

OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT REPORT  
(FORM ODAFF-1)  
THIS INSPECTION DOES NOT ADDRESS HEALTH HAZARD MOLDS OR WOOD DESTROYING ORGANISMS

SECTION I. ADDRESS OF PROPERTY

1A. Address of structures inspected: Street/Legal Description 910 Fay City Kingfisher Zip 73120

1B. Location of structures inspected (if different than address): \_\_\_\_\_

SECTION II. INSPECTING COMPANY INFORMATION

2A. Roberts Pest Inc 2B. C-1338  
Name of Inspection Company ODAFF Business License Number

2C. 11532 N. Barnes City Okc Zip 73120 Telephone Number 843-8183

2D. MIKE ROBERTS 2E. CA000579  
Address of Inspection Company City Certification Number of Inspector

SECTION III. PROPERTY INFORMATION

3A. All of the structures on the property listed in Section I were inspected EXCEPT the following: Drop ceiling

3B. Owner/Seller (if known): None First

3C. Name of person purchasing report: \_\_\_\_\_

3D. Capacity of person purchasing report: ~~Buyer~~  Seller  Agent  Other (specify): \_\_\_\_\_

SECTION IV. TYPE OF CONSTRUCTION As determined by visual inspection are:

4A. Stem wall type:  Brick  Concrete Block  Solid Concrete  Other (specify): \_\_\_\_\_

4B. Floor Type:  Wood  Concrete Slab  Other (specify): \_\_\_\_\_

4C. Area Under Floor:  Crawl Space  Basement  Other (specify): \_\_\_\_\_

4D. Exterior Type:  Wood  Wood Veneer  Fiberboard  Brick/Stone  Stucco  Aluminum/Vinyl Siding  Concrete Block

Other, include combinations (specify): \_\_\_\_\_

4E. Pier Type:  Wood  Concrete Block  Other (specify): \_\_\_\_\_

SECTION V. INACCESSIBLE OR VISUALLY OBSTRUCTED AREAS

5A. Are there any areas of the structure(s) inaccessible or visually obstructed?  Yes  No If "Yes", specify in 5B.

5B. Inaccessible or visually obstructed areas include:

Un-floored or insulated attic areas

Interior of hollow walls, floors, ceilings

Storage areas (specify: \_\_\_\_\_)

Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings

Other (specify): \_\_\_\_\_

Comments: \_\_\_\_\_

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**SECTION VI. CONDITIONS CONDUCTIVE**

6A. Are there any visible conditions conducive to infestation by termites?  Yes  No. If "Yes" specify in 6B.

6B. Observed conditions conducive to infestation by termites or other wood destroying insects include:

- Wood to ground contact (Symbol: C1)  Stucco siding extending below grade (Symbol: C7)
- Remaining form board (Symbol: C2)  Insufficient separation between soil and wood in crawl space (Symbol: C8)
- Excessive Moisture (Symbol: C3)  Wood pile in contact with structure (Symbol: C9)
- Debris (wood or other cellulose material) under structure (Symbol: C4)  Decks with wooden supports improperly based
- Debris (wood or other cellulose material) around structure (Symbol: C5) in contact with structure (Symbol: C10)
- Wooden parts resting on known cracked concrete (slab) or expansion joints (Symbol: C6)  Other (specify: \_\_\_\_\_) (Symbol: C11)

6C. Location of conditions conducive to infestation by termites shall be shown on diagram in Section IX.

Comments: \_\_\_\_\_

**SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT**

7A. ACTIVITY:

- (1) Is there visible evidence of termite ACTIVITY?  Yes  No. If "Yes" specify in (2)
- (2) Visible evidence of termite ACTIVITY includes:

- Live Termites (Symbol: T1)  Termite frass (pellets) (Symbol: T3)  Exit Holes (Symbol: T5)
- Termite Tubes (Symbol: T2)  Winged Adults (Symbol: T4)

(3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX.

Comments: \_\_\_\_\_

7B. DAMAGE:

- (1) Is there visible evidence of termite DAMAGE?  Yes  No. If "Yes" specify in (2)
- (2) Visible evidence of termite DAMAGE includes: (specify: see pg-3) \_\_\_\_\_

\_\_\_\_\_

) (Symbol: TD)

(3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX.

Comments: \_\_\_\_\_

7C. Is there evidence of previous infestation or treatment?  Yes  No. If "Yes" specify: Some did (Symbol: T6)

**SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES**

8. ACTIVITY: (Note: 8. does not include Wood Rot Fungi)

- (1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites?  Yes  No. If "Yes" specify in (2), (3), and (4).
- (2) Type of OTHER wood destroying insect ACTIVITY:

Insect (specify type: \_\_\_\_\_) (Symbol: IA)

(3) Evidence of ACTIVITY of insect(s) noted in (2), above (Specify evidence, such as "live carpenter ants" \_\_\_\_\_)

(4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX.

