

4602 Munson St.

Austin

78721

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). At a minimum, the warranty must 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..

1A. TAHI Services

1B. 0713842

Name of Inspection Company

SPCS Business License Number

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 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 ☒ 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 checked="" 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 checked="" type="checkbox"/>	Weepholes	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	Specify: <u>Various Areas Obstructed (Pre-Existing Structure), Furniture/Storage</u>					

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:

	Wood to Ground Contact (G)	<input type="checkbox"/>	Formboards left in place (I)	<input type="checkbox"/>	Excessive Moisture (J)	<input type="checkbox"/>	
Debris under or around structure (K)	<input type="checkbox"/>	Footing too low or soil line too high (L)	<input checked="" type="checkbox"/>	Wood Rot (M)	<input 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 checked="" type="checkbox"/>	Specify: <u>Slab covered</u>			

8. Inspection Reveals Visible Evidence in or on the structure:	Active Infestation		Previous Infestation		Previous Treatment	
8A. Subterranean Termites	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" 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 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"/>
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"/>
Specify: _____						

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

8G. Visible evidence of: sub termites has been observed in the following areas: utility closet/trim near cold joint

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)(L)

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 ☐

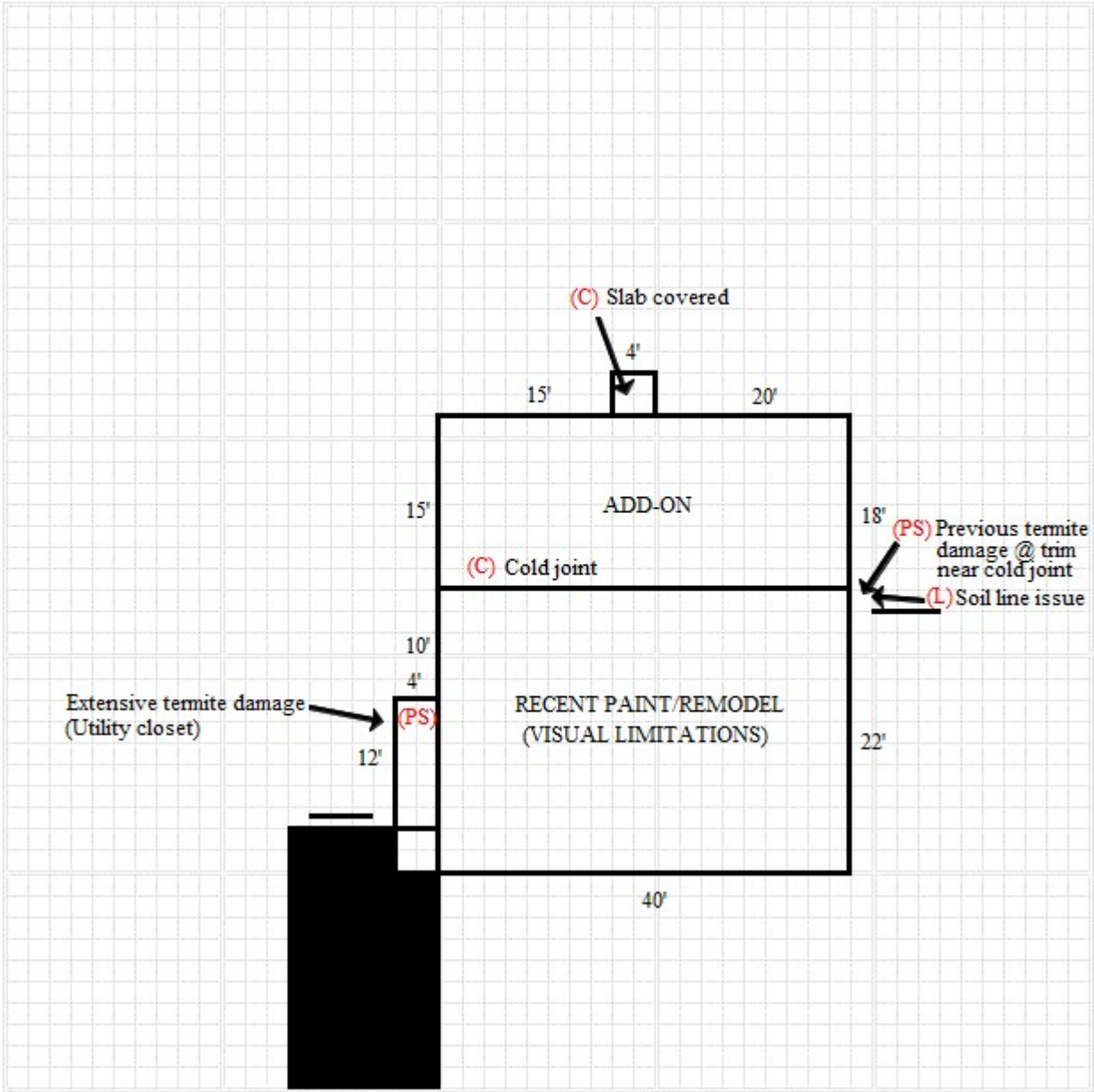
No ☐

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 Full interior/exterior treatment advised

