



Arizona Department of Agriculture
Office of Pest Management
WOOD DESTROYING INSECT INSPECTION REPORT

1688 W. Adams, Phoenix AZ 85207
(602) 255-3664 www.sb.state.az.us

| | |
|---|----------------------------------|
| 1A. VA/HUD/FHA CASE # | DATE OF INSPECTION 03/27/2018 |
| 1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT | 1D. WDIIR # |
| 1C. <input checked="" type="checkbox"/> SALE <input type="checkbox"/> REFINANCE <input type="checkbox"/> OTHER | 1E. TARF # |

NOTE: Pursuant to: ARS § 32-2333 (A) This form must be completed only by a Certified Applicator.

2. READ CAREFULLY PRIOR TO COMPLETING THIS OFFICE OF PEST MANAGEMENT (OPM) FORM

- The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or by the pest control company.
- Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings, furniture, or stored articles. In Item 7, the Inspector shall list those obstructions or areas which inhibited the inspection.
- Item 8A alone is checked when evidence/insects are found but no control measures are performed. Items 8A and 8C are checked when evidence/insects are found AND control measures are performed.
- When visible evidence is observed, wood-destroying insects causing such evidence shall be listed in Item 8A and the visible damage resulting from such infestation shall be noted in Item 8D.
- When treatment is indicated in Item 8C, the insects treated shall be named and the date of treatment indicated. The application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of a warranty. Warranty information shall also be entered in Item 10. (Proper control measures are those which are allowed by OPM Statute/Rule, or the label for the chemical used).
- Visible evidence of conditions conducive to infestation from wood-destroying insects shall be reported in Items 15-18 on the second page of this form, (e.g., earth-wood contact, faulty grade, insufficient ventilation, etc.).
- All supplemental reports shall be completed within (30) days of the date of the original report.

| | |
|---|---|
| 3A. NAME OF INSPECTION COMPANY Varsity Termite and Pest Control | 5A. NAME OF PROPERTY OWNER/SELLER |
| 3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) 6056 E Baseline Rd. Ste 122 Mesa, AZ 85206 | 5B. PROPERTY ADDRESS (Street, City, ZIP) 8707 E San Felipe Dr Scottsdale, AZ 85258 |
| 3C. TELEPHONE NUMBER (Include Area Code) (602) 757-8252 | 4. BUSINESS LICENSE # 8918 |
| 6A. INSPECTED STRUCTURES Single Family Residence | |

6B. LIST ALL UN-INSPECTED STRUCTURES

7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2.)

8. BASED ON THE INSPECTOR'S VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Section (11) before completing):

- ☒ A. Visible evidence of wood-destroying insects was observed.
Describe evidence observed: Subterranean termite damage to wood floors
Type of Wood-Destroying Insects observed: _____
- ☐ B. No visible evidence of infestation from wood-destroying insects was observed.
- ☐ C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date): _____
- ☐ D. Visible damage due to _____ was observed in the following areas: _____
- ☒ E. Visible evidence of previous treatment was observed. List evidence. (See also Item 20, page 2.): Drill marks in cement

9. DAMAGE OBSERVED, IF ANY

- ☐ A. Will be or has been corrected by this company.
- ☒ B. Will not be corrected by this company.
- ☐ C. It is recommended that noted damage be evaluated by a licensed structural contractor for any necessary repairs to be made.

10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.)

(Number of additional attachments to this report.) _____ Page(s)

11. STATEMENT OF INSPECTOR

- A. ☒ The inspection covered the readily accessible areas of the above listed structures, including attics and crawl spaces which permitted entry.
- B. ☒ Special attention was given to those areas which experience has shown to be particularly susceptible to attack by wood-destroying insects.
- C. ☒ Non-destructive probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.
- D. ☒ The inspection did not include areas which were obstructed or inaccessible at the time of inspection.
- E. ☒ Neither I, nor the company for which I am acting, have had, presently have, or contemplate having any interest in this property.
- I do further state that neither I, nor the company for which I am acting, is associated in any way with any party to this transaction.

