

2107 Sample Way

Austin

78704

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.
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.
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.
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).
H. There are a variety of termite control options offered by pest control companies.
I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended.
J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended.

1A. TAHI Services

1B. 0713842

Name of Inspection Company

SPCS Business License Number

1C. 3571 Far West Blvd

Austin

TX 78731

512.788.1001

Address of Inspection Company

City

State Zip

Telephone No.

1D. Andrew Jordan

1E. Certified Applicator

[X]

(check one)

Name of Inspector (Please Print)

Technician

[]

2. Case Number (VA/FHA/Other)

3. Monday, January 30, 2017

Inspection Date

4A. Sam Sample

Name of Person Purchasing Inspection

Seller [] Agent [] Buyer [] Management Co. [] Other [X] Unknown

4B. Unknown

Owner/Seller

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

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. Primary Structure 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 [X] 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:

- Attic [X] Insulated area of attic [X] Plumbing Areas [X] Planter box abutting structure []
Deck [X] Sub Floors [X] Slab Joints [X] Crawl Space []
Soil Grade Too High [] Heavy Foliage [] Eaves [X] Weepholes [X]
Other [X] Specify: Various Areas Obstructed (Pre-Existing Structure), Furniture/Storage

7A. Conditions conducive to wood destroying insect infestation? Yes [X] No [] (Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

7B. Conducive Conditions include but are not limited to:

- Wood to Ground Contact (G) [] Formboards left in place (I) [] Excessive Moisture (J) [X]
Debris under or around structure (K) [X] Footing too low or soil line too high (L) [] Wood Rot (M) [X] Heavy Foliage (N) []
Planter box abutting structure (O) [] Wood Pile in Contact with Structure (Q) [] Wooden Fence in Contact with the Structure (R) []
Insufficient ventilation (T) [] Other (C) [X] Specify: Tree Contact

8. Inspection Reveals Visible Evidence in or on the structure: Active Infestation Previous Infestation Previous Treatment

- 8A. Subterranean Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8B. Drywood Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8C. Formosan Termites Yes [] No [X] Yes [] No [X] Yes [] No [X]
8D. Carpenter Ants Yes [] No [X] Yes [] No [X] Yes [] No [X]
8E. Other Wood Destroying Insects Yes [] No [X] Yes [] No [X] Yes [] No [X]

Specify:

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: N/A

8G. Visible evidence of: N/A has been observed in the following areas: N/A

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed on 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: N/A

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: See Section 7 and 8 For Details: (C)(J)(M)(K)

Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects: N/A

If treating for subterranean termites, the treatment was: Partial Spot Bait Other

If treating for drywood termites or related insets, the treatment was: Full Limited

10B. N/A

Date of Treatment by Inspecting Company

Common Name of Insect

Name of Pesticide, Bait or Other Method

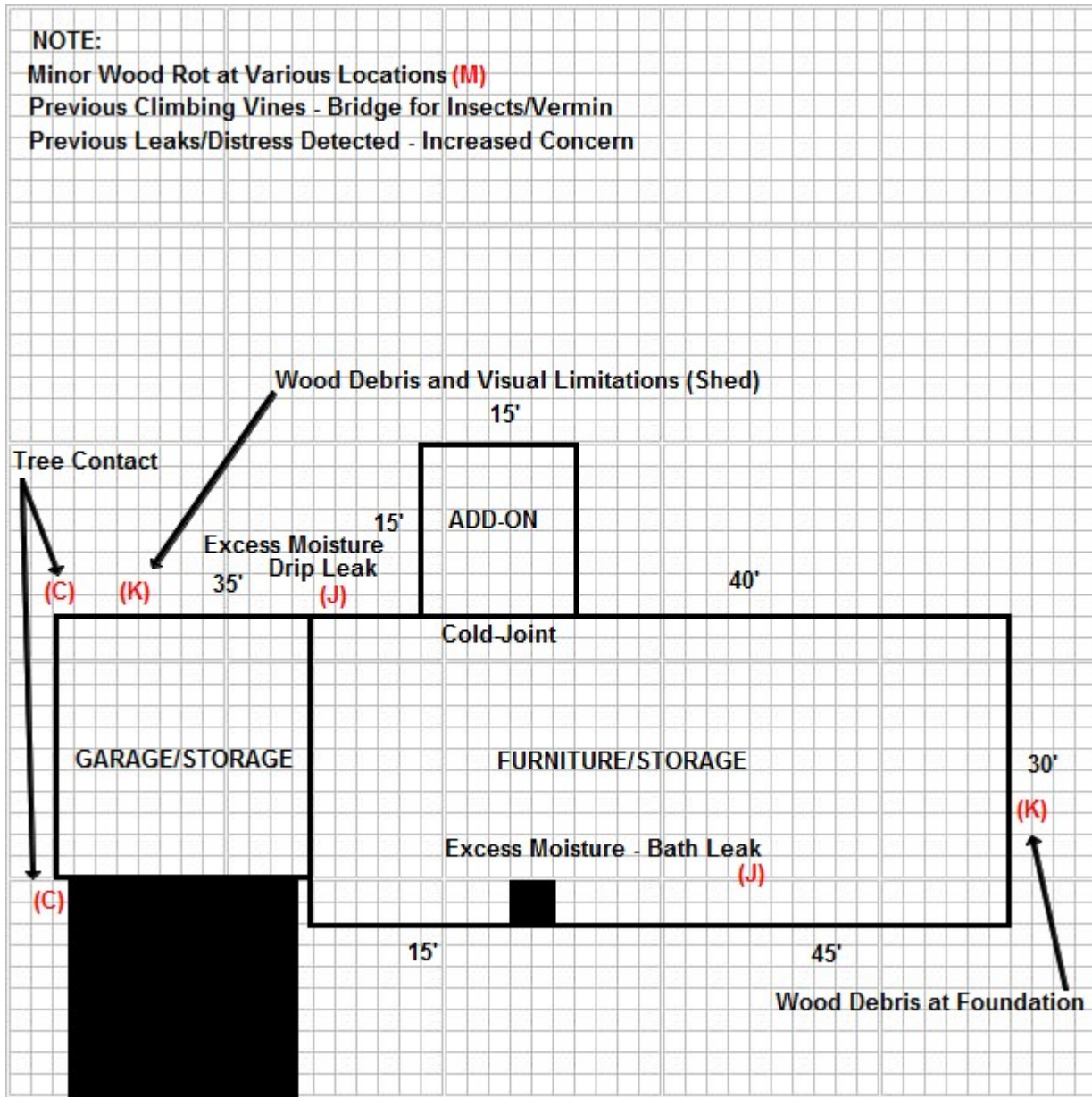
This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes No List Insects: _____

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

Diagram of Structure(s) Inspected

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



Additional Comments Address Conducive Condition and Full Treatment Recommended

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 which I am acting is associated in any way with any party to the transaction.

Signatures:

11A. Andrew S. Jordan
Inspector

Notice of Inspection Was Posted At or Near

- 12A. Electric Breaker Box
- Water Heater Closet
- Bath Trap Access
- Beneath the Kitchen Sink

Approved:

11B. Andrew Jordan0702346 (512)-788-1001
Certified Applicator and Certified Applicator License Number

12B. Date Posted Monday, January 30, 2017
Date

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: _____

Signature of Purchaser of Property or their Designee

Date