter media surface Yes No
* Lateral lines flushed and equal distribution verified Yes No
* Monitoring ports are present Yes No
* Surface access to manifold and valves Yes No
* The sand filter has a pump Yes No
  (If "No," skip the rest of section 6)
* Pump vault appears to be watertight and in good condition Yes No N/A
* Pump is functional Yes No
* Pump control mechanism is functional (floats, pressure transducer) Yes No
* High water alarm in pump vault (audible and visual) is working Yes No
* Pump electrical components are sealed and watertight Yes No
* Additional Comments:

_____

_____

_____

_____

7. **Alternative Treatment Technology System**

The owner of an ATT system must maintain an annual service contract with a certified Maintenance Provider. Maintenance records should be available from the system owner, or the contracted Maintenance Provider. **Please attach copies of the previous two years of maintenance records to this inspection form.**

Note* Some ATT systems may have a WPCF permit. Please contact the local Health Department or the DEQ to obtain a copy of the WPCF permit.

* The septic system is and **Alternative Treatment Technology (ATT)** Yes x No
  (If "No," skip the rest of section 7)
* Please provide the product name, system id number, and manufacturer name below:

Product name _____

System ID number _____

Manufacturer name _____

Oregon Department of Environmental Quality

* Previous two years of maintenance records are available Yes No
  If you answered "No," please explain below:

* Previous two years of maintenance records are attached to this form Yes No
  If you answered "No," please explain below:

* Additional Comments:

8. **Please attach a copy** of the following items to this form. Contact the DEQ, or the local Health Department to locate these items.
   a. Please attach a **copy** of the original septic system permit to this form, if available
   b. Please attach a **copy** of the original as-built drawing to this form, if available
   C. Please attach a **copy** of the Certificate of Satisfactory Completion to this form, if available

* Additional Comments:

9. **Provide a Plot Plan**

* Please provide a sketch of the complete system on page 7 of this form, if a copy of the original "as-built" drawing is not available.
* Please provide a sketch of the complete system on page 7 of this form if the original "as-built" drawing is not accurate or representative of the existing system.
* If the original "as-built" drawing is available for copy, and the original is accurate and representative of the existing system, write "same as as-built" on page 8 of this form, and do not redraw the system.
* Additional Comments:

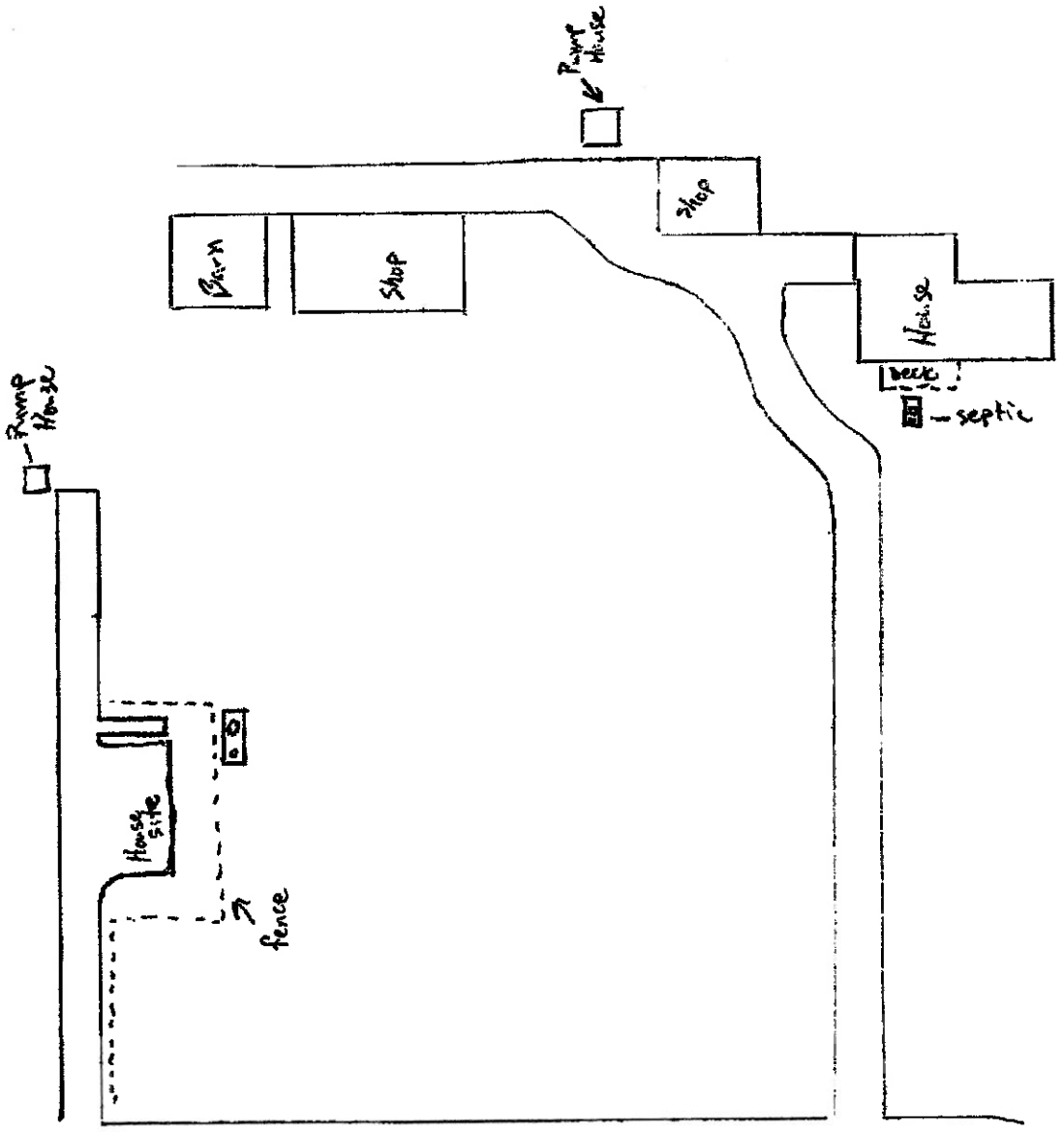
10. **Disclaimer:**
    This evaluation report describes the on-site system as it exists on the date of inspection and to the extent that components and operation of the system are reasonably observable. DEQ recognizes that this evaluation report does not provide assurance or any warranty that the system will operate properly in the future.