| | | |
|---------------------------------|---|-------------------------|
| 12A. SIGNATURE OF INSPECTOR | 12B. INSPECTOR'S LICENSE NUMBER 131047 | 12C. DATE 03/27/2018 |
|---------------------------------|---|-------------------------|

STATEMENT OF PURCHASER

I HAVE RECEIVED THE ORIGINAL, OR A LEGIBLE COPY, OF THIS FORM AND HAVE READ PAGE (1, 2, & 3) OF THIS FORM.
I UNDERSTAND THAT THIS IS NOT A STRUCTURAL DAMAGE, FUNGI/MOLD REPORT, OR A WARRANTY AS TO THE ABSENCE OF WOOD-DESTROYING INSECTS AND I CAN CONSIDER ASSESSMENT BY A LICENSED STRUCTURAL CONTRACTOR OR FUNGI/MOLD INSPECTOR FOR ANY STRUCTURAL DAMAGE OR FUNGI/MOLD CONCERN.

| | |
|----------------------------|----------|
| 13. SIGNATURE OF PURCHASER | 14. DATE |
|----------------------------|----------|

| | | |
|--|--|---|
| PROPERTY NAME/ADDRESS <div style="text-align: center;">8707 E San Felipe Dr Scottsdale, AZ 85258</div> | | DATE OF INSPECTION <div style="text-align: center;">03/27/2018</div> |
| AT THE TIME OF THE INSPECTION THE PROPERTY WAS: <input type="checkbox"/> Vacant <input checked="" type="checkbox"/> Occupied <input type="checkbox"/> Unfurnished <input checked="" type="checkbox"/> Furnished | | |
| CONDITIONS CONDUCTIVE TO INFESTATION | | |
| 15. WOOD TO EARTH CONTACT (EC) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Post Comments: </div> <div style="width: 30%;"> <input type="checkbox"/> Pier Posts <input type="checkbox"/> Porch Stairs <input type="checkbox"/> Trellis </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Plants/Trees Contacting Structure <input type="checkbox"/> Other _____ </div> </div> | | |
| 16. EXCESSIVE CELLULOSE DEBRIS (CD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> Comments: | | |
| 17. FAULTY GRADES (FG) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;"> <input type="checkbox"/> Evidence of surface water draining toward house <input type="checkbox"/> Floor level or planters at or below grade <input type="checkbox"/> Wood siding below grade Comments: </div> <div style="width: 55%;"> <input checked="" type="checkbox"/> Stucco at or below grade <input type="checkbox"/> Joists in crawl space less than 18" above grade <input type="checkbox"/> Other _____ </div> </div> | | |
| 18. EXCESSIVE MOISTURE (EM) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Standing Water <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Crawl Space/Water Leaking Comments: </div> <div style="width: 30%;"> <input type="checkbox"/> Water Damage <input checked="" type="checkbox"/> Water Stain <input type="checkbox"/> Improper Condensate Drainage </div> <div style="width: 30%;"> <input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Attic/Roof Leak </div> <div style="width: 10%;"> <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Other _____ </div> </div> | | |
| 19. INACCESSIBLE AREAS (IA) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Attic – All <input checked="" type="checkbox"/> Attic – Joists <input checked="" type="checkbox"/> Attic – Partial <input checked="" type="checkbox"/> Plumbing Traps Comments: <i>Under and behind cabinets, appliances, rooms, closets and along garage walls</i> </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Wall Interiors <input checked="" type="checkbox"/> Enclosed Stairwell <input checked="" type="checkbox"/> Dropped Ceilings </div> <div style="width: 35%;"> <input type="checkbox"/> Sub/Crawl Space Area -- Clearance <input type="checkbox"/> Sub Area/Crawl Space No Access <input checked="" type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles <input checked="" type="checkbox"/> Other <u>See Comments</u> </div> </div> | | |
| 20. EVIDENCE OF PREVIOUS TREATMENT <input checked="" type="checkbox"/> BY ANOTHER COMPANY: While evidence of previous treatment does exist, it is impossible for the inspecting company to ascertain if such treatment was properly performed. Further investigation is left to the Buyer's discretion to determine if such treatment was done properly and if a valid warranty exists against the target pest of such treatment. <input type="checkbox"/> BY THE INSPECTING COMPANY: Previous treatment is recorded for this property. At the Buyer's discretion, treatment records can be viewed at the inspecting company's local office with the property owner's permission. Account Number: _____ Date of Initial Treatment: _____ Target Pest: _____ Warranty Expiration Date: _____ Other: _____ | | |
| Pest Control Inspector's Additional Comments | | |

