



**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 19 July 2016
1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIR # Mw072016T1157
1C. <input checked="" type="checkbox"/> SALE <input type="checkbox"/> REFINANCE <input type="checkbox"/> OTHER	1E. TARF # 9235146904390000

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 MULE MOUNTAIN PEST CONTROL		5A. NAME OF PROPERTY OWNER/SELLER Styczkowski Estate	
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) 4032 S. SANTA LUCIA AVE. SIERRA VISTA, AZ 85650		5B. PROPERTY ADDRESS (Street, City, ZIP) 4165 Highway 82 Elgin, AZ 85611	
3C. TELEPHONE NUMBER (Include Area Code) 520-234-3435	4. BUSINESS LICENSE # 9235	6A. INSPECTED STRUCTURES HOME, METAL STRUCTURE, & SHEDS	
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.)
BEHIND APPLIANCES

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: _____
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.): _____

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.)

THIS IS NOT A GUARANTEE

(Number of additional attachments to this report.) 5 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 131009	12C. DATE 07/19/16
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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
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PROPERTY NAME/ADDRESS 4165 Highway 82, Elgin, AZ 85611	DATE OF INSPECTION 19 July 2016
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AT THE TIME OF THE INSPECTION THE PROPERTY WAS: Vacant Occupied Unfurnished Furnished

CONDITIONS CONDUCTIVE TO INFESTATION

15. WOOD TO EARTH CONTACT (EC) YES NO *(If YES, check mark and explain conditions conducive)*

<input type="checkbox"/> Fence Abutting Structure	<input type="checkbox"/> Pier Posts	<input type="checkbox"/> Plants/Trees Contacting Structure
<input type="checkbox"/> Concrete Form Boards	<input type="checkbox"/> Porch Stairs	<input type="checkbox"/> Other _____
<input type="checkbox"/> Porch Post	<input type="checkbox"/> Trellis	

Comments:

16. EXCESSIVE CELLULOSE DEBRIS (CD) YES NO *(If YES, check mark and explain conditions conducive)*

Comments:

17. FAULTY GRADES (FG) YES NO *(If YES, check mark and explain conditions conducive)*

<input type="checkbox"/> Evidence of surface water draining toward house	<input type="checkbox"/> Stucco at or below grade
<input type="checkbox"/> Floor level or planters at or below grade	<input type="checkbox"/> Joists in crawl space less than 18" above grade
<input type="checkbox"/> Wood siding below grade	<input type="checkbox"/> Other _____

Comments:

18. EXCESSIVE MOISTURE (EM) YES NO *(If YES, check mark and explain conditions conducive)*

<input type="checkbox"/> Standing Water	<input type="checkbox"/> Water Damage	<input type="checkbox"/> Bath/Shower/Toilet Leaking	<input type="checkbox"/> Inadequate Ventilation
<input type="checkbox"/> Sprinklers Hitting Structure	<input type="checkbox"/> Water Stain	<input type="checkbox"/> Plumbing Leaks	<input type="checkbox"/> Other _____
<input type="checkbox"/> Crawl Space/Water Leaking	<input type="checkbox"/> Improper Condensate Drainage	<input type="checkbox"/> Attic/Roof Leak	

Comments:

19. INACCESSIBLE AREAS (IA) YES NO *(If YES, check mark and explain)*

<input type="checkbox"/> Attic - All	<input checked="" type="checkbox"/> Floors	<input type="checkbox"/> Sub/Crawl Space Area -- Clearance
<input type="checkbox"/> Attic - Joists	<input checked="" type="checkbox"/> Wall Interiors	<input type="checkbox"/> Sub Area/Crawl Space No Access
<input type="checkbox"/> Attic - Partial	<input type="checkbox"/> Enclosed Stairwell	<input type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles
<input checked="" type="checkbox"/> Plumbing Traps	<input type="checkbox"/> Dropped Ceilings	<input type="checkbox"/> Other _____

Comments:

20. EVIDENCE OF PREVIOUS TREATMENT

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.

