

# Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

## Section I. General Information

Inspection Company, Address & Phone

Orkin Pest Control  
10805 Bluegrass PKWY  
Louisville KY 40299

Company's Business Lic. No.

Date of Inspection

9/1/20

Address of Property Inspected

8601 Nottingham PKWY  
Louisville KY 40222

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

*[Signature]*

209764

Structure(s) Inspected

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):  
Carpenter ant damage on window frame in dining room

**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:  
Bait Stations

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) Treatment already performed, no new activity  
 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 1, 3, 4, 6, 8  
 Crawlspace 13  
 Main Level 1, 3, 4, 6, 7, 8, 9  
 Attic  
 Garage 1, 3  
 Exterior  
 Porch 13  
 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)

This property was treated on 10/27/2015 and is transferable to new owner

Attachments \_\_\_\_\_

**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



**PEST CONTROL**  
World's Best

# ORKIN WOOD INFESTATION REPORT

Branch Name Louisville 380  
Address 10805 Bluegrass Pkwy  
City Louisville State KY Zip 40299  
Phone Number AC (502) 473-6979  
PCO License No. \_\_\_\_\_

Date 9/1/20  
Property Address 8601 Nottingham Pkwy  
City Louisville State KY Zip 40222  
Customer's Phone Number AC (502) 417-0821, (502) 541-9277  
Case Number \_\_\_\_\_

### SCOPE OF EXAMINATION

**THIS EXAMINATION AND REPORT IS MADE AND ACCEPTED BY SELLER AND PURCHASER WITHOUT WARRANTY OR GUARANTEE OF ANY KIND, EITHER EXPRESSED OR IMPLIED.**

For and in consideration of one dollar (\$1.00) and the report fee, if any, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and pursuant to the request of Seller and Purchaser, who desire the report for purposes of assisting in the sale of the property and/or the securing of a mortgage, pest control operator has inspected the building at the above stated address. This report provides information about the property as of the date and time of the inspection only and is not to be construed as an express or implied warranty or guarantee of any kind against latent, concealed, obstructed, or future infestation, damage or defects. THE INSPECTION WAS LIMITED TO A VISUAL INSPECTION OF READILY ACCESSIBLE, UNOBSTRUCTED AREAS. NO INSPECTION HAS BEEN MADE FOR INFESTATION IN INACCESSIBLE AREAS OR AREAS OBSTRUCTED OR CONCEALED BY CEILINGS, WALL COVERINGS, FURNISHINGS, DIRT FILLS, SIDING, RUGS, INSULATION, ETC., OR THAT REQUIRES THE REMOVAL THEREOF. Because of the characteristics and behavior of various termites and other wood destroying organisms, it is not always possible to determine the presence of infestation without extensive probing, which may mar surfaces and which has not been done, and in some cases the actual dismantling of parts of the structure being inspected. Previous damage to trim, wall surfaces, etc. is frequently repaired with putty, spackling, tape or other decorative devices and this concealment or repair of damage would not be discovered by this inspection. The inspection set forth below has been made on the basis strictly of visual evidence and is issued without expressed or implied warranty or guarantee. The pest control operator has made such inspection as an accommodation to Seller and Purchaser as well as any other interested parties with respect to the sale of the subject property, and in consideration thereof, it is agreed by and between the parties that pest control operator is not an insurer against

wood infesting termites and other wood destroying organisms; that any report fee is a very nominal fee and is not an insuring fee; and that from the nature of the inspection services to be rendered, it is impracticable and extremely difficult to fix the actual damages, if any, which might proximately result from any failure on the part of the inspector to properly perform the services. Therefore, in the event it should subsequently turn out that there might have been termites or other wood destroying organisms which were visible in readily accessible, unobstructed areas at the time of the inspection and there is resulting loss or damage, the liability of the pest control operator shall be limited to and fixed in the amount of five hundred dollars (\$500.00). Said amount shall be the only damages that can be claimed or obtained by the Seller or Purchaser, or by any person or persons in privity thereto and shall constitute liquidated damages.

