

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone

(757)-749-2499
PERKINS PEST & MOISTURE CONTROL
900 Union Blvd. Co
CRAEVAKE, NC 27926

Company's Business Lic. No.

6098

Date of Inspection

6/19/09

Address of Property Inspected

4125 SUMMERSET DR.
PORTSMOUTH VA 23703

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

John David Perkins GJC 02670-C

Structure(s) Inspected

SINGLE FAMILY RANCH

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:

DRILL HOLES IN FOUNDATION BLOCK AND PILLARS

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, 11, 24*

Main Level *1, 3, 4, 6, 9, 11, 13*

Attic *4, 5, 11, 13, 24*

Garage *1, 3, 5, 6, 9*

Exterior *BRICK AND 17 EXT. SIDING*

Porch *12*

Addition

Other

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

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

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

Attachments

MOISTURE LOGS, DISCLAIMER, INVOICE # 609488

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

MOISTURE INSPECTION REPORT

Name and Address of Inspection Company

Address of Property Inspected

Perkins Pest & Moisture Control
 529 Parkers Fork Road
 Corapeake, NC 27926
 980 HUNTER BRANCH RD

4125 SUMMERSET DR.
 PORTSMOUTH VA
 23703
 Date of Inspection 6/19/09

BASED ON A CAREFUL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE UNDERSTRUCTURE OF THE PROPERTY LISTED ABOVE:

- There is evidence of the presence of wood destroying fungi below the floor level of the first main floor. YES NO
- There is evidence of the presence of excessive moisture conditions below the floor level of the of the first main floor. (If yes, describe under comments) YES NO
- At the time of our inspection, there were visible damaged wooden members below the floor level of the first main floor caused by fungi. YES NO

IF ANY DAMAGE IS OBSERVED (AS SHOWN ABOVE) THAT DAMAGE WILL (CHECK ONE BELOW):

- Be corrected or has been corrected by this company.
- Be corrected by another company, see attached contract.
- NOT be corrected by this company which recommends that damage be evaluated by a qualified building expert and that needed repairs be made.

WERE ANY AREAS OF THE UNDERSTRUCTURE OBSTRUCTED OR INACCESSIBLE? (If yes, describe under comments)

YES NO

| | |
|---|--|
| Comments: | INSULATION ON SUBFLOOR. PLUMBING AND/OR WIRING. AN AVERAGE MOISTURE CONTENT IN WOODEN MEMBERS OF CRAWLSPACE AT 16 TO 18 PERCENT. - VERY GOOD. NICE ACCESS TO CRAWLSPACE CLEAN / GOOD VAPOR BARRIER / GOOD VENTILATION. |
| Signature of Inspector: <i>[Signature]</i> | |

This report shall not be valid until the following statement of the property owner(s) or their duly authorized representatives is signed:

THE UNDERSIGNED OWNER(S) OF THE ABOVE DESCRIBED INSPECTED PROPERTY HEREBY ACKNOWLEDGE THAT THEY ARE UNAWARE OF ANY PREVIOUS MOISTURE DAMAGE OR DIFFICULTIES INVOLVING MOISTURE THROUGHOUT THEIR OWNERSHIP OF SAID PROPERTY, OTHER THAN AS REPORTED ABOVE.

Date _____ Property Owner _____ Property Owner _____

ACKNOWLEDGEMENT: Purchaser acknowledges that he/she has received a copy of this report and attached statements.

Date Acknowledged _____ Purchaser's Signature _____