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

From a pest control standpoint this home is in outstanding condition.

PROPERTY NAME/ADDRESS
4165 Highway 82, Elgin, AZ 85611

DATE OF INSPECTION
19 July 2016

GRAPH OF STRUCTURE(S)

(Note: Graph Not To Scale)

Mw190716T1157
B - NA
BA - Angela Styczykowski
PTA - A - Carol Paolo

E

W

S

N

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	Plants Abutting Structure		SP	Sprinkler Hitting Structure		FI	Further Inspection Needed
(*) Other Wood Destroying Insects											

Mw190716T1157
S – Styczykowski Estate
4165 Highway 82
Elgin, AZ 85611
B – NA
BA – Angela Styczykowski
PTA – A – Carol Paolo

1. Front of home facing West.



2. Front of home facing West.



Mw190716T1157
S – Styczykowski Estate
4165 Highway 82
Elgin, AZ 85611
B – NA
BA – Angela Styczykowski
PTA – A – Carol Paolo

3. Rear of home facing East.



4. Sheds facing West, South of the home.



Mw190716T1157
S – Styczykowski Estate
4165 Highway 82
Elgin, AZ 85611
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BA – Angela Styczykowski
PTA – A – Carol Paolo

5. Metal structure facing South, North of home.



6. Metal structure facing West, North of home.





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Authenticated as **ERNEST EUGENE GARCIA**

Company Name : **MULE MOUNTAIN PEST CONTROL**

New TARF Save

TARF Number 92351469043900000 Saved!

Business License Info: **9235 ()**

Office\Branch Number: **0**

Report Number: **92351469043900000**

Action Date: **07/19/2016**

Qualifying Party License info: **30785 ()**

Applicator License info: **131009 ()**

Property Type: **House**

Property Address: **4165 HIGHWAY 82
ELGIN, AZ 85611**

WOOD INFESTATION REPORT

- No Visible Infestation Present
- Evidence of Infestation
- Treatment Performed
- Conditions Conduive
- Conditions Conduive Corrected
- Damage Present
- Damage Present Corrected
- Other

Remarks /Comments **None**

Next

Print TARF

Mule Mountain Pest Control

4032 S Santa Lucia
Sierra Vista, AZ 85650
(520)234-3435
mmpc2013@cox.net
www.mmpc-az.com



BILL TO

Angela & Bill Styczykowski
4165 HWY 82
Elgin, AZ

INVOICE # mw0720_161109

DATE 07/20/2016

DUE DATE 07/20/2016

TERMS Due on receipt

APPLICATION METHOD

N/A

INSPECTION/TREATMENT

Inspection

TARGET PEST

Termite

ACTIVITY	DATE	QTY	RATE	AMOUNT
Pest Control:Termites:Termites WDIIR Inspection Inspected structure(s) for wood destroying insect inspection report for sale, refinance, or appraisal of home. The inspection covered all accessible areas. Special attention was given to those areas which experience has shown to be particularly susceptible to attack. Non-destructive probing and/or sounding was performed. The inspection did not include obstructed or inaccessible areas.	07/19/2016	1	75.00	75.00
Property Location Angela & Bill Styczykowski 4165 HWY 82 Elgin, AZ	07/20/2016	1	0.00	0.00
Applicator Mike Mike Whiteley, Lic. # 131009	07/20/2016	1	0.00	0.00

PAID

Warning: Pesticides can be harmful. Keep children and pets away from pesticide application until dry, dissipated, or aerated. For more information contact Ernie Garcia, owner, at 520-378-3522 Business License # 9235.

PAYMENT	75.00
BALANCE DUE	\$0.00

PLEASE SEND YOUR PAYMENT TO:

MMPC (Cochise Co.)	MMPC (Maricopa Co.)
4032 S. Santa Lucia Ave.	44221 W. Palmen Dr.
Sierra Vista, AZ 85650	Maricopa, AZ 85138