



SELLER'S DISCLOSURE NOTICE

©Texas Association of REALTORS®, Inc. 2022

Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.

CONCERNING THE PROPERTY AT 25807 Northcrest Dr Spring TX

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller is is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? (approximate date) or never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

Item	Y	N	U	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural Gas Lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Det.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Gas Piping:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-Black Iron Pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range/Stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooktop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-Copper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof/Attic Vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-Corrugated Stainless Steel Tubing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sauna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Escape Ladder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intercom System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke Detector - Hearing Impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Grill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Detection Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV Antenna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
French Drain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Propane Gas:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public Sewer System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-LP Community (Captive)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Maint. Accessories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
-LP on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units:
Evaporative Coolers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units:
Wall/Window AC Units	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units:
Attic Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, describe:
Central Heat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> electric <input checked="" type="checkbox"/> gas number of units:
Other Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes describe:
Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of ovens: <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other:
Fireplace & Chimney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> wood <input checked="" type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other:
Carport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: <u>2</u> number of remotes:
Satellite Dish & Controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from
Security System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from

(TXR-1406) 07-10-23

Initialed by: Buyer: and Seller:

Solar Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned	<input type="checkbox"/> leased from
Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> electric	<input checked="" type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> owned	<input type="checkbox"/> leased from
Other Leased Item(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, describe: _____	
Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> automatic	<input type="checkbox"/> manual areas covered: <u>Entire yard</u>
Septic / On-Site Sewer Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TXR-1407)	

Water supply provided by: city well MUD co-op unknown other: PUD - OAKMONT

Was the Property built before 1978? yes no unknown

(If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).

Roof Type: composition-shingles Age: 14 years (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)? yes no unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? yes no If yes, describe (attach additional sheets if necessary): _____

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Item	Y	N	Item	Y	N	Item	Y	N
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation / Slab(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls / Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Driveways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lighting Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Structural Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Exterior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): _____

Section 3. Are you (Seller) aware of any of the following conditions? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Condition	Y	N	Condition	Y	N
Aluminum Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radon Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Settling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Subsurface Structure or Pits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fault Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous or Toxic Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unplatted Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improper Drainage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unrecorded Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intermittent or Weather Springs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Damage Not Due to a Flood Event	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wetlands on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Encroachments onto the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Rot	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improvements encroaching on others' property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Located in Historic District	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous treatment for termites or WDI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Historic Property Designation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Foundation Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Fires	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(TXR-1406) 07-10-23 Initialed by: Buyer: _____ and Seller: [Signature] _____ Page 2 of 7

Concerning the Property at 25807 Northcrest Dr Spring TX

Previous Roof Repairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Other Structural Repairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Termite or WDI damage needing repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):

Shingles were repaired where damaged
Roof penetrations were repaired and sealed

*A single blockable main drain may cause a suction entrapment hazard for an individual.

Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? yes no If yes, explain (attach additional sheets if necessary):

Section 5. Are you (Seller) aware of any of the following conditions?* (Mark Yes (Y) if you are aware and check wholly or partly as applicable. Mark No (N) if you are not aware.)

- Y N
- Present flood insurance coverage.
 - Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir.
 - Previous flooding due to a natural flood event.
 - Previous water penetration into a structure on the Property due to a natural flood.
 - Located wholly partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR).
 - Located wholly partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
 - Located wholly partly in a floodway.
 - Located wholly partly in a flood pool.
 - Located wholly partly in a reservoir.

If the answer to any of the above is yes, explain (attach additional sheets as necessary): Flood Zone X
according to Fema map

***If Buyer is concerned about these matters, Buyer may consult Information About Flood Hazards (TXR 1414).**

For purposes of this notice:

"100-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a special flood hazard area, which is designated as Zone A, V, A99, AE, AO, AH, VE, or AR on the map; (B) has a one percent annual chance of flooding, which is considered to be a high risk of flooding; and (C) may include a regulatory floodway, flood pool, or reservoir.

"500-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a moderate flood hazard area, which is designated on the map as Zone X (shaded); and (B) has a two-tenths of one percent annual chance of flooding, which is considered to be a moderate risk of flooding.

"Flood pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.