11. I hereby certify, by my signature, that the above information and the plot plan on the next page of this form are accurate and true to the best of my knowledge.

5/27/2015 ROB KOONTZ

Date Signature of Qualified Septic System Inspector

Provide a Plot Plan in the space below: Show the actual or best estimate measurements that locate the existing septic tank, disposal trenches, property lines, easements, existing structures, driveways, and water supply (water lines and wells). **Draw to scale and indicate the direction north.**



Home Repairs following January 2015 Inspection
29759 Bellfountain Road, Corvallis, OR 97333

Seller has had all of the recommended repairs from the Pest Inspection completed.

Seller has had the following recommended repairs from the Home Inspection completed:

1. and 2. Concrete trip hazard removed by removing concrete sidewalk between driveway and garage, replaced with gravel path.

5. Deck cover replaced with new polycarbonate covering.

6. Removed rot/moisture damage on south end of west deck. Replaced south stairs on west deck. Removed soil for adequate ground clearance on south end of west deck.
-- Did not change deck railing on west deck.

7. Replaced loose carport deck/walkway railing with new railing. West deck pet stain on wall cleaned and repainted.

9. Painted all of exterior siding with an opaque stain.

10. Replaced all missing eave vent screens.

11. Installed 2 chimney rain caps. Cleaned moisture staining on brick wall at previous wood stove vent in north room, where water came in previously due to missing rain cap.

12. Siding staining on west side at deck – cleaned and re-painted (see #7)

14. Cleaned debris from gutters. Re-connected downspout to buried drain at NW corner of west deck.

15. Cut and removed tree branches that touched house at SE corner of carport.

16. Foundation vents -- Did not change, some are covered, some are not. Inspector recommended covering all vents, but only during cold periods.

16. (Continued)
Replaced sub-floor vapor barrier (under house) with new 6 mil black plastic.
Removed all scrap wood, insulation, and cardboard from under house

19-22 Replaced roof on house, carport, detached garage, and pump house next to garage. Replace plastic roof vents.

24. Well flow test was completed by Mainline Pump and report is available.

27. Water heater -- Did not address seismic strapping, did not replace water heater.

29. Removed old in-floor radiant gas heater under kitchen floor.
Unit had not been in operation since Byrnes bought house in 1994 and installed heat-pump heating system. Master bath wall heater disconnected and all internal parts removed.

30. Disconnected wall water heater at master bedroom and removed all internal parts.

34. Wall mounted heater that was non-functional was in master bedroom, and was disconnected and all internal parts removed (see #30)

35. Cleaned electronic air filters in furnace.

37. Replaced insulation on heat pump refrigerant line adjacent to unit.

43. Re-labeled breaker/circuit identification to be easier to read.

44. Replaced 4-plex outlet, north wall of kitchen, with GFCI outlet. Grounded the outlet at south wall of living room.

45. Replaced front door, including damaged jamb and weather stripping.

46. -- Did not address – sliding closet door (by pass door) near furnace is not plumb because furnace is slightly larger than closet area.

