

WOOD DESTROYING PESTS INSPECTION REPORT

No 682203

Firm (PCO) Carson Valley Exts License No. 5599 Inspection Date 2-17-2023  
 Address P.O. Box 2306 Gardnersville, NR 89410 Inspection Time 9:00  
 Address of Property Inspected 1320 Chimneyester Gardnersville 89410  
 City Zip Code  
 Inspection Ordered by Thomas Vanden Linn FHA/VA/escrow or Mortgage No \_\_\_\_\_  
 Inspection Report Sent to same  
 Owner's Name and Address \_\_\_\_\_

This inspection was made only to determine VISIBLE evidence of the presence or absence of noted organisms. It is made only in those areas of noted structures which were readily accessible and visible. Inspection has been made in the areas in which infestations are most likely to occur.

No inspection was made in inaccessible areas which might require breaking into, breaking apart, dismantling, removal or moving of an object, including but not limited to moldings, floor coverings, siding, ceilings, floors, furniture, appliances, and/or personal possessions.

THIS IS NOT A STRUCTURAL DAMAGE REPORT, neither is it a WARRANTY as to the absence of wood-destroying organisms. The report is not to be construed to constitute a guarantee against future infestations, but is indicative of the condition of the premises ON THE DATE OF THE INSPECTION. This report is NOT intended to determine the presence of organisms which may be detrimental to human health.

- This is not a structural damage report.  This is not a guarantee against future infestations.
- This is not a structural soundness report.  This is not a mold inspection report.
- (Structural soundness should be determined by a qualified building expert.)

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 for which I am acting is financially associated in any way with or related to any party to this transaction.

Paul Orsman Type or Print Name of Inspector License No. 5599 Signature of Inspector [Signature]

INFESTATION: (See diagram and explanation below.)

Evidence of	Active			Inactive
	No	Yes		
Termites	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Wood-destroying Insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood-destroying Fungi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITIONS CONDUCTIVE TO INFESTATION:

- Earth-Wood Contacts .....  Yes  No
  - Faulty Grades .....  Yes  No
  - Insufficient Ventilation .....  Yes  No
  - Excessive Moisture .....  Yes  No
  - Cellulose Debris .....  Yes  No
- (See back for definition of infestation and conditions conducive to infestation)

Location of Tag:  Under Sink  Crawl Space  Other: \_\_\_\_\_

Grid area for diagram and explanations.

GRAPH EXPLANATIONS:

All Clear  
Note: Ducting has water in them

Please see Exhibit: Seller Repair

Itemization & Item 10.3(2) of

Home Inspection Report

Received and Reviewed

by: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Scale \_\_\_\_\_ (optional)

Treatment Date \_\_\_\_\_ Area Treated \_\_\_\_\_

Product Used \_\_\_\_\_ EPA Registration No \_\_\_\_\_

I have received the original or a legible copy of this form.

Signature of Purchaser \_\_\_\_\_

Date \_\_\_\_\_