

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Rule §7.176 Requires this department prescribed form to be used for real estate transactions in Texas regarding the visible presence or absence of wood destroying insects and conditions conducive to infestations of wood destroying insects.

6511 Canyon Mist Ln.

Dickinson, Texas

77539

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. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**
- 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. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.**
- 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. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- 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). The warranty should specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

6511 Canyon Mist Ln		Dickinson, Texas		77539	
Inspected Address		City		Zip Code	
1A Pest Inspection Network, Inc. Name of Inspection Company		1B 0783068 SPCS Business License Number			
1C 26504 Tuscan Vw. Address of Inspection Company		San Antonio TX City State		78261 210-559-3929 Zip Telephone No.	
1D Michael Garcia #0848730 Name of Inspector (Please Print)		832-215-6846 Inspector Phone		1.E Certified Applicator Technician <input type="checkbox"/> (check one) <input checked="" type="checkbox"/>	
		1F 09/16/2023 Inspection Date			
2 Kevin and Kate Zgorski Name of Person Purchasing Inspection		Seller <input type="checkbox"/> Agent <input type="checkbox"/> Buyer <input checked="" type="checkbox"/> Management Co. <input type="checkbox"/> Other <input type="checkbox"/>			
3 Owner/Seller					
4. REPORT FORWARDED TO: Title Company or Mortgagee <input type="checkbox"/> Purchaser of Service <input type="checkbox"/> Seller <input type="checkbox"/> Agent <input type="checkbox"/> Buyer <input checked="" type="checkbox"/> (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.					
5A List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)					
5B. Type of Construction: Foundation: Slab <input checked="" type="checkbox"/> Pier & Beam <input type="checkbox"/> Pier Type: _____ Basement <input type="checkbox"/> Other: _____ Siding: Wood <input checked="" type="checkbox"/> Hardie Plank <input type="checkbox"/> Brick <input checked="" type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Other: _____ Roof: Composition <input checked="" type="checkbox"/> Wood Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____					
6A. This company has treated or is treating the structure for the following wood destroying insects: NA If treating for subterranean termites, the treatment was: Partial <input type="checkbox"/> Spot <input type="checkbox"/> Bait <input type="checkbox"/> Other <input type="checkbox"/> If treating for drywood termites or related insects, the treatment was: Full <input type="checkbox"/> Limited <input type="checkbox"/>					
6B. NA Date of Treatment by Inspecting Company		NA Common Name of Insect		NA 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> List Insects: NA If "Yes", copy(ies) of warranty and treatment diagram must be attached.					
Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the purchase or sale of 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 real estate transaction. Signatures: Michael Garcia #0848730 7A. _____ Inspector (Technician or Certified Applicator Name and License Number)					
Others Present: 7B. NA Apprentices, Technicians, or Certified Applicators Name(s) and Registration/License Number(s)					
Notice of Inspection Was Posted At or Near: 8A. Electric Breaker Box <input type="checkbox"/> Water Heater Closet <input type="checkbox"/> Beneath the Kitchen Sink <input type="checkbox"/> 8B. Date Posted: 09/16/2023					
9A. Were any areas of the property obstructed or inaccessible? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Refer to Part B & C, Scope of Inspection) If "Yes" specify in 9B.					
9B. The obstructed or inaccessible areas include but are not limited to the following: Attic <input checked="" type="checkbox"/> Insulated area of attic <input type="checkbox"/> Plumbing Areas <input checked="" type="checkbox"/> Planter box abutting structure <input type="checkbox"/> Deck <input type="checkbox"/> Sub Floors <input type="checkbox"/> Slab Joints <input type="checkbox"/> Craw Space <input type="checkbox"/> Soil Grade Too High <input type="checkbox"/> Heavy Foliage <input type="checkbox"/> Eaves <input checked="" type="checkbox"/> Weepholes <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____					
10A. Conditions conducive to wood destroying insect infestation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Refer to Part J, Scope of Inspection) If "Yes" specify in 10B.					
10B. Conducive Conditions include but are not limited to: Debris under or around structure (K) <input type="checkbox"/> Wood to Ground Contact (G) <input type="checkbox"/> Formboards left in place (I) <input type="checkbox"/> Excessive Moisture (J) <input type="checkbox"/> Planter box abutting structure (O) <input type="checkbox"/> Footing too low or soil line too high (L) <input type="checkbox"/> Wood Rot (M) <input type="checkbox"/> Heavy Foliage (N) <input type="checkbox"/> Insufficient ventilation (T) <input type="checkbox"/> Wood Pile in Contact with Structure (Q) <input type="checkbox"/> Wooden Fence in Contact with the Structure (R) <input type="checkbox"/> Other (C) <input type="checkbox"/> Specify: _____					
Licensed and Regulated by the Texas Department of Agriculture PO Box 12847, Austin, Texas 78711-2847 Phone 866-918-4481, Fax 888-232-2667					
SPCS/T-5 (Rev. 9/1/2019)		Page 2 of 4			