48. -- Did not address (did not upgrade windows to vinyl windows)

49. Repaired pet scratch marks on door trim

51. Re-covered floor in north room with Pergo flooring. Repaired kitchen flooring.
-- Did not address master bedroom floor damage.

52. Re-attached metal louver at west portion of fireplace.

54. Installed new smoke detectors in each bedroom and hallway, with 10-year lithium battery and hush feature.

55. Cleaned floor of laundry room. (Did not find any oil on floor.)

56. Replaced noisy fan in main bathroom.

65. Replaced fogged windows at south end of carport.

67. Cleaned sink stains. Repaired floor vinyl defect at south end of kitchen.

68. Properly terminated wiring under sink.

69. Activated range burner elements again, odor no longer present.

70. New dishwasher installed, drain line properly connected.

74. Replaced noisy fan in main bathroom.

Attic notes: did not address

Interior door notes: repaired pet damage. Cleaned sliding glass patio doors. Closed open space above living room door. Removed temporary living room north door, wall, and glass panel (that had been installed by the Byrnes after they purchased the house – so it was not structural).

Window notes: replaced all fogged window panes. Lubricated all sliding windows.

Wall notes: repaired wall damage on lower south wall of north room, between door and brick.

Floor notes continued: New Pergo flooring in north room. Repaired kitchen flooring defects. Replaced small piece of missing base molding in south hall. Cleaned rust stains on floors.

Fireplace: Installed rain caps. – No further inspections done.

HOME PRO | HOME INSPECTION SERVICE

4797 SW Hollyhock Circle, Corvallis, Oregon 97330

Phone: 541-752-5312 Website: www.homeproinspection.us

STRUCTURAL PEST INSPECTION AGREEMENT

REPORT #_9402____ INSPECTION FEE:_____$95.00_____ DATE: _1/9/2015_____

CLIENTS NAME: **Diana Byrne**

BILLING ADDRESS: **380 NW Hermosa Blvd., Portland, Oregon 97210**

INSPECTION ADDRESS: **29759 Bellfountain Rd., Corvallis, OR**

PROPERTY OWNERS NAME:

PLEASE TAKE THE TIME TO READ AND UNDERSTAND THIS AND THE FOLLOWING PAGE

CONDITIONS GOVERNING THIS REPORT

THE INSPECTION: The Home Pro Structural Pest Inspection has three objectives: 1. Detection of wood- destroying organisms. 2. Detection of conditions conducive to wood destroying organisms. 3. Reporting either or both of these conditions to the client.

The Home Pro inspection and report is limited to above objectives. **Home Pro performs no correction/repair or chemical application.**

The inspection shall be a visual observation of the readily accessible areas of the property, including subarea crawl spaces, which permit entry. Special attention shall be given to those accessible areas, which experience has shown to be particularly susceptible to attack by wood destroying organism. Probing and/or sounding shall be performed on visible wood members in those areas showing evidence of infestation. The inspector is not expected to dismantle; remove nailed or bolted covers; make holes; move furniture; lift rugs or carpeting or perform a test, which requires damaging or destroying the item being inspected.

RECOMMENDATIONS: The report includes an abbreviated description of recommended repairs and/or corrections. These recommendations represent typical repair and/or correction methods, which are in keeping with pest control industry standards. This recommendation list is designed as a guide only, and does not contain detailed information. It is the responsibility of the repair person/contractor to evaluate and provide repair and/or correction specific to each job, and consistent with industry standards.

INACCESSIBLE AREAS: The inspection does not include areas, which are obstructed or inaccessible at the time of inspection. These areas may include, but are not limited to wall voids, spaces between ceilings and upper floors, floor beneath floor covering, areas behind or below all appliances, built-in cabinets and the interior of any space in the structure, which cannot be reasonably inspected without physically damaging or marring the structure.

ITEMS NOT INSPECTED:
Unless otherwise indicated in this report, detached garages (not sharing a common wall with the house); detached wood decks; trellises, fences, sheds, barns and/or other buildings or fixtures on the property will not be included in this inspection report. Roofs, roof components, and attic spaces are excluded from the scope of this inspection. Also excluded are all exterior building components greater than ten feet above the ground, including wall coverings, dormers, windows, trim, soffits, and fascia. The inspector and his firm shall not be held responsible or assume liability in any manner, concerning such items.