(Note: Graph Not To Scale)

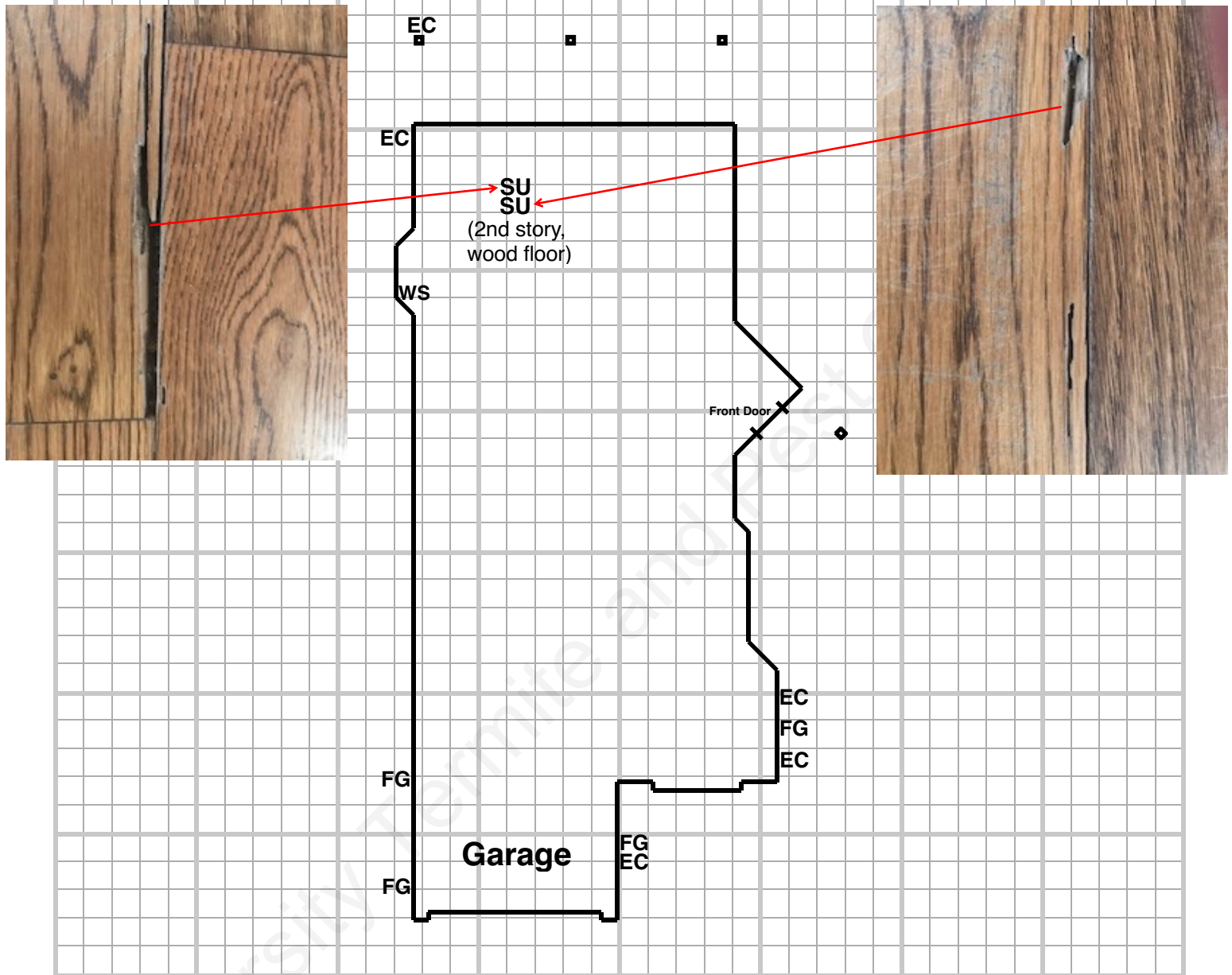
PROPERTY NAME/ADDRESS

8707 E San Felipe Dr Scottsdale, AZ 85258

DATE OF INSPECTION

03/27/2018

GRAPH OF STRUCTURE(S)