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 ☐

12B. Date Posted Wednesday, March 27, 2019

Date

Approved:

11B. Andrew Jordan0702346 (512)-788-1001

Certified Applicator and Certified Applicator License Number

Statement of Purchaser

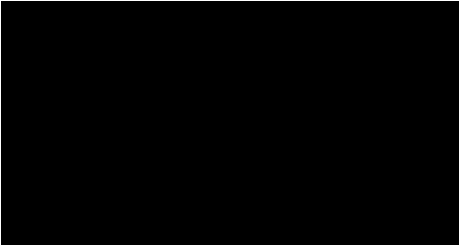
I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages: \_\_\_\_\_

Signature of Purchaser of Property or their Designee

Date

TREATMENT PLAN AND ESTIMATES



**PROPOSED TREATMENT:**  
**CHEMICAL TO BE USED:**  
**ADDITIONAL CHEMICALS:** N/A  
**STRUCTURE TYPE:**  
**TAHI SERVICES REP:** Andrew Jordan CA#0702346    Andrew S. Jordan  
**WARRANTY:** N/A

***Subterranean Termite Post-Construction  
Treatment Disclosure For Each Estimate***

When an estimate or proposal for termite treatment is submitted to a consumer the pest control company must provide the following written disclosure information: For all treatments there will be a diagram showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Telephone number (866) 918-4481 or Fax: 888-232-2567. Documentation shall also include but is not limited to approximate perimeter measurement of the structure, areas of active or previous termite activity, the concentration of any liquid termiticide application to be used or the minimum number of baiting systems installed or the square footage if a barrier is installed. The consumer is advised to review all this information and the pesticide label for explanations of the proposed treatment and compare this with any other proposal or estimate they may receive.

**Definitions of Treatment**

A subterranean termite treatment may be a partial treatment or a spot treatment using termiticide, approved physical barriers or a baiting system. These types of treatments are defined as follows:

**Partial Treatment**

This technique allows a wide variety of treatment strategies but is more involved than a spot treatment. (See definition below.) Ex: treatment of some or all of the perimeter, bath traps, expansion joints, stress cracks, portions of framing, walls and bait locations.  
Pier and Beam: Generally defined as the treatment of the outer perimeter including porches, patios and treatment of the attached garage. In the crawl space, treatment would include any soil to structure contacts as well as removal of any wood debris on the ground.  
Slab Construction: Generally defined as treatment of the perimeter and all known slab penetrations as well as any known expansion joints or stress cracks.

**Spot Treatment**

Any treatment which concerns a limited, defined area less than ten (10) linear or square feet that is intended to protect a specific location or "spot." Often there are adjacent areas susceptible to termite infestation, which are not treated.

**Baiting System**

This type of treatment may include interior and/or perimeter placement of monitoring or baiting systems along with routine inspection intervals. The baiting technique may include one or more baiting locations as prescribed by the product label and instructions.

**Barriers**

If a physical device is used, the square footage of the physical device must be recorded and a diagram describing the installation will be provided.

WARRANTY information provided includes the complete details any warranty provided and the following:

- Time Period of the Warranty
- Renewal Options and Cost
- Obligations of the Contracting Parties
- Conditions that could develop which would void the warranty
- Name of the pest control company responsible for the warranty.

If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify)

A copy of the consumer information sheet has been made available to the appropriate party.

**Additional Information**

In addition to the information listed above the following information must also be included on the diagram: Known wood destroying insect activity, conducive conditions, type of construction, construction details, and any other information about construction relevant to the treatment proposal.