PRIOR ARRANGEMENTS: The type of inspection, items to be inspected, access arrangements, and fee for the service must be determined prior to commencement of inspection.

STRUCTURAL PEST AGREEMENT
CONTINUED

RESPONSIBILITY: Inspector shall conduct the inspection in a responsible workmanlike manner in keeping with current pest control industry standards. Client understands and agrees that any claim for failure to accurately report the visually discernable conditions at the Subject Property, as limited herein above, shall be made in writing and reported to the inspector immediately upon discovery. Home Pro Inspection Service shall be allowed to inspect the item/condition, in question, in its original and unaltered state. Failure by the client, to follow the above procedures, relieves Home Pro Inspection Service of any responsibility, liability and/or obligation for such item and/or compensation for correction of such item/condition.

CARPENTER ANT DORMANT PERIODS: Carpenter ants generally become dormant during winter months (time varies with temperature). Infestation may go undetected if the inspection is conducted during the dormant period. All inspections and reports are made on the basis of what was visible and evident at the time of the inspection. We cannot give opinions regarding areas that were enclosed, obstructed or inaccessible. We assume no responsibility for carpenter ant infestations that were not detected, during their dormant season.

CONFIDENTIALITY: This report is confidential and is intended for the use of the "CLIENT", as listed on page one of this report. **This report is intended for client's real estate transaction, only and use by any other party will nullify this report.**

REPAIRS/CORRECTIONS: All construction work performed under these specifications must meet standard good construction practices as to quality of workmanship and materials. Wood destroying insect control measures must be performed by state licensed applicators in conformance with all current federal, state and local laws. As all inspections are limited to visible areas only, any and all wood damage and/or insect infestation discovered or revealed during repair should be corrected at the time of repair.

VALIDITY: This report is valid for three months from date of inspection.

OTHER INSPECTIONS AND FEES: You or your lender may require a reinspection to verify the completion of the recommendations, listed in this Structural Pest Report. This reinspection is only a verification of the work completed. **Only those performing the job take responsibility for their work.** Reinspection is an additional fee of $95.00.

THIRD PARTY AGREEMENT: This is another method to certify completion of the recommended work. This form is commpleted by the parties who performed the work and is a written verification that the required work was properly performed and completde, by them. All parties who performed work/repairs must sign the Third Party agreement and the completed form returned to Home Pro before a completion/clearance letter will be issued. **Home Pro Inspection Service does not inspect the work. Only those performing the job take responsibility their work.**

NOTE: Any/each return trip to inspect items not accessible at the time of this inspection shall be an additional fee.

NOTE: Any/each return trip ("re-inspection") for whatever reason shall be an additional charge.

I have read, understand and agree to all of the terms and conditions of this contract and agree to pay the fee listed above. I acknowledge, that should I choose a Third Party Agreement rather than a reinspection, there will be no physical inspection of the requested repairs and/or corrections and I agree to indemnify, defend and hold Home Pro Home Inspection service harmless for acceptance of a Third Party Agreement.

Client: _____ Dated _____

Client: _____ Dated _____

Inspector: _____ Dated 1/9/2015

ACCESSIBLE AREAS

The areas marked below were inaccessible for inspection and it **would not be economically practical to make these areas accessible.** They may be subject to attack by wood destroying organisms, however these areas are not within the scope of this inspection.

[X] The interiors of hollow walls, and all enclosed spaces such as between a floor or porch deck and the ceiling or soffit below.
[X] Interiors of boxed eaves.
[X] Building components in the sub-area concealed by insulation or vapor barrier secured to floor, wall and foundation members.
[ ] Areas beneath bay windows.
[ ] Areas beneath wood floors installed over concrete.
[X] Areas concealed by built-in cabinet work.
[X] Areas concealed by floor coverings in ☒ *Bathrooms* ☒ *Kitchens* ☒ *Living areas*
[ ] _____
[ ] _____

The areas marked below were inaccessible for inspection at the time of the inspection.

[X] Areas inaccessible and/or obscured by furnishings.
[X] Areas concealed by stored items.
[X] Areas concealed by appliances.
[ ] Portions of the sub-area made inaccessible by .. ☐ *ducting* ☐ *plumbing* ☐ *structural members.*
[ ] Portions of sub-area made inaccessible by ☐ *standing water* ☐ *improper size openings* ☐ *animal feces* ☐ *no access.*
[ ] Areas concealed by dense vegetation.
[ ] Areas where locks prevented access.
[X] Areas below *deck / porch* made inaccessible by soil grade or structural design.
[ ] Areas made inaccessible by stacked firewood.
[ ] _____
[ ] _____

You may arrange to have the above areas inspected at an additional charge of $__95.00_____ once they are made accessible.