PURSUANT TO: R4-29-501 (E)(5)(o) THE INSPECTOR MUST COMPLETE THE GRAPH ON PAGE (3) AND CHECK (✓) MARKED BELOW FOR ANY ITEMS WHICH ARE NOTED ON PAGES (1) AND (2)

| ✓ | CODE | SEE GRAPH PAGE (3) | ✓ | CODE | SEE GRAPH PAGE (3) | ✓ | CODE | SEE GRAPH PAGE (3) | ✓ | CODE | SEE GRAPH PAGE (3) |
|-----------------------------------|----------------------------|--------------------|---|--------------------------------------|--------------------|---|--------------------------------|--------------------|---|------------------------------|--------------------|
| ✓ | SU Subterranean Termites | | | OW Other Wood Destroying Insects (*) | | | OB Obstructions | | | WD Water Damage | |
| | DR Drywood Termites | | ✓ | FG Faulty Grade | | ✓ | IA Inaccessible Areas | | ✓ | WS Water Stains | |
| | DA Dampwood Termites | | ✓ | EC Wood To Earth Contact | | | IV Inadequate Ventilation | | | RL Roof Leaks | |
| | BE Wood Destroying Beetles | | | CD Cellulose Debris | | | PL Plumbing Leaks | | ✓ | EM Excessive Moisture | |
| | CA Carpenter Ants | | | PA Plantings Abutting Structure | | | SP Sprinkler Hitting Structure | | | FI Further Inspection Needed | |
| (*) Other Wood Destroying Insects | | | | | | | | | | | |



WOOD DESTROYING ORGANISMS TREATMENT PROPOSAL

6056 E. Baseline Rd., Suite 122, Mesa, AZ 85206 * (602) 757-8252

1830 E. Broadway #124-235, Tucson, AZ 85719

License # 8918

Inspection Date: 03/27/2018

Initial Treatment Date: _____

This AGREEMENT is made between VARSITY TERMITE AND PEST CONTROL
(hereunder known as Varsity Termite and Pest Control) and the BUYER, as follows:

Buyer's Name
8707 E San Felipe Dr Scottsdale, AZ 85258
Treatment Address

Phone _____ Cell _____
E-Mail _____

Billing Agent

Billing Address

Phone _____ Fax _____
E-Mail _____

Number of Buildings and Type: Single Family Residence

COMPLETE PROTECTION

1 Year

5 Year

The VARSITY is authorized to treat
the premises herein described for the
control of

Cost to Treat..... \$ 725.00 \$ 1,025.00

Additional _____ years renewal... _____

☒ Other Charge..... -\$100 Coupon -\$100 Coupon

Balance of total..... _____

Total Due..... \$ 625.00 \$ 925.00

- ☒ Subterranean termites
☐ Drywood termites
☒ Residential ☐ Commercial

TREATMENT TYPE

- ☐ Prevention
☒ Control
☐ Pretreat
☐ Spot Treatment (No Warranty)

Product to be used 1 Maxx Pro

Alternative Treatment Bait

COVERAGE: For a period of _____ year(s), beginning on the initial treatment date show above, Varsity Termite and Pest Control agrees to provide service and treatment for the control of the above listed Wood Destroying Organism for the covered premises for the sum of _____, payable upon completion of the initial treatment. Note: There is no guarantee until payment is made according to terms.

RETREATMENT: If a re-infestation is discovered to the covered premises, then Varsity Termite and Pest Control will perform any further retreatment it finds necessary, free of charge, for the initial and renewal term of this agreement.

