

OFFICIAL SOUTH CAROLINA WOOD INFESTATION REPORT

THIS REPORT VALID FOR 45 DAYS ONLY. THIS REPORT MAY **NOT** BE USED IN A REAL ESTATE CLOSING AFTER 45 DAYS. THIS REPORT IS **NOT** TO BE CONSTRUED AS A GUARANTEE OR WARRANTY AGAINST FUTURE INFESTATION OR DAMAGE. IT IS RECOMMENDED BY THE DEPARTMENT OF PESTICIDE REGULATION, REGULATORY AND PUBLIC SERVICE PROGRAMS AND THE SOUTH CAROLINA PEST CONTROL ASSOCIATION THAT THE **PURCHASER** OF THE STRUCTURE, RATHER THAN THE SELLER, OBTAIN THIS WOOD INFESTATION REPORT.

Date 7/17/2007

File No. _____

This is to report that a qualified inspector employed by the below named firm has carefully inspected readily accessible areas, including attics and crawl spaces which permit entry, of the property located at the below address for termites, other wood-destroying insects, and fungi. The inspection for fungi and fungi damage commonly called water damaged wood, rot or decay is limited to the areas below the first main floor of the structure as defined by DPRPN-198. This report specifically excludes hidden areas and areas not readily accessible and the undersigned pest control operator disclaims that he has made any inspection of such hidden areas or of such areas not readily accessible.

The inspection described has been made **on the basis of visible evidence, and special attention was given to those accessible areas which experience has shown to be particularly susceptible to attack by wood-destroying insects. Probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed. This report is submitted without warranty, guarantee, or representation as to concealed evidence of infestation or damage or as to future infestation.**

If there is evidence of active infestation or past infestation of termites and/or other wood destroying insects or fungi, it must be assumed that there is some damage to the building caused by this infestation; however any visible damage to a wood member in accessible areas has been reported. The below-named firm's inspectors are not engineers or builders, and you may wish to call a qualified engineer or expert in the building trade to provide their opinion as to whether there is structural damage to this property.

LOCATION OF PROPERTY INSPECTED 9830 Cornell Avenue OWNER Rusty Jordan
 CITY Charleston STATE SC ZIP CODE 29423 STRUCTURE TYPE House w/ Attached Garage

TYPE OF TRANSACTION: FHA VA CONVENTIONAL LOAN ASSUMPTION CASH SALE

IF ANY OF THE FOLLOWING ITEMS ARE MARKED YES, DESCRIBE ON SIDE 2:

	Check Only Appropriate Items	
	Yes	No
WERE ANY AREAS OF THE PROPERTY OBSTRUCTED OR INACCESSIBLE?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
INFESTATION		
1. There is visible evidence of active: (A) subterranean termites.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B) other wood-destroying insects	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. There is visible evidence of a previous infestation of:		
(A) subterranean termites.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B) other wood-destroying insects	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. There is visible evidence of prior subterranean termite treatment.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. There is evidence below the first main floor of the presence of:		
(A) active wood-destroying fungi (wood moisture content 28% or above).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(B) wood-destroying fungi is present but not active (less than 28% wood moisture content)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. There is evidence of the presence of excessive moisture conditions below the first main floor (20% or above wood moisture content, standing water, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DAMAGE Termite, other wood-destroying insects and fungi (Note: reporting of fungi damage to wood, commonly called water damage, decay or rot, is limited to the area below the first main floor of the structure as defined by DPRPN-198.)

At the time of our inspection, there were visibly damaged wooden members (e.g. insect damage to columns, sills, joists, plates, doorjamb, headers, exterior stairs, porches, or fungi damage to the first main floor)
 If the answer is "YES," specify causes and location(s) on back (Side 2).

	Check Appropriate Block Below
A. Will be or has been corrected by this company.....	<input type="checkbox"/>
B. Will be or has been corrected by another company, see attached contract.....	<input type="checkbox"/>
C. Will not be corrected by this company, recommend that structure be thoroughly and completely evaluated by a qualified building expert licensed or registered with the S.C. Department of Labor, Licensing, and Regulations, Residential Home Builder's Commission and that needed repairs be made.....	<input type="checkbox"/>
D. In our opinion there is insufficient visible damage to recommend repair. (Explain on the reverse why repair was not recommended.)	<input checked="" type="checkbox"/>

	Check Appropriate Block Below
TREATMENT	
1. The property described was treated by us for the prevention or control of <u>termites</u> <u>04/29/2008</u> (date of treatment)	<input checked="" type="checkbox"/>
A waiver has been issued and is attached to this form.....	<input checked="" type="checkbox"/>
The present treatment will expire on <u>06/29/2008</u> and may be renewed initially at _____ by the owner.	
2. The property described has not been treated by us and is not now under contract with our firm.	<input checked="" type="checkbox"/>

#CL-100 Approved by the South Carolina Pest Control Association, Inc. and the Division of Regulatory and Public Service Programs of Clemson University. Revised 3/99 - Supersedes earlier versions.

SEE SIDE TWO OF THIS REPORT FOR ADDITIONAL CONDITIONS GOVERNING THIS REPORT

CONDITIONS GOVERNING THIS REPORT

Please read carefully.

This report is based on the observations and opinions of our inspector. It must be noted that all buildings have some wood members which are not visible or accessible for inspection. It is not always possible to determine the presence of infestation without extensive probing and in some cases actual dismantling of parts of the structure being inspected.