Comments: \_\_\_\_\_

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Address of structures inspected: Street/Legal description 910 Fay Ave City/Kingfisher

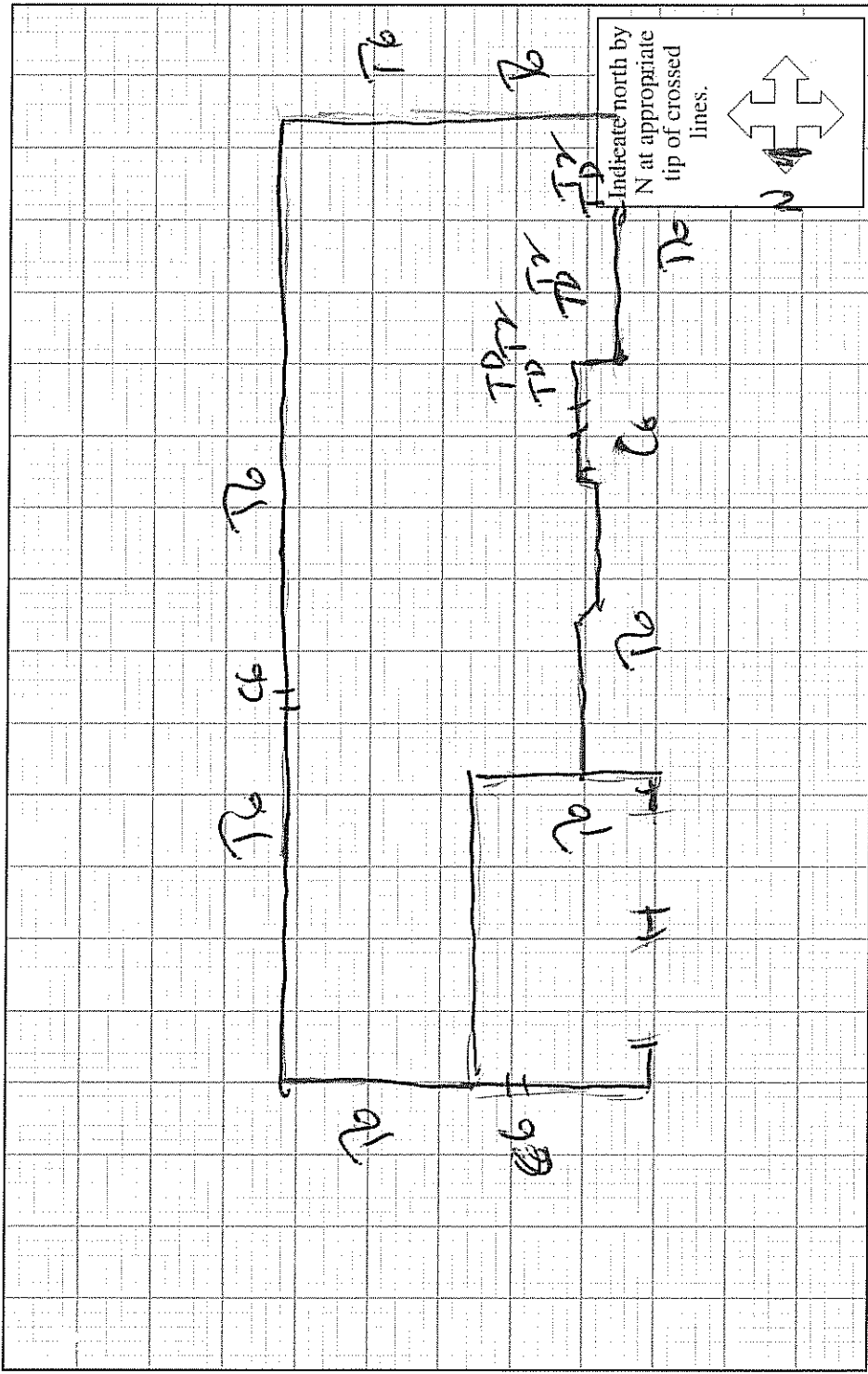
Location of structures inspected (if different than address): \_\_\_\_\_

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Inspection Date 8-11-08

**SECTION IX. DIAGRAM OF STRUCTURE(S) INSPECTED**

Use this diagram to show the location and types of conditions conducive, activity, or damage reported in Sections VI, VII, and VIII. Employ the symbols shown in those sections (such as C1, T1, IA and ID) that are the same as the symbols shown below the diagram.