REPORT SUMMARY

Note: If the bold box and all "no" boxes in this section are marked, report is complete. No other pages needed.

	There was no visible evidence of active wood-destroying organisms, nor conducive conditions in the subject structure. See "Conditions Governing this Report".

ID#	YES	NO	UNDETERMINED	
1 - 5		X		Active/present **insect infestation** noted.
6		X		Active/present **insect damage** noted.
6	X			Active/present **fungal and/or damage** noted.
7-20	X			Conducive conditions were present.
		X		Conditions requiring chemical treatment were noted.*
	X			Conditions requiring repair/correction were noted.**
		X		Further evaluation needed, by a licensed Pest Control Operator.

* *Home Pro recommends hiring the services of a qualified, licensed pest control applicator for evaluation and treatment.*
** *Home Pro recommends hiring the services of licensed specialty trade persons for repairs and/or corrective action.*

Comments

INSECT OBSERVATIONS

ID #	YES	EXTERIOR / INTERIOR / SUBAREA
1		Subterranean termite infestation. ☐ *live insects* ☐ *body parts* ☐ *mud tube(s)* ☐ *frass* ☐ *damage*
2		Dampwood termite infestation. ☐ *live insects.* ☐ *body parts.* ☐ *damage.* ☐ *frass.*
3		Carpenter ant infestation. Indicators: ☐ *live insects.* - ☐ *few* ☐ *many*
		Other indicators: ☐ *nest* ☐ *workings* ☐ *body parts* ☐ *pupae casings.*
		Indicators appeared ☐ *older.* ☐ *newer.*
		Signs of previous treatment ☐ *not noted* ☐ *noted* appear: ☐ *older* ☐ *recent*
4		Powder post beetle infestation. Indicators: ☐ *live insects.* ☐ *body parts.* ☐ *damage.* ☐ *frass*
5		Other wood-nesting insect infest. Indicators: ☐ *live insects.* ☐ *body parts.* ☐ *damage* ☐ *frass*

FUNGAL / MOISTURE OBSERVATIONS

ID #	YES	EXTERIOR
6		Damage noted at siding: ☐ *lower wall.* ☐ *scattered areas.* ☐ *near porch.* ☐ *near deck.*
6		Damage noted at roof eaves: ☐ *sheathing* ☐ *soffit.* ☐ *fascia* ☐ *rafter-tail* ☐ *verge board.*
6		Damage noted at window(s): ☐ *main* ☐ *upper* ☐ *bsmnt* ☐ *sill* ☐ *frame* ☐ *trim/sash*
6		Damage noted at porch: ☐ *flooring* ☐ *beams* ☐ *posts* ☐ *joists* ☐ *railing* ☐ *steps* ☐ *skirt*
6	X	Damage noted at deck: ☐ *decking* ☐ *beams* ☐ *posts* ☐ *joists* ☐ *railing* ☒ *steps* ☒ *skirt*
6		Damaged foundation vent frame(s) at: ☐ north ☐ south ☐ east ☐ west side(s).
6		
6		
6		

FUNGAL/MOISTURE OBSERVATIONS - CONTINUED

ID #	YES	SUBAREA
6		Damage noted at perimeter: ☐ mudsill ☐ rim joist. ☐ joist-ends. ☐ flooring/decking
6		Damage noted at support members: ☐ pier posts. ☐ pier blocks. ☐ beams ☐ joists
6		
6		
6		