Concerning the Property at

25807 Northcrest Dr. Spring TX

"Flood insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency under the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.).

"Floodway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of a river or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as a 100-year flood, without cumulatively increasing the water surface elevation more than a designated height.

"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.

Section 6. Have you (Seller) ever filed a claim for flood damage to the Property with any insurance provider, including the National Flood Insurance Program (NFIP)? yes no If yes, explain (attach additional sheets as necessary): _____

*Homes in high risk flood zones with mortgages from federally regulated or insured lenders are required to have flood insurance. Even when not required, the Federal Emergency Management Agency (FEMA) encourages homeowners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure(s) and the personal property within the structure(s).

Section 7. Have you (Seller) ever received assistance from FEMA or the U.S. Small Business Administration (SBA) for flood damage to the Property? yes no If yes, explain (attach additional sheets as necessary): _____

Section 8. Are you (Seller) aware of any of the following? (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

Y N

Room additions, structural modifications, or other alterations or repairs made without necessary permits, with unresolved permits, or not in compliance with building codes in effect at the time.

Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
Name of association: Auburn Lakes Home Owners Association INC
Manager's name: Inframark Phone: _____
Fees or assessments are: \$825.00 per year and are: mandatory voluntary
Any unpaid fees or assessment for the Property? yes (\$) no
If the Property is in more than one association, provide information about the other associations below or attach information to this notice.

Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:

Any optional user fees for common facilities charged? yes no If yes, describe:
Rental fees charged for private parties at the pool and club house.

Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.

Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)

Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.

Any condition on the Property which materially affects the health or safety of an individual.

Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.
If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).

Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.

Concerning the Property at 25807 Northcrest Dr Spring TX

- The Property is located in a propane gas system service area owned by a propane distribution system retailer.
- Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

If the answer to any of the items in Section 8 is yes, explain (attach additional sheets if necessary):

Section 9. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? yes no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages
12-5-24	Exclusion	David Cochran-Terminix	4
10-15-24	Termite	David Cochran-Terminix	4

Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.

Section 10. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- Homestead
- Senior Citizen
- Disabled
- Wildlife Management
- Agricultural
- Disabled Veteran
- Other: _____
- Unknown

Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? yes no

Section 12. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? yes no If yes, explain: _____

Section 13. Does the Property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?* unknown no yes. If no or unknown, explain. (Attach additional sheets if necessary): _____

**Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.*

A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

Concerning the Property at 25807 Northcrest Dr. Spring TX

(7) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer Date
Printed Name: _____

Signature of Buyer Date
Printed Name _____



MICHELLE
GOETHEL
Customer name

22472082
Service agreement
number

25807
Northcrest Dr
Spring,
TX 77389
Service Address

12/05/2024
Today's date

Next service:
Apr 04/2026

NORTH
HOUSTON
TPCL923828
14900
WOODHAM DRIVE
SUITE A135
HOUSTON, TX
77073
1 (800)837-6464

Hi MICHELLE, Thank you for choosing Terminix®. Here are some notes about today's visit:



DAVID COCHRAN
Service technician

Phone: (281) 636-9077
Email: david.cochran@terminix.com
Employee number: 120333
License/cert: 0909079
Supervisor: BRICE, JOHN
Supervisor license/cert: 848423



Exclusion Annual
Inspection

Purpose of appointment



Annually
Service frequency



11:02 AM - 11:42 AM
Arrival/departure time

TODAY'S CONDITIONS



Temp
61 °F



Wind speed
10 MPH



Wind direction
NE



General conditions
Clouds

PROPERTY INFORMATION:

Exterior rodent/wildlife evidence found? No

Are there any exterior inaccessible areas? No

Are there visible conducive conditions? No

HERE'S WHAT I FOUND:



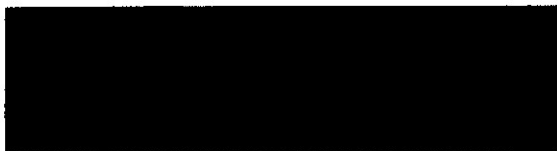
Other Treatment Photos

Roof return sealed



Other Treatment Photos

A/c line sealed



Other Treatment Photos

All roof returns and exterior entry points sealed. If you would like to attic checked when you're home, please call or text 281-636-0077 at your convenience and we'll schedule a time for me to come by and check your attic. Thank you.