All inspections and reports will be made on the basis of what is visible, and we will not render opinions covering areas that are enclosed or not readily accessible, areas of finished rooms, areas concealed by wall coverings, floor coverings, insulation, furniture, equipment, stored articles, or any portion of the structure in which inspection would necessitate tearing out or marring finished work. We do not move furniture, appliances equipment, etc. Plumbing leaks may not be apparent at the time of inspection. If evidence of such leaks is disclosed, liability for the correction of such leaks is specifically denied. No opinion can be rendered as to infestation or damage on the portion of sheathing, siding, or other susceptible material which continues below soil grade.

The areas of the substructure and attic that are accessible and open for inspection have been inspected. The substructure is defined as that portion of the building below the first main floor living space.

Detached garages, sheds, lean-tos, fences, or other buildings on the property are not included in this inspection report unless specifically noted.

The company, upon specific request and agreement as to additional charge, will open any inaccessible, concealed, or enclosed area and inspect same and make a report thereon.

REMARKS

THIS SPACE IS TO BE USED TO DETAIL ANY "YES" ANSWERS FROM THE FRONT OF THIS FORM. INCLUDE ITEM NUMBER WITH EACH EXPLANATION. CLARIFICATION AND EXPLANATION OF OTHER ITEMS MAY ALSO BE INCLUDED.

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in this 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.

LICENSE NUMBER OF PERSON SIGNING THIS REPORT

123456

(MUST BE CERTIFIED IN CATEGORY 7A)

Firm: ABC Pest Group

BY: _____



Sam Eagleye

Business License Number 1234567890

ADDRESS PO Box 2831

OF FIRM: Charleston

2942 29423

ACKNOWLEDGMENT:

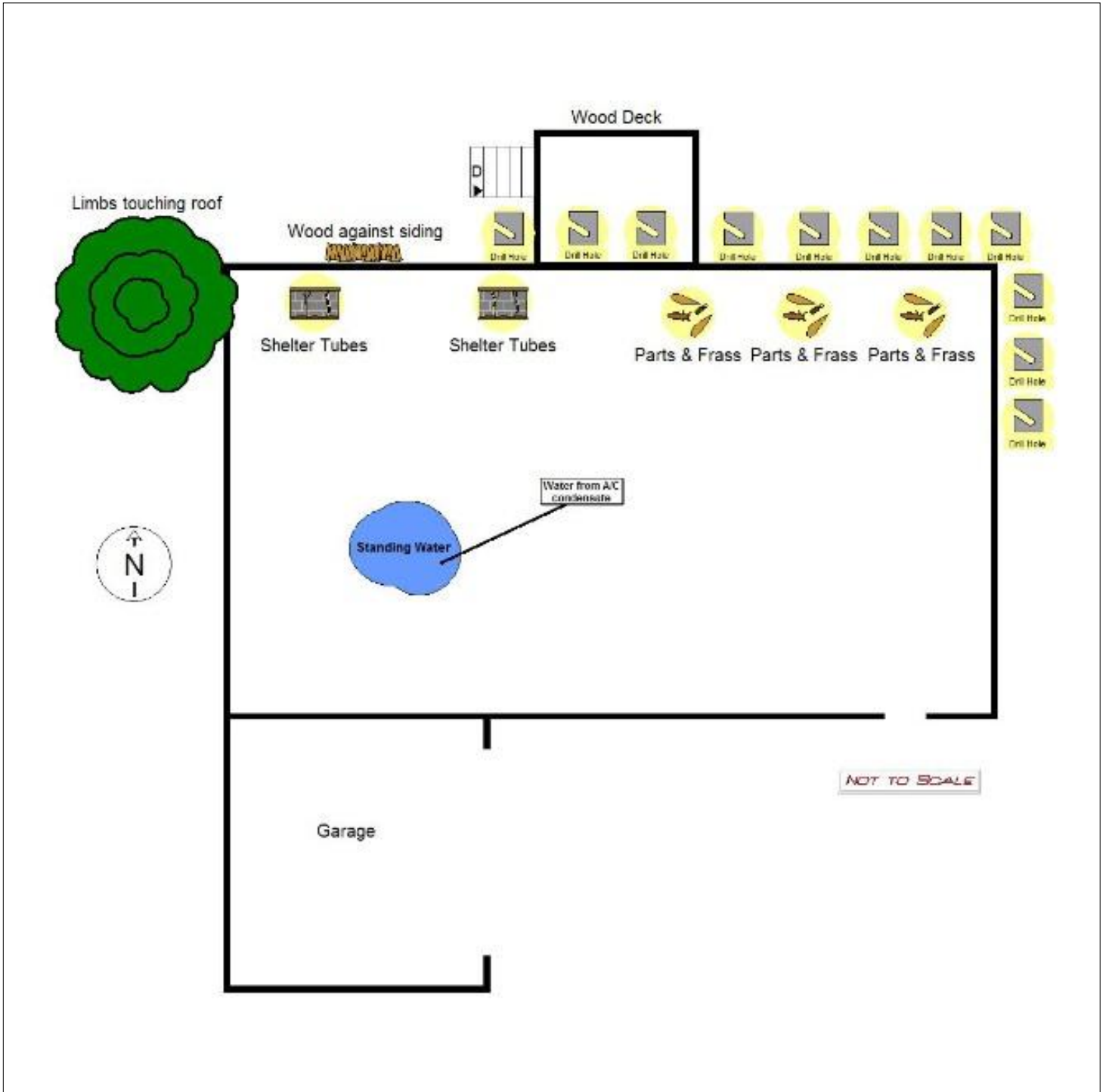
PURCHASER ACKNOWLEDGES THAT A COPY OF THIS REPORT HAS BEEN REVIEWED AND RECEIVED

DATE ACKNOWLEDGED

PURCHASER'S SIGNATURE

Graph

Additional Comments



INSPECTION PHOTOS



1



2



3



4



5



6