

CENTRAL TENNESSEE

TERMITE AND PEST CONTROL * 931-526-2033
1-866-837-6483 * 931-707-8928 * FAX 931-526-7500

To the attention of: Gary Rose 615-379-2263

Date 5/17/10

Time 11:23 am/pm

Number of copies including cover sheet: _____

Message:

*Here is your inspection per your request
if you have any questions, please
contact the office.*

*Thank You,
CTTP*

PO BOX 3275 COOKEVILLE TN 38502

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone

Company's Business Lic. No.

1431

Date of Inspection

5-11-10

Central Tennessee Termite & Pest Control (Charter #1431)
 P.O. Box 3275 • Cookeville, TN 38502 • PH: 526-2033
 Toll Free: 1-866-837-6483 • Cell: 252-2848 • Crossville: 707-8928

Address of Property Inspected

105 McCormick Ln
 Crossville, Tenn

Inspector's Name, Signature & Certification, Registration, or Lic #

Structure(s) Inspected

Greg Goss Reg. Gen 19337

1-House

Section II. Inspection Findings

This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

- A. No visible evidence of wood destroying insects was observed.
- B. Visible evidence of wood destroying insects was observed as follows:
 - 1. Live insects (description and location): _____
 - 2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____
 - 3. Visible damage from wood destroying insects was noted as follows (description and location): _____

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes No — It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

- No treatment recommended: (Explain if Box B in Section II is checked) _____
- Recommend treatment for the control of: _____

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

- Basement
- Crawlspace 5, (Block Walls 10), 13, 24
- Main Level 1, 3, 4, 5, 6, 7, 8, 9, 13
- Attic
- Garage
- Exterior 12, 16, 17
- Porch wood 13
- Addition
- Other

The Inspector may write out obstructions or use the following optional key:

- 1. Fixed ceiling
- 2. Suspended ceiling
- 3. Fixed wall covering
- 4. Floor covering
- 5. Insulation
- 6. Cabinets or shelving
- 7. Stored items
- 8. Furnishings
- 9. Appliances
- 10. No access or entry
- 11. Limited access
- 12. No access beneath
- 13. Only visual access
- 14. Cluttered condition
- 15. Standing water
- 16. Dense vegetation
- 17. Exterior siding
- 18. Window well covers
- 19. Wood pile
- 20. Snow
- 21. Unsafe conditions
- 22. Rigid foam board
- 23. Synthetic stucco
- 24. Duct work, plumbing, and/or wiring

Section V. Additional Comments and Attachments (these are an integral part of the report)

Attachments Graph

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

X

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported

X

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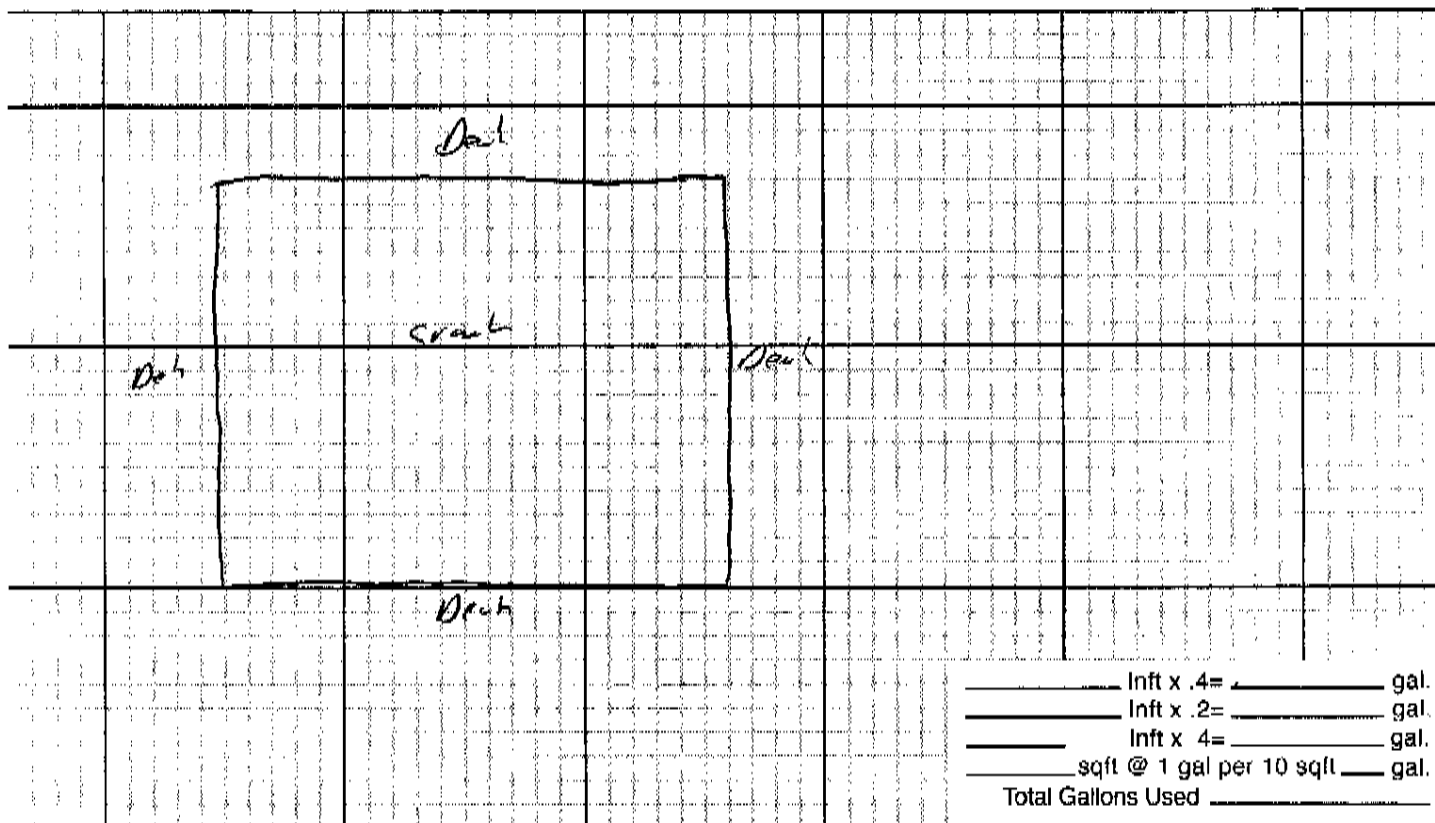