MY TREATMENT NOTES:

Your service is now complete. If you need something before your next service appointment, don't hesitate to let us know. Thank you for letting us protect your home.

PRODUCT LABELS & SAFETY DATA SHEETS

Product Labels & Safety Data Sheets, please visit: https://licensed.com/orgs/terminix/public/chemical_documents
For NY customers, please select 'NY' as your locale

NOT ENROLLED IN AUTOPAY?

Paying is easy with MyAccount.

There's no need to track down the checkbook and stamps. Simply go online to Terminix.com/My-Account to pay quickly and easily.

Billing Address

25807 Northcrest Dr
Spring, 77389

SUMMARY OF TODAY'S CHARGES

Balance due:	\$ 0.00
Current charges:	\$ 0.00
Subtotal:	\$ 0.00
Tax:	\$ 0.00




Customer Signature:

Customer not at home
MICHELLE GOETHEL

Date:

Recommended and Service provided by:

Technician Signature:



DAVID COCHRAN

Date: 12/05/2024

In case of poisoning call Poison Control Center @1-800-222-1222

For Texas Department of Agriculture Consumer Information Sheet Please Go To:

<http://www.texasagriculture.gov/Portals/0/forms/PEST/Structural/Consumer%20Information%20Sheet.pdf>

IT IS IMPORTANT TO NOTE THAT THIS INSPECTION IS ONLY FOR THE TERMITE SPECIES LISTED AS CONTROLLED OR PROTECTED AGAINST IN YOUR PLAN, NOTWITHSTANDING THAT THERE ARE SECTIONS BELOW FOR BOTH SUBTERRANEAN AND DRYWOOD SPECIES. IT IS ALSO IMPORTANT TO NOTE THAT YOUR TERMITE PLAN ONLY COVERS THE TERMITE SPECIES SPECIFICALLY LISTED AS CONTROLLED OR PROTECTED AGAINST IN YOUR PLAN. CONSEQUENTLY, YOUR TERMITE PLAN MAY NOT PROVIDE FOR CONTROL OF, PROTECTION FROM, OR SERVICE FOR SUBTERRANEAN TERMITES (Reticulitermes spp., Heterotermes spp.), FORMOSAN TERMITES (Coptotermes spp.), OR DRYWOOD TERMITES (Kaloterms spp., Incisitermes spp., Cryptotermes spp.). PLEASE SEE YOUR TERMITE PLAN TO DETERMINE WHICH OF THE TERMITE SPECIES ARE COVERED UNDER YOUR PLAN AND WERE THUS INSPECTED FOR. IT IS ALSO IMPORTANT TO NOTE THAT DRYWOOD TERMITES ARE NOT NORMALLY FOUND IN EVERY AREA OF EVERY STATE, THUS THIS INSPECTION DID NOT INCLUDE AN INSPECTION FOR DRYWOOD TERMITES UNLESS 1) THE PROPERTY INSPECTED IS LOCATED IN AN AREA OF FL, HI, TX, AZ, NM, AL, MS, LA, GA, SC OR NC WHERE DRYWOOD TERMITES NORMALLY OCCUR AND 2) THE SPECIES LISTED AS CONTROLLED OR PROTECTED AGAINST IN YOUR PLAN INCLUDES DRYWOOD TERMITES. PLEASE ALSO SEE YOUR TERMITE PLAN FOR ADDITIONAL CONDITIONS AND LIMITATIONS WHICH ARE INCORPORATED HEREIN BY REFERENCE AND WHICH SHALL CONTROL IN THE EVENT OF ANY CONFLICT WITH THIS INSPECTION.

Licensed and regulated by: Texas Department of Agriculture, PO Box 12847, Austin, Texas 78711-2847, Phone 866-918-4481, fax 888-232-2567.

QUESTIONS? Call us at **1.800.TERMINIX** or visit Terminix.com

CONSUMER INFORMATION SHEET

The structural pest control industry is regulated by the Texas Department of Agriculture (TDA), Structural Pest Control Service (SPCS), P.O. Box 12847, Austin, TX 78711-2847. TDA licenses the businesses, certified applicators technicians, and registers apprentices who perform structural pest control work. Certified applicators and technicians must pass a written examination in order to receive their licenses.