ID #	YES	INTERIOR
6/12		Damage noted at/near kitchen: ☐ *floor* ☐ *wall.* ☐ *patio door.* ☐ *dishwasher* ☐ *refrig.* ☐ *Ext. door.* ☐ *at cabinet floor* ☐ *at counter-top*
6/12		Damage noted at bathroom(s)
		Main bathroom: ☐ *Floor* ☐ *Wall* ☐ *Cabinetry* ☐ *at toilet.* ☐ *at bathtub.* ☐ *at shower.*
6/12		Half bathroom: ☐ *Floor* ☐ *Wall* ☐ *Cabinetry* ☐ *at toilet* ☐ *at bathtub* ☐ *at shower.*
6/12		Master bathroom: ☐ *Floor* ☐ *Wall* ☐ *Cabinetry* ☐ *at toilet* ☐ *at bathtub* ☐ *at shower.*
6/12		Laundry bath: ☐ *Floor* ☐ *Wall* ☐ *Cabinetry* ☐ *at toilet* ☐ *at bathtub* ☐ *at shower.*
6/12		Upstairs bath: ☐ *Floor* ☐ *Wall* ☐ *Cabinetry* ☐ *at toilet* ☐ *at bathtub* ☐ *at shower.*
6/12		Downstairs bath: ☐ *Floor* ☐ *Wall* ☐ *Cabinetry* ☐ *at toilet* ☐ *at bathtub* ☐ *at shower.*
6/12		Damage noted at Laundry Rm: ☐ *Floor* ☐ *wall* ☐ *at appliances* ☐ *at water heater*
6/12		Damage noted at other rooms:: ☐ *Floor of* ☐ *Wall of* ☐ *Entry* ☐ *LR* ☐ *FR* ☐ *DR* ☐ *BdRm* ☐ *Den* ☐ *Office* ☐ *Game Rm* ☐ *at patio door* ☐ *at Ext. door* ☐ *other area:*

