

Weatherford, TX

76086

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. Xstream Inspections Name of Inspection Company 1B. 0687333 SPCS Business License Number

1C. 2022 Lorient Drive, Address of Inspection Company Carrollton, Texas 75007 City State Zip 972-492-7920 Telephone No.

1D. Joe Mijares #0709644 Name of Inspector (Please Print) 1.E Certified Applicator Technician (check one)

2. n/a Case Number (VA/FHA/Other) 3. August 15, 2015 Inspection Date

4A. Name of Person Purchasing Inspection Seller Agent Buyer Management Co. Other

4B. unknown Owner/Seller

4C.REPORT FORWARDED TO: Title Company or Mortgagee Purchaser of Service 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 Department of Agriculture 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. Two story Apartment Buildings, Post Tension 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  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 <input checked="" type="checkbox"/>    | Insulated area of attic <input checked="" type="checkbox"/> | Plumbing Areas <input checked="" type="checkbox"/> | Planter box abutting structure <input type="checkbox"/> |
| Deck <input type="checkbox"/>                | Sub Floors <input checked="" type="checkbox"/>              | Slab Joints <input checked="" type="checkbox"/>    | Crawl Space <input type="checkbox"/>                    |
| Soil Grade Too High <input type="checkbox"/> | Heavy Foliage <input type="checkbox"/>                      | Eaves <input type="checkbox"/>                     | Weepholes <input checked="" type="checkbox"/>           |
| Other <input type="checkbox"/>               | Specify: _____  |  |   |

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

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

- |  |   |   |   |
|--|---|---|---|
| <b>Wood to Ground Contact (G)</b> <input checked="" type="checkbox"/>    |   | Formboards left in place (I) <input type="checkbox"/>                   | Excessive Moisture (J) <input type="checkbox"/> |
| Debris under or around structure (K) <input checked="" type="checkbox"/> | Footing too low or soil line too high (L) <input checked="" type="checkbox"/> | Wood Rot (M) <input checked="" type="checkbox"/>                        | Heavy Foliage (N) <input type="checkbox"/>      |
| Planter box abutting structure (O) <input type="checkbox"/>              | Wood Pile in Contact with Structure (Q) <input type="checkbox"/>              | Wooden Fence in Contact with the Structure (R) <input type="checkbox"/> |   |
| Insufficient ventilation (T) <input type="checkbox"/>                    | Other (C) <input type="checkbox"/>  | Specify: _____  |   |

8. Inspection Reveals Visible Evidence in or on the structure:

	Active Infestation		Previous Infestation		Previous Treatment	
8A. Subterranean Termites	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8B. Drywood Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8C. Formosan Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8D. Carpenter Ants	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8E. Other Wood Destroying Insects	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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

8G. Visible evidence of: Subterranean Termites and Carpenter Ants has been observed in the following areas: Small building #167 Building #3 #10

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in 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: \_\_\_\_\_

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)

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows: Yes  No

Specify reason: M-Rot, AS-Active Subterranean Termites, AH-Carpenter Ants, L-High Soil Lines, K-Debris Around Structure  
 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 insects, the treatment was: Full  Limited

10B. \_\_\_\_\_  
 Date of Treatment by Inspecting Company \_\_\_\_\_ Common Name of Insect \_\_\_\_\_ Name of Pesticide, Bait or Other Method \_\_\_\_\_