**Evidence of Termite Activity or Damage:**

- T1: Live Termites
- T2: Termite Tubes
- T3: Termite Frass (pellets)
- T4: Winged Adults
- T5: Exit Holes
- T6: Evidence of previous infestation or treatment
- TD: Termite Damage

**Evidence of Activity or Damage by Wood Destroying Insects Other Than Termites**

- IA: Insect Activity
- OA: Other Activity
- ID: Insect Damage
- OD: Other Damage

**Conditions Conducive:**

- C1: Wood to ground contact
- C2: Remaining form boards
- C3: Excessive moisture
- C4: Debris under structure
- C5: Debris around structure
- C6: Wooden parts resting on known cracked concrete (slab) or expansion joints
- C7: Stucco siding extending below grade
- C8: Insufficient separation between soil and wood in crawl space
- C9: Wood pile in contact with structure
- C10: Decks in contact with structure
- C11: Dense foliage/shrubs in contact with structure
- C12: Other

Comments:

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**THIS INSPECTION DOES NOT ADDRESS HEALTH HAZARD MOLDS OR WOOD DESTROYING ORGANISMS**

Address of structures inspected: Street/Legal description 910 Ferguson City Kingfisher Zip 73431

Location of structures inspected (if different than address):

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**SECTION X. RECOMMENDATION FOR TREATMENT OR FOR CORRECTION OF CONDITIONS CONDUCTIVE**

10A. Is a recommendation made for treatment for termites or other wood destroying insect(s) or for corrections of conditions conducive to infestation?  Yes  No. If "Yes", specify in 10B.

10B. Type of recommendation:

(1) Remedial Treatment.  Yes  No. If "Yes" specify:

(a) Insect(s) to be treated for:

Termites

Wood destroying insects other than termite. (Specify type: \_\_\_\_\_)

(b) Basis for recommendation:

Presence of live termites (listed in 7A(2)) or of other live wood destroying insects listed in Section 8(3).

Evidence of previous infestation (listed in Sections VII or VIII) and no visible evidence of an adequate treatment to address it.

Other (specify: \_\_\_\_\_)

(2) Preventative treatment.  Yes  No. If "Yes", specify insect(s) to be treated for in (a) and basis for recommendation in (b).

(a) Insect(s) to be treated for:

Termites

Wood destroying insects other than termite. (specify type: \_\_\_\_\_)

(b) Basis for recommendation: Substantial conditions conducive to infestation referred to in Section VI of this form. (Specify: \_\_\_\_\_)

(NOTE: These conditions must be substantial.)

(3) Correction of conditions conducive:  Yes  No. If "Yes", specify in (a) and (b).

(a) Conditions conducive listed in 6.B. \_\_\_\_\_

(b) Corrective measures recommended: \_\_\_\_\_

**SECTION XI. ADDITIONAL COMMENTS:**

**SECTION XII. ATTACHMENTS:** List all attachments: proposal for treat-  
ment

**SECTION XIII. STATEMENT OF INSPECTOR**

I performed the inspection of the property(ies) referenced above and believe this report to be true and complete.

13A. Notice of Inspection was posted at or near:  Electric Breaker Box  Water Heater  Beneath Kitchen Sink  Bath Trap

13B. Date Posted: 8-11-08 13C. Signature of Inspector: [Signature] 13D. Date of Signature: 8-11-08

**SECTION XIV. DISTRIBUTION OF COPIES**

Report forwarded to:  Title Co. or Mortgagee  Purchaser of Service  Seller  Agent  Buyer  Inspecting Company  
(Under ODAFF regulations, only the purchaser of the service and inspecting company are required to receive a copy.)

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Page 4 of 5 Inspector's Initial's: [Signature] Inspection Date: 8-11-08

**SECTION XV. STATEMENT OF SELLER**

The Seller hereto agrees that all known property history information regarding activity of wood destroying insects, damage from wood destroying insects, and treatment history has been disclosed to the Buyer.

\_\_\_\_\_  
Signature of Seller or their Designee

\_\_\_\_\_  
Date

**SECTION XVI. STATEMENT OF BUYER**

I have received the original or a legible copy of this report and all attachments. I have read and understand any Recommendations made. My signature and/or my Closing on this property hereby acknowledge and accept the terms of this report. The Report urges me to obtain the opinion of a qualified building expert regarding any and all damages and defects on the property.

\_\_\_\_\_  
Signature of Purchaser or their Designee

\_\_\_\_\_  
Date

**SECTION XVII. STATEMENT OF PURCHASER OF SERVICE**

The undersigned hereby acknowledges receipt of a copy of this report.

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

\_\_\_\_\_  
Date

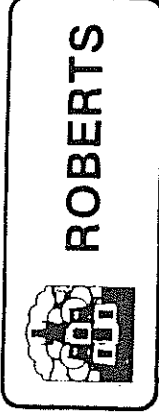
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11532 N. Barnes • Oklahoma City, Oklahoma 73120 • (405) 843-8183

TERMITE & PEST CONTROL, INC.

### PROPOSAL

Customer's Name Banc First Date 8-11-08

Address 910 Fay

City Chickasha Zip \_\_\_\_\_ Phone \_\_\_\_\_

Roberts Termite and Pest Control Inc. will do a complete termite treatment which meets the provision of the Oklahoma Pesticide Applications Law for the sum of \$ 950.00

This treatment is guaranteed for ~~one~~ <sup>2 years</sup> year from the date the job is completed. This warranty may be extended from year to year for the sum of \$ 95.00 per year for the next Lifetime years. We will inspect the property each year at the owner's request.

Chemical to be used: Terminator PT-LIT  
Full house treatment.

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State License No. C-1338  
Certificate of Insurance provided upon request.

By: [Signature]  
Roberts Inc.