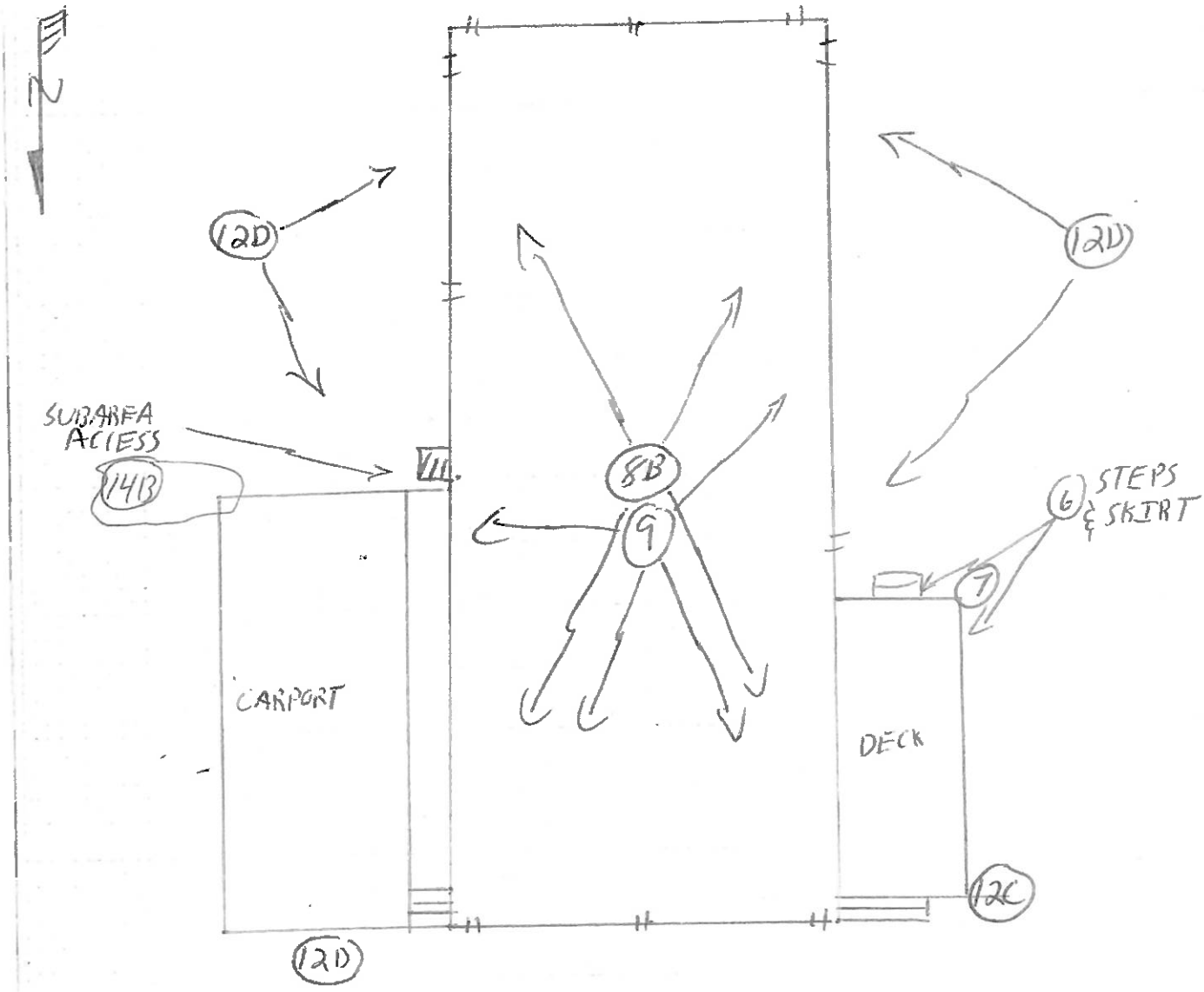
CONDUCIVE CONDITIONS

ID #	YES	EXTERIOR
7	X	Poor clearance (less than 6 inches) between non-pressure-treated wood and soil.
7A		Poor clearance (less than 6 inches) between ☐ *foundation vent frames* ☐ *bsmnt. windows* and soil.
7B		Poor clearance (less than 6 inches) between siding and soil.
9C		Debris at perimeter of structure
10		Soil contacting non-pressure-treated wood.
10A		Soil contacting foundation ☐ *vent frames* ☐ *basement windows.*
11		Improper grade allowing water to drain towards and/or below the building.
12A		Excessive moisture noted at exterior components
12B		Downspouts terminate at ☐ *faulty or improper splash blocks* ☐ *adjacent to foundation*
12C	X	Downspouts are ☐ *disconnected* ☐ *missing* ☐ *damaged* ☒ *disconnected from buried drain.*
12D	X	Gutters are ☐ *damaged* ☐ *deteriorated* ☒ *debris-filled* ☒ *over-flowing* ☐ *missing.*
13		Portions of bldg. extr. not visible. Blocked by: ☐ *deck* ☐ *shed* ☐ *shrubs* ☐ *firewood* ☐ *other*
14	X	☐ *Shrub* ☒ *tree* vegetation is ☒ *contacting* ☐ *too close to* building
16A		Foundation vents are ☐ *winterized* ☐ *obstructed*
16B		Foundation vent ☐ *frames* ☐ *screens* are ☐ *damaged* ☐ *missing.*
N/A		
ID #	**YES**	**SUBAREA**
7		Poor clearance (less than 6 inches) between non-pressure-treated wood and the soil.
8		No vapor barrier (soil cover) present.
8A		Vapor barrier (soil cover) is ☐ *damaged* ☐ *dislodged* ☐ *incomplete* ☐ *improperly installed.*
9	X	Debris in the sub-area: ☒ *wood scraps* ☒ *cardboard* ☒ *insul. scraps* ☐ *vegetation* ☐ *tree stump*
9B		Old form boards are present in the sub-area.
10		Earth to wood contact present at ☐ *pier pads* ☐ *pier posts* ☐ *beams* ☐ *joists.*
12		Excessive moisture present: ☐ *standing water* ☐ *leak* ☐ *excessive condensation*
13		Inaccessible areas present: ☐ portions ☐ entire sub-area.
15		Plumbing leak noted at ☐ *drain* ☐ *supply* lines for ☐ *shower* ☐ *bathtub* ☐ *Toilet* ☐ *kitchen.*
15A		Leakage / seepage noted at base of toilet.
16		Ventilation is inadequate.
16A		Foundation vents are ☐ *covered* ☐ *winterized* ☐ *obstructed.*
16B		Foundation vent ☐ frames ☐ screens are ☐ *missing* ☐ *damaged.*
17		Sub-area access at ☐ *exterior* ☐ *interior* is ☐ *inadequate* ☐ *improper size* ☐ *missing.*
17A		Sub-area access ☐ *cover* ☐ *frame* is ☐ *inadequate* ☐ *damaged* ☐ *missing.*
20		Sub-floor insulation is ☐ *damaged* ☐ *hanging* ☐ *contacting soil* ☐ *wet.*
20A		Sub-floor insulation is ☐ *blocking foundation vents* ☐ *impeading air-flow.*
21		Subfloor insulation is improperly installed. ☐ *Improperly secured* ☐ *up-side-down* ☐ *wrong type.*
8B	X	**Vapor barrier (soil cover) is damaged.**
ID #	**YES**	**INTERIOR**
15B		Plumbing leak: ☐ *drain* ☐ *supply* at/near ☐ *Kitchen* ☐ *Bath(s)* ☐ *Laundry* ☐ *Other:*
15C		Toilet ☐ *tank* ☐ *base* is ☐ *loose* ☐ *cracked* ☐ *leaking.*
19		Tile(s) ☐ *damaged* ☐ *cracked* ☐ *loose* at ☐ *Kitchen* ☐ *Bath(s)* ☐ *Lndry* ☐ *Other*
19A		Grout ☐ *damaged* ☐ *loose* ☐ *missing* at ☐ *Kitchen* ☐ *Bath(s)* ☐ *Laundry* ☐ *Other.*
19B		Caulking ☐ *damaged* ☐ *missing* at ☐ *Kitchen* ☐ *Bath(s)* ☐ *Laundry* ☐ *Other.*