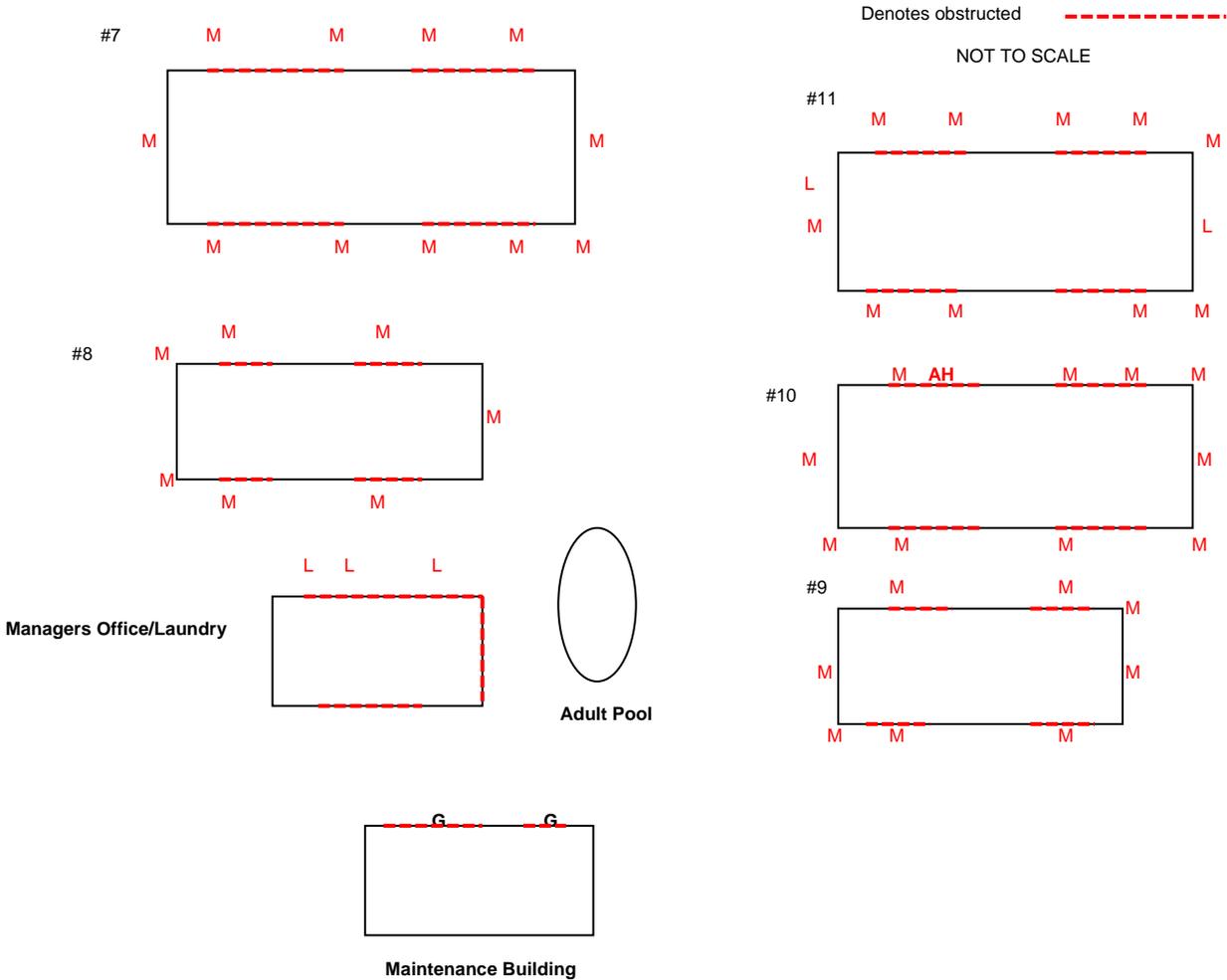
This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes  No  List Insects: \_\_\_\_\_

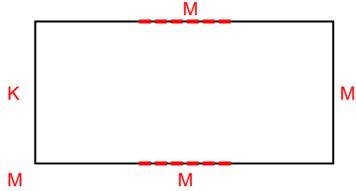
If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

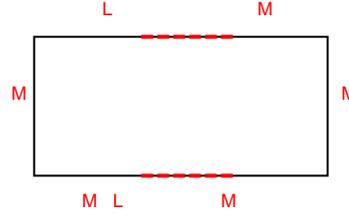
The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of Infestation, A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) – Specify G-Wood to ground by design / AS-Active Infestation Subterranean Termites / AH-Active Carpenter Ants / K- Debris under / L- High Soil line/ M-Rot /



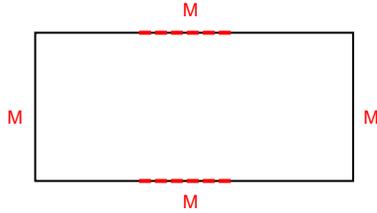
#1



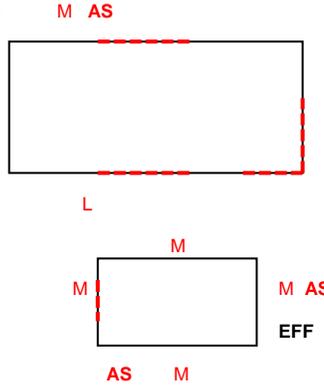
#6



#2

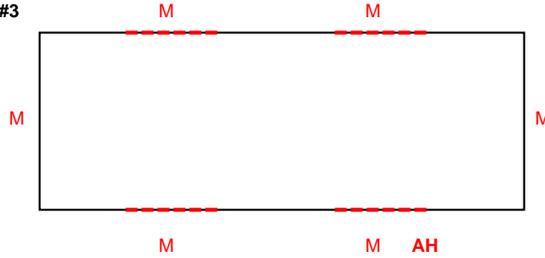


#5

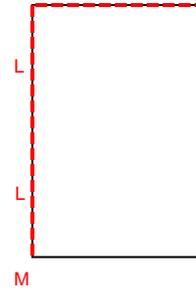


Kids Pool

#3



#4



Additional Comments: Recommend treatment due to active subterranean and carpenter ants.

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

Signatures:

11A. Joe Mijares #0709644 12A. \_\_\_\_\_  
Inspector

Notice of Inspection Was Posted At or Near

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

Approved:

11B. Shelly Tragan #0561139 12B. \_\_\_\_\_  
Certified Applicator and Certified Applicator License Number

Date Posted August 15, 2015  
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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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