Charter 1431

KY 18047

CUSTOMER'S NAME Gary Rose ADDRESS 105 m'Connell Ln
 CITY Cross STATE TN ZIP _____ PHONE _____ DATE 5/11/10

STRUCTURAL GRAPH



_____ Inft x .4= _____ gal.
 _____ Inft x .2= _____ gal.
 _____ Inft x 4= _____ gal.
 _____ sqft @ 1 gal per 10 sqft _____ gal.
 Total Gallons Used _____

IMPORTANT: If visible evidence of active or previous infestation is noted by the inspector of your property, it should be evaluated by a licensed building contractor, of the customer's choice for damage. BECAUSE IT IS HIGHLY PROBABLE THAT HIDDEN DAMAGE MAY BE IN THE STRUCTURE (CENTRAL TENNESSEE TERMITE AND PEST CONTROL IS NOT RESPONSIBLE FOR PRE OR EXISTING DAMAGE). This inspection/treating report is based on visible evidence of readily accessible areas and does not make any attempt to reveal any hidden damage. No attempt to remove insulation, carpeting, paneling, etc. to search for hidden damage was made, IF VISIBLE EVIDENCE OF ACTIVE OR PREVIOUS INFESTATION IS REPORTED, IT SHOULD BE ASSUMED THAT SOME DEGREE OF HIDDEN DAMAGE IS PRESENT.

THIS REPORT IS SUBJECT TO ALL CONDITIONS ENUMERATED ON REVERSE SIDE.
 THIS REPORT IS NOT INTENDED TO BE A COMPLETE DISCLOSURE OF ALL ACTIVE OR PREVIOUSLY ACTIVE WOOD DESTROYING INSECTS.

CONDITIONS CONDUCTIVE TO INFESTATION: Conditions Conducive To Infestation • means conditions that exist in a structure that favor the development of wood-destroying insects. The following conditions conducive to infestation from wood-destroying insects were found at the time of inspection. The location of these conditions conducive to infestation are indicated on this diagram.

- Wood to earth contact
- Wood debris in crawl area
- Inadequate ventilation

COMMENTS:

KEYS		TYPE CONSTRUCTION		BAITING/MONITORING		LIQUID BARRIER		
TYPE INFESTATION	LOCATION							
<input type="checkbox"/> AI Active Infestation	<input type="checkbox"/> Sills	<input type="checkbox"/> Floating Slab	<input type="checkbox"/> Form II	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Form II	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> PI Previous Infestation	<input type="checkbox"/> Joists / Plats	<input type="checkbox"/> Supported Slab	<input type="checkbox"/> Foam Application	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Foam Application	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> SA Suspected Activity	<input type="checkbox"/> Subfloor	<input type="checkbox"/> Monolithic Slab	<input type="checkbox"/> Linear Footage			<input type="checkbox"/> Linear Footage		
<input type="checkbox"/> ST Subterranean Termites	<input type="checkbox"/> Walls / Studs	<input type="checkbox"/> Brick	<input type="checkbox"/> Number of Active St.			<input type="checkbox"/> Square Footage		
<input type="checkbox"/> PPD Powder Post Beetles	<input type="checkbox"/> Finished Trim	<input type="checkbox"/> Stone	<input type="checkbox"/> Number of Monitoring St.			<input type="checkbox"/> Bath Trap		
<input type="checkbox"/> OHH Old House Borers	<input type="checkbox"/> Interior Trim	<input type="checkbox"/> Solid Poured	<input type="checkbox"/> Number of Above Ground			<input type="checkbox"/> # Vents to be Installed		
<input type="checkbox"/> MC Moisture Condition	<input type="checkbox"/> Paneled Walls	<input type="checkbox"/> Hollow Block	<input type="checkbox"/> Number of Corings			<input type="checkbox"/> Type: Foundation	<input type="checkbox"/> Well	<input type="checkbox"/>
<input type="checkbox"/> V Vents Needed	<input type="checkbox"/> Doors	<input type="checkbox"/> Crawl	<input type="checkbox"/> Total Stations			<input type="checkbox"/> Type Termicide used		
<input type="checkbox"/> WEC Wood Earth Contact	<input type="checkbox"/> Windows	<input type="checkbox"/> Basement	<input type="checkbox"/> A A/C	<input type="checkbox"/> M Mulch			<input type="checkbox"/> Percentage used	---
<input type="checkbox"/> X Possible Damage	<input type="checkbox"/> Scrap Wood	<input type="checkbox"/> Exterior Insulating Finishing System	<input type="checkbox"/> W Water	<input type="checkbox"/> D Downspout			<input type="checkbox"/> Total to be used	
	<input type="checkbox"/> Steps	<input type="checkbox"/> # Piers	<input type="checkbox"/> Moisture Barrier	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Moisture Barrier	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Foundation		PURCHASER / OWNER SIGNATURE				DATE	

AUTHORIZED COMPANY SIGNATURE Meg M... 19337 DATE 5-11-10