6511 Canyon Mist Ln

Dickinson, Texas

77539

Inspected Address

City

Zip Code

- 11. Inspection Reveals Visible Evidence in or on the structure:
- 11A. Subterranean Termites
- 11B. Drywood Termites
- 11C. Formosan Termites
- 11D. Carpenter Ants
- 11E. Other Wood Destroying Insects

Active Infestation
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Previous Infestation
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Previous Treatment
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Specify:

11F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified:

11G. Visible evidence of: _____ has been observed in the following areas: _____

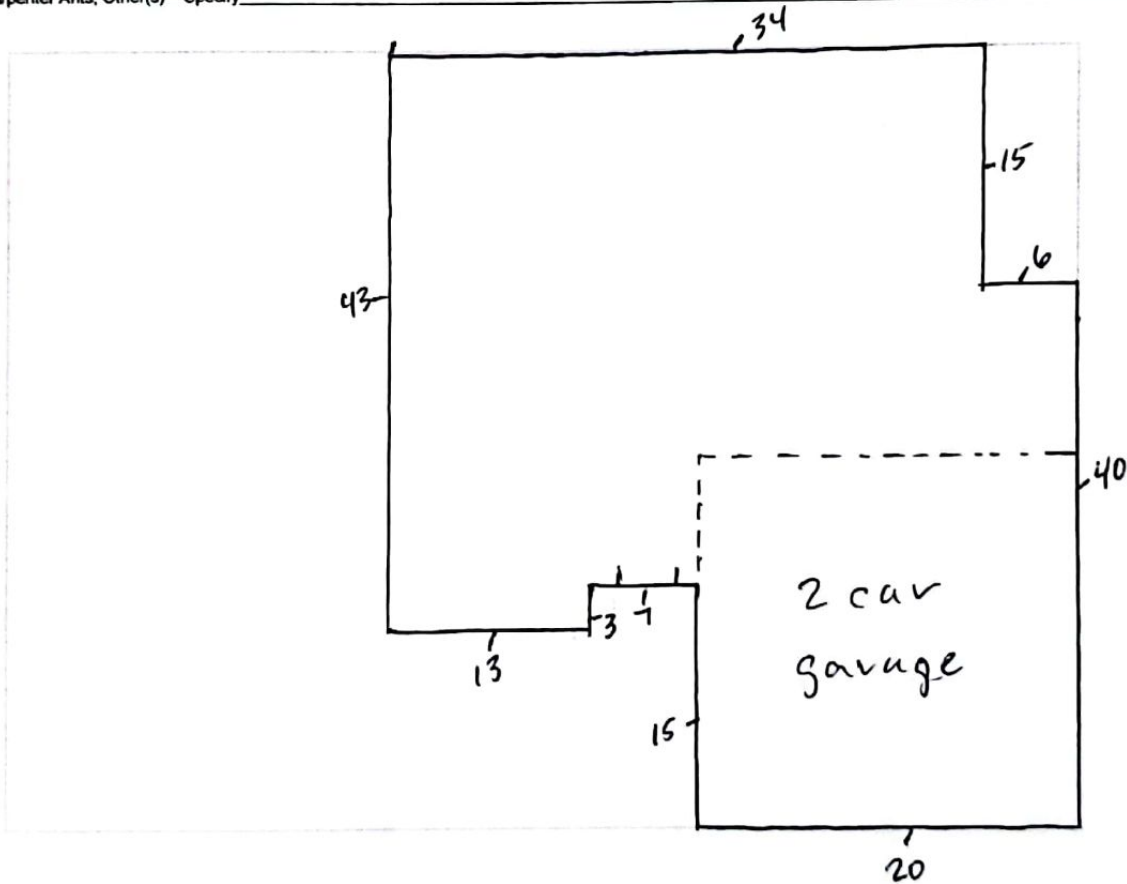
If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)
 12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 11. (Refer to Part G, H, and I, Scope of Inspection) Yes No
 12B. A preventive treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows: Yes No

Specify reason:

Refer to Scope of Inspection Part J

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

6511 Canyon Mist Ln

Dickinson, Texas

77539

Inspected Address

City

Zip Code

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 or their Designee _____

Date

9/16/2023

Customer or Designee Not Present

Buyer's Initials _____