The parties hereto do covenant and agree that there are no verbal understandings, representations, or statements changing or modifying any of the terms or provisions of this inspection report, that they have not relied on or been induced by any other agreements, representations, or understandings, and that all terms, conditions and provisions thereof are contained herein in writing.

A wood destroying organism inspector is not a construction or building trade expert and therefore does not possess any special qualifications which would enable him to detect the extent of structural damage. If damage or other evidence of wood-destroying organisms is noted in this report, further investigation by qualified experts of the building trade should be made to determine structural soundness of the property. This report shall be invalid after 60 days from the inspection date or the time period proscribed by state regulations, whichever is longer.

A qualified representative of this Company has inspected the property located at the above address and reports the following:

- A. AREAS INSPECTED    Crawl Space     Attic     Bath Trap     Building Interior     Building Exterior

REMARKS:			
B. INFESTATION or CONDITION (as of inspection date)	CHECK ONE	YES	NO
1. There is visible evidence of active infestation of:			
A. Termites .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B. Other wood destroying organisms .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(Identify) _____			
C. If yes, described on <b>graph attached?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	
2. There is visible evidence of previous infestation of:			
A. Termites .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B. Other wood destroying organisms .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(Identify) <u>carp ants in dining room</u>			
C. If yes, described on <b>graph attached?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	
3. There is visible evidence of conditions or construction conducive to infestation (earth-wood contact, faulty grades, insufficient ventilation, etc.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, described on <b>graph attached?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	
4. There is visible evidence of fungus and/or wood rot. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, described on <b>graph attached?</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	
C. TREATMENT			
Orkin has treated the premises for:			
Subterranean Termites <input checked="" type="checkbox"/> Drywood Termites <input type="checkbox"/>			
Powder Post Beetles <input type="checkbox"/> Old House Borers <input type="checkbox"/>			
Other Wood Destroying organisms <input type="checkbox"/>			
If other, identify _____			

**NOTE:** A) CURRENT DIAGRAM MUST BE ATTACHED SHOWING LOCATION OF ANY VISIBLE EVIDENCE OF ACTIVE OR PREVIOUS INFESTATION. IF VISIBLE EVIDENCE OF ACTIVE OR PREVIOUS INFESTATION OF LISTED ORGANISMS IS REPORTED, IT SHOULD BE ASSUMED THAT SOME DEGREE OF DAMAGE, INCLUDING HIDDEN DAMAGE, IS PRESENT. EVALUATION OF DAMAGE AND ANY CORRECTIVE ACTION SHOULD BE PERFORMED BY A QUALIFIED BUILDING EXPERT. B) THIS REPORT DOES NOT INCLUDE DETACHED GARAGES, SHEDS, LEAN-TOS, FENCES, OR OTHER BUILDINGS ON THE PROPERTY UNLESS SPECIFICALLY NOTED HERE:

I hereby certify that neither I nor the Company for whom I am acting has had, presently have, or contemplate having any interest in the property involved.  
Inspector: \_\_\_\_\_ Date \_\_\_\_\_

**We have read the above and foregoing report and understand all of the terms and conditions thereof, including the scope thereof and limitations thereof and do accept the same and agree to all terms and conditions thereof. THIS AGREEMENT IS NOT VALID OR BINDING UPON ORKIN UNLESS SIGNED BY BOTH THE SELLER AND THE PURCHASER.**

Seller's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Purchaser's Signature: \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ Report Fee

Print Name: \_\_\_\_\_

**THIS AGREEMENT IS NOT VALID OR BINDING UPON ORKIN UNTIL SIGNED BY THE BRANCH MANAGER.**

Branch Manager: \_\_\_\_\_ Date 9/1/20

**A COMPLETE FILE ON THIS PROPERTY REFERENCED IN THIS REPORT IS AVAILABLE FOR INSPECTION BY THE PURCHASER DURING NORMAL BUSINESS HOURS AT THE ORKIN BRANCH OFFICE LISTED ABOVE.**