**Licensed and regulated by: Texas Department of Agriculture**  
**P.O. Box 12847, Austin, Texas 78711-2847, Phone (866) 918-4481, (FAX) 888-232-2567**

Revised 07/30/2010

**LEGEND:**

Present or Previous Activity and Type: (A) - Active (P) - Previous (S) - Subterranean Termites (F) - Formosan Termites (W) Drywood Termites

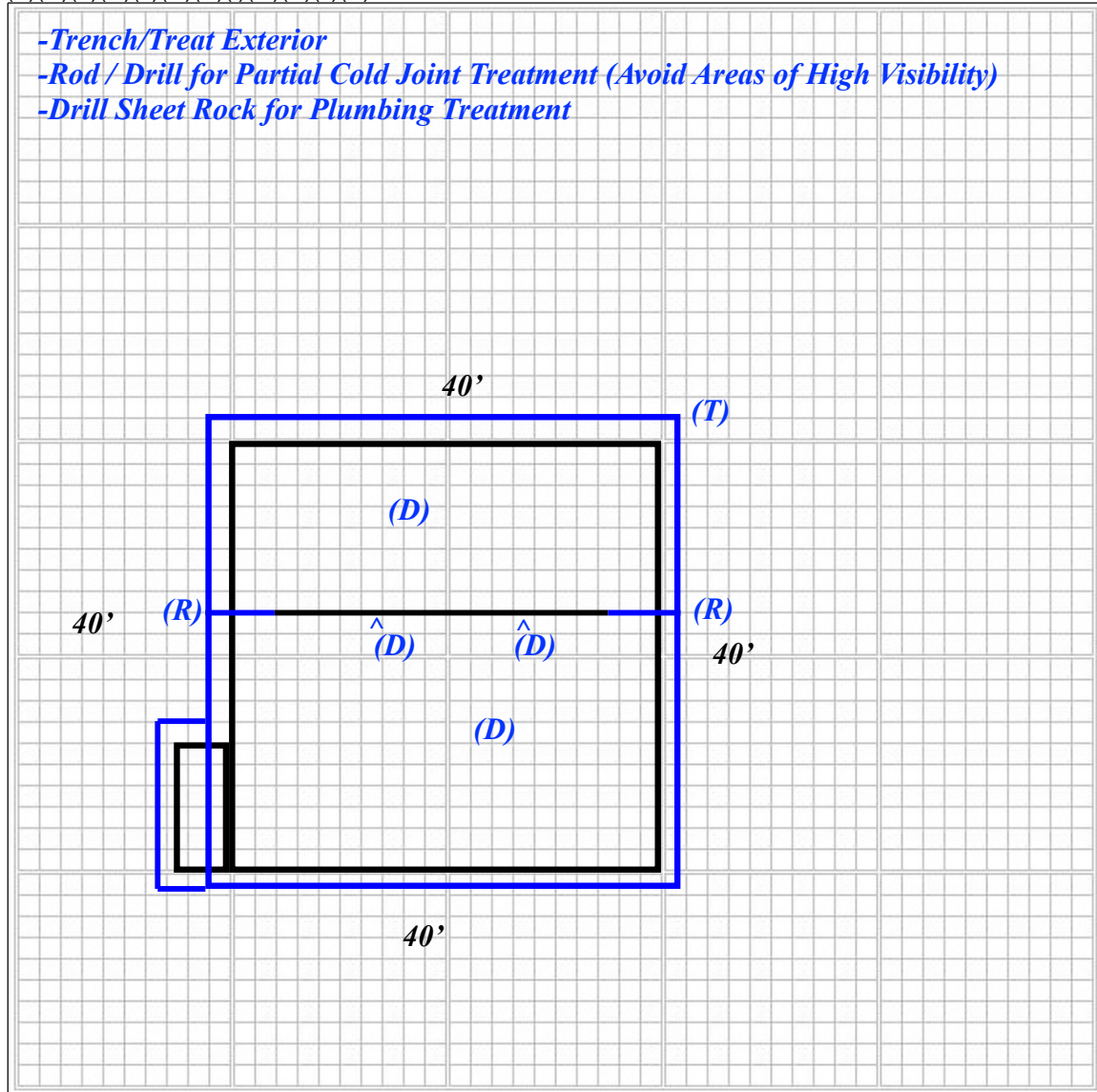
Treatment Procedures: (T) - Trenching (D) - Drilling (R) - Rodding (Z) - Foaming (U) - Spraying

Conductive Conditions: See Section 7B of the associated Texas Official Wood Destroying Insect Report - (K)(O)(T)(G)(L)(Q)(C)(I)(M)(R)(J)(N)

*-Trench/Treat Exterior*

*-Rod / Drill for Partial Cold Joint Treatment (Avoid Areas of High Visibility)*

*-Drill Sheet Rock for Plumbing Treatment*



## TAHI SERVICES

CA# 0702346

**SOLD TO:**

INVOICE NUMBER	20190327WDI-Munson
INVOICE DATE	03/27/2019

**THANK YOU FOR YOUR BUSINESS!**

Please Make All Checks Payable to:  
TAHI Services PLLC  
3571 Far West Blvd #101, Austin, TX 78731

**PAID**