VARSITY TERMITE AND PEST CONTROL DOES NOT ACCEPT ANY LIABILITY FOR
ANY WOOD DESTROYING ORGANISM DAMAGE REPAIR.
NOTE REVERSE SIDE FOR GENERAL TERMS AND CONDITIONS

ANNUAL LIFETIME RENEWABLE WARRANTY

At the BUYER's option and for BUYER's further protection, the guarantee may be renewed annually for additional years. The RENEWAL FEE will be \$ 135.00 per year. The first renewal payment will be due on the anniversary date of the initial treatment. After the initial warranty has expired. The RENEWAL FEE may be modified as specified in the General Terms and Conditions. Varsity Termite and Pest Control will inspect the property annually while this guarantee renewal option is in effect.

Warning -Pesticides can be harmful. See other side for details.

Blake Swim 131047
Authorized Representative Inspector Lic. #

Buyer or Authorized Agent of Buyer Date

IF THIS PROPOSAL WAS MADE AS A RESULT OF HOME SOLICITATION, YOU THE BUYER MAY CANCEL
THIS TRANSACTION PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THE PROPOSAL.



Owner/Agent: _____ Phone: _____

Property at: 8707 E San Felipe Dr Scottsdale, AZ 85258

Inspected by: Blake Swim 03/27/2018 Map Grid: _____ Lin/Ft: _____

Construction type: Floating Slab

Foundation type: Solid Concrete

Adequate room in crawl space (minimum 18" to Inspect & Treat): _____ Siding: Stucco

Special instructions & comments: _____

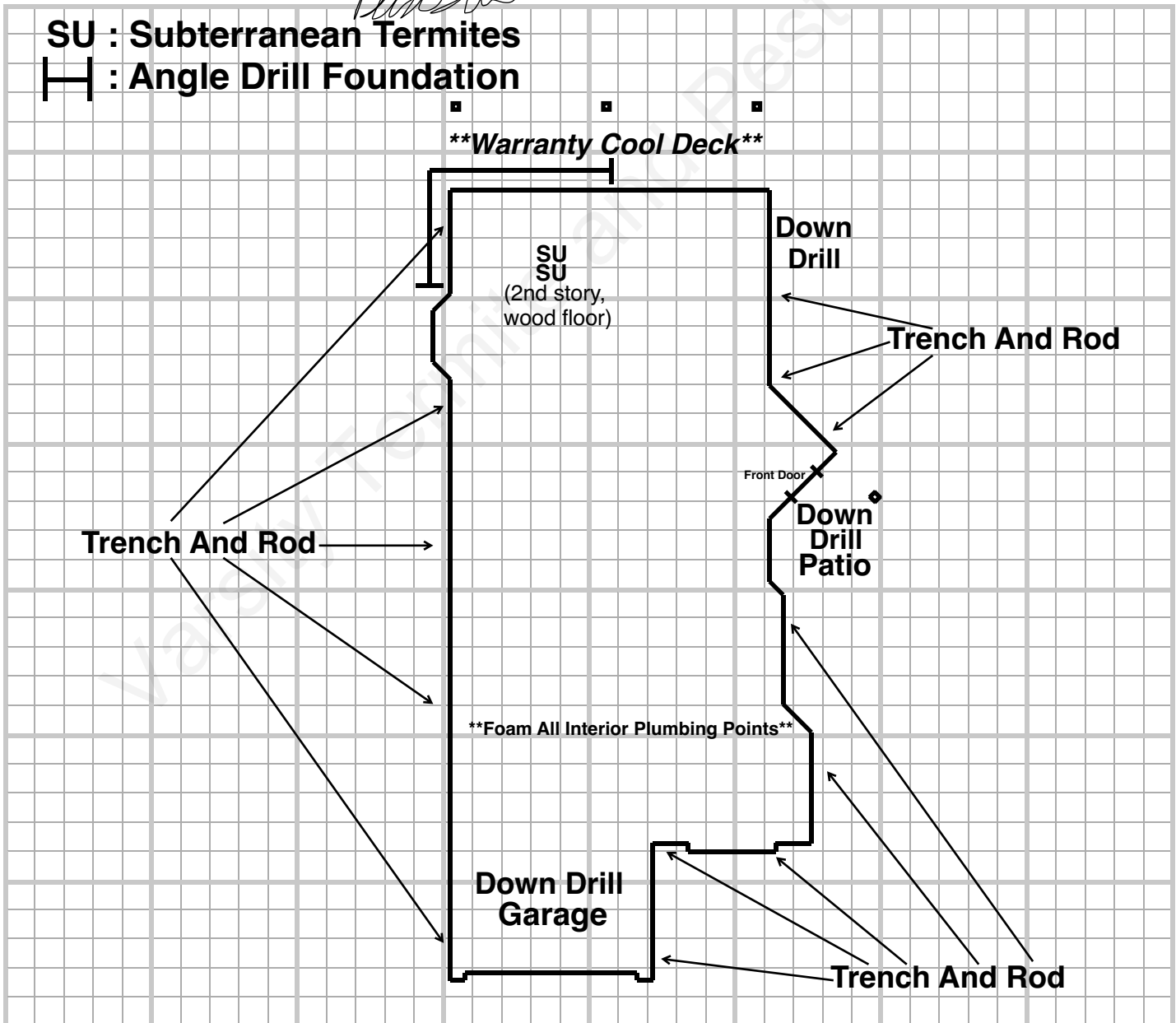
| | Infested Area | Yes | Comments | Key Symbols |
|--|----------------|-----|-----------|---|
| | | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electricity Available | Exterior | | | X - Evidence of Damage S - Subterranean Termites K - Drywood Termites EC - Earth/Wood Contact FG - Faulty Grade EM - Excessive Moisture PHD - Possible Hidden Damage Scale - |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Water Available | Attic - Joists | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Trench/Rod Perimeter Treatment | Garage | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Vertical Porch/Patio Treatment | Ceiling | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Vertical Garage Treatment | Interior Wall | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cross/Angle Foundation Treatment | Sub Floor | ✓ | 2nd Story | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Install Plumbing Access | Interior Trim | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Crawl Space Treatment | Door Frames | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Foam Interior Plumbing | Window Frames | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Foam Interior Infestation | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Vertical Interior Floor Treatment | | | | |