Pesticides must be registered with the United States Environmental Protection Agency (EPA) and TDA before they may be used in Texas. EPA registration is not a finding of product safety. Pesticides are designed to kill or control pests. Your risk of harm depends upon the degree of your exposure and your individual susceptibility.

Specific health and safety information varies between pesticides and types of exposures and is available on the label information or SDS sheet, which can be supplied to you upon request from the licensed applicator. Take precautions when a treatment has been performed to avoid exposure to vulnerable individuals. Pesticides may be harmful if swallowed, inhaled, or absorbed through the skin. Avoid breathing dust or spray mist and any unnecessary contact with treated surfaces. If you desire specific information on precautions, refer to the pesticide label. The law requires that the application procedures specified on the label be followed.

If you have questions about the application, contact the business or person making the application. If you suspect a violation of the law regarding structural pest control, contact the SPCS. In case of a health emergency, seek immediate medical attention.

Pest Control signs must be posted prior to treatment in many instances. The signs should be posted in an area of common access at least 48 hours prior to treatment. The information sign will allow you to contact someone who can tell you what pesticide is being used.

If you are contracting for pest control services due to a home solicitation, you have the right to cancel the contract within 72 hours. You may exercise this right by notifying the pest control company that you do not wish to receive their service.

For general information on pesticides, contact the National Pesticide Information Center 1-800-858-7378

For information concerning structural pest control laws, contact the Structural Pest Control Service at: 866-918-4481.

For information concerning the formulation and registration of pesticides, contact the TDA pesticide registration at (512) 463-7407 or 800-835-5832.

For non-emergency health information relating to pesticides, contact Texas Department of State Health Services (512) 458-7111.

REQUIRED BY THE TDA STRUCTURAL PEST CONTROL SERVICE



MICHELLE GOETHEL
Customer name
-
Customer phone

19951740
Service agreement number

25807
Northcrest Dr
Spring, TX 77389
Service Address

10/15/2025
Today's date

Next service:
October 2025

NORTH HOUSTON
TPCL823826
14900 WOODHAM
DRIVE SUITE A135
HOUSTON, TX
77073
1 (800)637-6464

Hi MICHELLE, Thank you for choosing Terminix®. Here are some notes about today's visit:



DAVID COCHRAN
Service technician
Phone: (281) 636-8077
Email: david.cochran@terminix.com
Employee number: 120333
License/cert: 0600070
Supervisor: BRUCE, JOHN
Supervisor license/cert: 845423



Termite Bait Regular Svc
Purpose of appointment



Annually
Service frequency



3:54 PM - 4:15 PM
Arrival/departure time

TODAY'S CONDITIONS



Temp
88 °F



Wind speed
5.01 MPH



Wind direction
NNW



General conditions
Clear

PROPERTY INFORMATION:

Is there visible exterior damage? No

Is there visible exterior termite activity? No

Are there any exterior inaccessible areas? No

Are there visible conducive conditions found on the exterior? No

Are there visible conducive conditions? No

HERE'S WHAT I APPLIED:

TRELONA COMPRESSED TERMITE BAIT

Targeted pest activity

- Termites - Subterranean - No activity Found

Post-treatment precautions

Product details

NOVALURON 0.5%
Active ingredients
498-557
EPA reg #
Station Treatment
124 GM
Applied amount

Top Cap Key Equipment
225.00 linear ft
Size area treated
1x15'
Application rate
BASF CORPORATION
Manufacturer

Areas Inspected/treated

EXTERIOR AREAS

TERMINIX

Terminix Bait Station Service Status Report

Customer Name: MICHELLE GOETHEL

Customer Number: 10560086

Station Number	Action	Status	System	Material	Active Ingredient	Total % of Active Ingredient	Quantity of Cartridge [Grams]	# of Cartridges	Total Grams of Material Used	
1	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
2	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
3	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
4	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
5	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
6	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
7	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
8	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
9	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
10	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
11	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
12	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
13	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
14	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
15	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
16	<input checked="" type="checkbox"/> Replace	Baited	Terminix OnGuard	Trelona	Novaluron	0.50%	124	2	248	
			16	Terminix OnGuard	Trelona	Novaluron	0.50%	124	32	3968

MY TREATMENT NOTES:

Your service is now complete. If you need something before your next service appointment, don't hesitate to let us know. Thank you for letting us protect your home.