RECOMMENDATIONS

ID #	YES	DESCRIPTION
1.		Contact a licensed and qualified pest control applicator for evaluation, repair, chemical treatment, and control measures, as needed, for elimination and control of wood destroying insects.
2.		
3.		
4		
5		
6	X	Replace all damaged/deteriorated members with new material of comparable size and strength.. Use pressure treated material for all members in contact with concrete and/or within six inches of the soil.
6/12		
6A		Treat *minor damage* with wood preservative, as per Pest Control Applicators reccmmendation.
7	X	Provide 6 inches between non-pressure-treated wood and soil or replace with pressure treated material.
7A		Lower the soil or install metal, masonry or pressure-treated wood wells at v*ents/basement windows.*
7B		Lower the perimeter grade to provide a minimum 6 inch clearance between siding and soil.
8		Install 6 mil. thick, black plastic lapped 12 - 18 inches at seams, **to cover all soil.** Secure with rocks or pieces of masonry. Plastic should be cut to fit firmly around pier pads - **not bunched around pier**
8A		☐ Adjust ☐ install additional ☐ replace portions of vapor barrier (as per number 8, above) .
8B	X	Replace all vapor barrier (as per number 8, above).
9		Remove all debris from sub-area.
9B		Remove all foundation forms (form boards) from within the sub area.
9C		Remove all debris (lumber,firewood and other cellulose products from perimeter of building.
10		Provide minimum 6 inch clearance between soil and wood or replace with pressure-treated material.
10A		Lower the soil or install metal, masonry or pressure-treated wood wells at v*ents / basement windows.*
11		Alter the grade to provide a positive slope away from the building.
12		Eliminate excessive moisture from sub-area. Don't neglect correction of clogged drains, damaged
		faulty downspouts, and perimeter grading. Consult licensed contractor familiar with sub-area drainage,
		regarding best method of correction.
12A		Eliminate source of excessive moisture. Consult licensed contractor regarding necessary remedies.
12B		Install splash blocks or install drain lines to remove water away from the bldg. preferably to the street.
12C	X	☒ *Repair* ☐ *replace* ☐ *install new* ☐ *add additional* downspouts, as needed
12D	X	☐ *Repair* ☐ *replace* ☒ *remove debris* ☒ *reposition* ☐ install additonal gutters.
13		Provide adequate ☐*access* ☐ *clearance* ☐*drainage* ☐ *opening*..Further inspection is recommended.
13A		Provide minimum 12" clearance below beams and 18" below floor joists. Further inspect. recommended.
14A		Trim shrubs to provide a minimum 12 inch clearance between vegetation and building.
14B	x	Trim tree branches to provide a minimum 24 inch clearance between vegetation and building.
15		Repair or replace plumbing as needed, to correct source of moisture
15A		Reseat toilet (replace wax base-seal) and tighten hold-down bolts to proper torque.
15B		Repair or replace plumbing component(s) as needed, to stop leakage
15C		*Re-seat toilet / tighten toilet hold-down bolts to proper torque / replaced cracked components*
16		Install foundation vents for proper flow-through ventilation and humidity control.
16A		Remove *covers /winterization /obstruction* from all foundation vents. Keep vents open except
		for short time during the coldest months.
16B		Repair/Replace vent ☐ *frames* ☐ *screens.* Screening should be 3/8 inch square-mesh hardware
17		Provide proper 22 X 24 inch access opening(s).
17A		Provide / replace access cover / frames. Use pressure treated wood, metal or painted plywood.
19		Remove damaged and/or loose tiles; inspect sub-surface; repair/replace as needed and reinstall tiles.
19A		Remove deteriorated grout and regrout.
19B		Remove old caulking and recaulk.
20		Remove/replace/secure damaged insulation. Remove insulation from foundation vent openings.
20A		Remove and properly reinstall **or** punch 1 inch diameter holes, every 12 inches, through facing.

REFERENCE SKETCH



Inspection Address: 29759 Bellfountain Rd., Corvallis, OR

This sketch is not to scale. This sketch is designed for reference purposes only. The location of each referenced item is an approximation only. All recommendations reference here and elsewhere in the report should be evaluated by the person performing the correction work. This report and sketch should not be relied upon as a sole basis for determining the amount and/or extent of work, nor for submission of a bid.

Comments