Inspections are of visible, accessible areas and should not be considered a guarantee of the absence of hidden or inaccessible damage. Service Technicians will need 3 feet of access for all treatment areas.

TECHNICIAN SIGNATURE: _____ CUSTOMER SIGNATURE: _____

SU : Subterranean Termites

H : Angle Drill Foundation



GENERAL TERMS AND CONDITIONS

1. **WARNING – PESTICIDES AND TERMITICIDES CAN BE HARMFUL** – Treatment involves the application of EPA registered chemicals. Varsity Termite and Pest Control will provide detailed Material Safety Data Sheets (MSDS) on material to be used upon request. IT IS THE OBLIGATION OF THE BUYER TO ADVISE ALL POTENTIAL OCCUPANTS OF THE STRUCTURE(S) TO CONSULT WITH THEIR HEALTH CARE PROVIDER IF THEY OR ANY MINOR CHILDREN MAY BE SENSITIVE TO CHEMICALS AND/OR CHEMICAL ODORS BEFORE ALLOWING ANY INITIAL OR SUBSEQUENT TREATMENT TO BE PERFORMED.
2. **FORMOSAN TERMITES** (*Coptotermes* sp.): Formosan termites will not be treated or guaranteed against by Varsity Termite and Pest Control.
3. **RENEWAL FEE:** after two (2) renewal years, the RENEWAL FEE can be increased at the discretion of Varsity Termite and Pest Control. Varsity Termite and Pest Control Agrees that the RENEWAL FEE will not increase by more than 10% per year.
4. **PERIMETER PLUS:** Perimeter plus is a system that will ONLY address exterior entry points and interior infestations at the time of initial treatment. There will be interior entry points that will not be treated on the initial treatment. These areas may provide additional entry points for subterranean termites causing future infestation. If re-infestation is discovered to the covered premise, then Varsity Termite and Pest Control will perform any further treatment it finds necessary, free of charge, for the initial and renewal term of this agreement.
5. **DAMAGE:** THIS IS NOT A WOOD DESTROYING ORGANISM DAMAGE REPAIR CONTRACT. VARSITY TERMITE AND PEST CONTROL DOES NOT ACCEPT ANY LIABILITY FOR ANY WOOD DESTROYING ORGANISM DAMAGE REPAIR.
6. **CONDITIONS CONDUCIVE TO INFESTATION:** Varsity Termite and Pest Control is not responsible for no-cost retreatment where conditions conducive to infestation exist. Conditions conducive to infestation include: direct earth to wood contact, roof leaks, excessive moisture conditions water leakage in treated areas, stucco frame below grade, excessive stucco over-pour, plumbing leaks, inadequate or improper ventilation, structural or mechanical problems, or excessive cellulose debris, that exists in, over, under, or adjacent to the structure(s) treated. Not all conditions conducive to infestation may be visible at the time of initial or subsequent inspections. At any time, Varsity Termite and Pest Control may request the BUYER to correct conditions conducive to infestation that are known to exist, or discovered at a later date, that could adversely affect treatment. Buyer is responsible for making timely repairs or corrections of any identified conditions as requested by Varsity Termite and Pest Control. Upon completion of corrections by the BUYER, Varsity Termite and Pest Control may provide additional treatment as needed to the affected areas. BUYER's failure to make timely correction when requested will enable Varsity Termite and Pest Control, at its sole discretion, to cancel this AGREEMENT, subject to only five (5) calendar days prior written notification by Varsity Termite and Pest Control.