PRODUCT LABELS & SAFETY DATA SHEETS

Product Labels & Safety Data Sheets, please visit: https://licensed.com/orgs/terminix/public/chemical_documents
For NY customers, please select 'NY' as your locale

NOT ENROLLED IN AUTOPAY?

Paying is easy with MyAccount.

There's no need to track down the checkbook and stamps. Simply go online to Terminix.com/My-Account to pay quickly and easily.

Billing Address
25807 Northcrest Dr
Spring, 77389

SUMMARY OF TODAY'S CHARGES

Balance due:	\$ 0.00
Current charges:	\$ 0.00
Subtotal:	\$ 0.00
Tax:	\$ 0.00



Customer Signature: _____ **Customer not at home**
MICHELLE GOETHEL

Date:

Recommended and Service provided by:

Technician Signature: _____ 
DAVID COCHRAN

Date: 10/15/2025

In case of poisoning call Poison Control Center @1-800-222-1222

For Texas Department of Agriculture Consumer Information Sheet Please Go To:

<http://www.texasagriculture.gov/Portals/0/forms/PEST/Structural/Consumer%20Information%20Sheet.pdf>

IT IS IMPORTANT TO NOTE THAT THIS INSPECTION IS ONLY FOR THE TERMITE SPECIES LISTED AS CONTROLLED OR PROTECTED AGAINST IN YOUR PLAN, NOTWITHSTANDING THAT THERE ARE SECTIONS BELOW FOR BOTH SUBTERRANEAN AND DRYWOOD SPECIES. IT IS ALSO IMPORTANT TO NOTE THAT YOUR TERMITE PLAN ONLY COVERS THE TERMITE SPECIES SPECIFICALLY LISTED AS CONTROLLED OR PROTECTED AGAINST IN YOUR PLAN. CONSEQUENTLY, YOUR TERMITE PLAN MAY NOT PROVIDE FOR CONTROL OF, PROTECTION FROM, OR SERVICE FOR SUBTERRANEAN TERMITES (*Reticulitermes* spp., *Heterotermes* spp.), FORMOSAN TERMITES (*Coptotermes* spp.), OR DRYWOOD TERMITES (*Kalotermes* spp., *Incisitermes* spp., *Cryptotermes* spp.). PLEASE SEE YOUR TERMITE PLAN TO DETERMINE WHICH OF THE TERMITE SPECIES ARE COVERED UNDER YOUR PLAN AND WERE THUS INSPECTED FOR. IT IS ALSO IMPORTANT TO NOTE THAT DRYWOOD TERMITES ARE NOT NORMALLY FOUND IN EVERY AREA OF EVERY STATE, THUS THIS INSPECTION DID NOT INCLUDE AN INSPECTION FOR DRYWOOD TERMITES UNLESS 1) THE PROPERTY INSPECTED IS LOCATED IN AN AREA OF FL, HI, TX, AZ, NM, AL, MS, LA, GA, SC OR NC WHERE DRYWOOD TERMITES NORMALLY OCCUR AND 2) THE SPECIES LISTED AS CONTROLLED OR PROTECTED AGAINST IN YOUR PLAN INCLUDES DRYWOOD TERMITES. PLEASE ALSO SEE YOUR TERMITE PLAN FOR ADDITIONAL CONDITIONS AND LIMITATIONS WHICH ARE INCORPORATED HEREIN BY REFERENCE AND WHICH SHALL CONTROL IN THE EVENT OF ANY CONFLICT WITH THIS INSPECTION.

Licensed and regulated by: Texas Department of Agriculture, PO Box 12847, Austin, Texas 78711-2847, Phone 866-918-4481, fax 888-232-2567.

QUESTIONS? Call us at 1.800.TERMINIX or visit Terminix.com