7. **WATER LEAKAGE:** Water leakage in treated areas, or through the roof or exterior walls of the structure(s) may destroy the effectiveness of Varsity Termite and Pest Control's treatment and create conditions conducive to new or continued infestation. BUYER is responsible for making timely repairs or replacements as are necessary to stop any such water leakage or prevent excessive moisture conditions. If a water leakage occurs after the initial treatment, and upon completion of repairs by the BUYER, Varsity Termite and Pest Control may provide additional treatment as needed to the affected area at additional expense to the BUYER. BUYER's failure to make timely correction when requested will enable Varsity Termite and Pest Control, at its sole discretion, to cancel this AGREEMENT, subject to only five (5) calendar days prior written notification by Varsity Termite and Pest Control.
8. **ADDITIONS, ALTERATIONS:** If during the guarantee period the BUYER takes any actions which affect the treated structure(s) by creating new insect hazards or interference with the chemical protective barrier (including, but not limited to: additions, alterations, structural modifications, soil removal from or soil addition to the base of the foundation, Varsity Termite and Pest Control may terminate this AGREEMENT unless Varsity Termite and Pest Control received prior written notification of the alteration by the BUYER, re-inspects, and contracts additional treatment as needed and/or adjust the guarantee renewal fee.
9. **ACCESS:** Varsity Termite and Pest Control's liability under any guarantee shall terminate if access to the premises, structure(s) or any part of the structure is refused to Varsity Termite and Pest Control's representatives or inspectors for the purpose of inspections, and/or the performance of the terms and conditions of this AGREEMENT. This includes access to and permission to treat, if needed, through floor and/or wall covering that cannot be readily removed (tile, linoleum, wall paper, etc.). If Varsity Termite and Pest Control must have access to treat through such covering, BUYER acknowledges Varsity Termite and Pest Control must have access to treat through such covering. BUYER acknowledges Varsity Termite and Pest Control only responsibility will be to patch the treatment holes and Varsity Termite and Pest Control will not be responsible for the repair or replacement of the affected coverings.
10. **ASSIGNABILITY:** This AGREEMENT may be transferred to a new owner of the premises, provided that a full copy of this agreement, and any attached Graphs, Specifications and Checklists are given by the BUYER to the subsequent owner at the time of property transfer, and the new owner accepts all terms and conditions of the AGREEMENT, and advise Varsity Termite and Pest Control in writing of their name, billing address, and phone number, within ten (10) days of the property transfer.
11. Either party, with or without cause, may terminate this AGREEMENT at the end of any one-year term, subject to only five (5) calendar days written notice.
12. **ARBITRATION:** The BUYER and Varsity Termite and Pest Control, agree that any controversy or claim between them arising out of the interpretation, performance, or breach of any provision of this agreement shall be settled exclusively in arbitration. This AGREEMENT is subject to arbitration pursuant to the Uniform Arbitration Act of the American Arbitration Association. The arbitration award may be entered in any court having jurisdiction. In no event shall either for indirect, special or consequential.