

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Rocket Pest Control License No. SP-11536
 Address 113 Commercial Boulevard D, Augusta, GA 30907
 Telephone No. 888-737-8001 Date of Issuance 03/31/2025
 Seller _____ Inspector Chris Correla
 File No. 456505 Purchaser(s) _____

SCOPE OF INSPECTION

An inspection of the below listed structure(s) was performed by a qualified inspector employed by this firm to determine the presence or previous presence of an infestation of the listed organisms and is not intended to be a structural report. Neither is this a warranty as to absence of wood destroying organisms. **This report is subject to all conditions enumerated on the reverse side and is issued without warranty or guarantee except as provided in Rule 620-6-.03 of the Rules of the Georgia Structural Pest Control Act or subject to any treatment guarantee specified below.**

Main Structure Single Residency
 Other Structure(s) N/A
 Address of Structure(s) 2767 Huntcliffe Drive, Lot 207 / Willhaven, Augusta, GA 30909

FINDINGS

Inspection Reveals Visible Evidence of:	Active Infestation		Previous Infestation	
	YES	NO	YES	NO
Subterranean Termites	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Powder Post Beetles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood Boring Beetles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dry Wood Termites	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood Decaying Fungus (Not Molds and Mildews)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Were any areas of the structure obstructed or inaccessible? YES NO

If yes, list these areas (see Item 3 on reverse side of form)

Finished walls, ceilings, floors, Plumbing, installations, Siding,

The following conditions conducive to infestation for wood destroying organisms were found at the time of inspection. The location of these conditions conducive to infestation are indicated on the attached diagram:

Remarks/Additional Findings:

No visible termite activity or damage.

NOTE: If visible evidence of active or previous infestation is reported it should be assumed that some degree of damage is present and a diagram identifying the structure(s) inspected and showing the location of such evidence must be attached to this form. Evaluation of damage and any corrective action should be performed by a qualified inspector in the building trade approved by the purchaser and lending agency.

TREATMENT

The above described structure(s) was treated by this company as follows:

Organism	Treatment Date	Contract Expiration	Type Treatment (Chemical Barrier, Bait, Wood Treatment)
Subterranean Termites	<u>01/27/2025</u>	<u>01/27/2026</u>	<u>Termite Bait Station System</u>
Powder Post Beetles	_____	_____	_____
Wood Boring Beetles	_____	_____	_____
Dry Wood Termites	_____	_____	_____
Wood Decaying Fungus	_____	_____	_____

The present treatment warranty(ies) is:

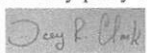
- Transferable to any subsequent owner of the property upon payment of a fee on or before the expiration date.
- Not transferable to any subsequent owner of the property.
- The above structure(s) are not covered by a treatment contract with this company.

This structure has a current Official Waiver Form issued by this Company YES NO

If Yes, a copy must be attached as part of this report.

CERTIFICATION

This is to certify that neither I, nor the company has had or contemplates having any interest in the property involved, nor is acting in any association with any party to the transaction.


 Signature of Designated Certified Operator

 Signature of Purchaser or Legal Representative Acknowledging Receipt of Report

Copies to: Purchaser Mortgagee Realtor Seller

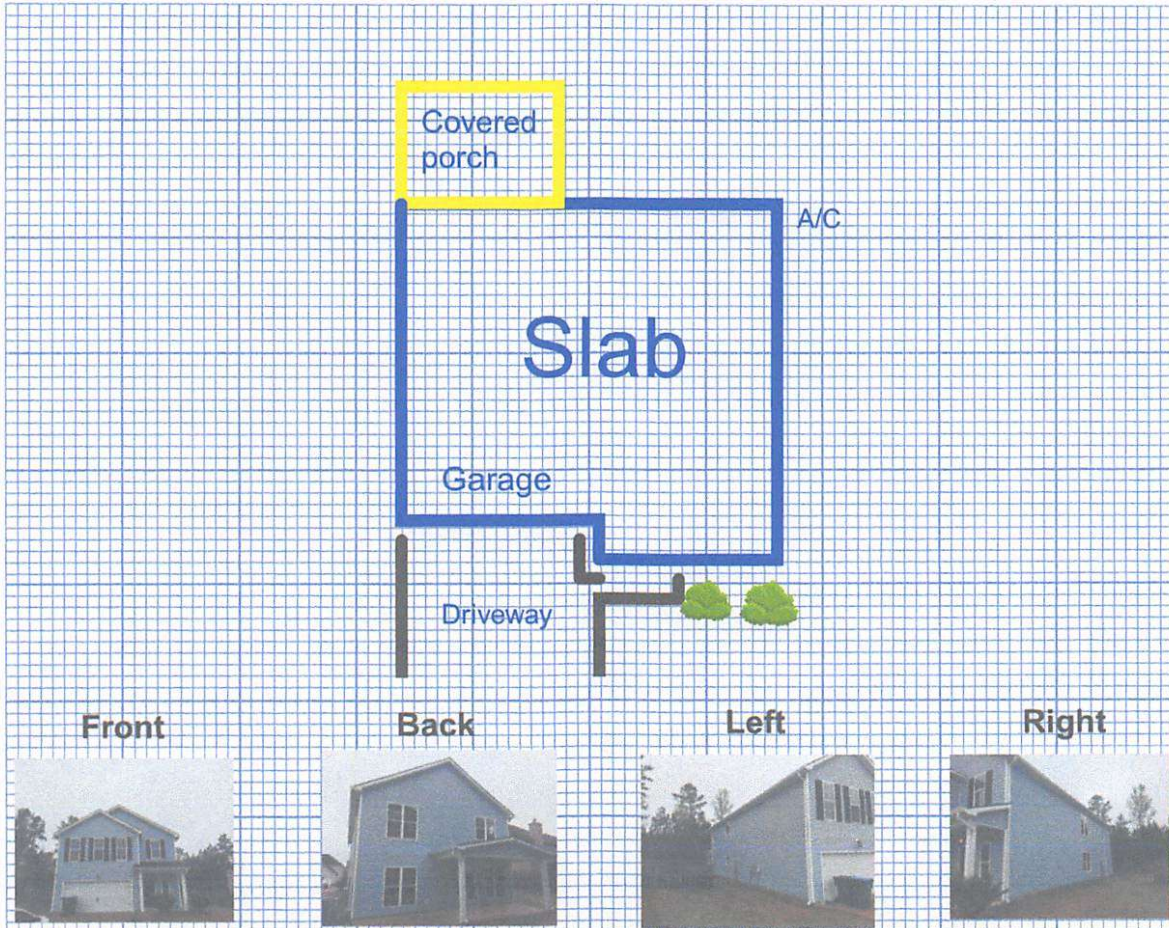
CONDITIONS GOVERNING THIS REPORT

1. This report is limited to the five organisms listed.
2. This report covers only those structures listed on the front.
3. Inspection, including sounding and/or probing, was performed in only those areas which were readily accessible. Inaccessible areas not inspected include, but are not limited to areas obstructed by, floor coverings, wall coverings, siding, fixed ceilings, insulation, furniture, appliances or other personal items. The inspection also included a check of company records to determine if the structure has been treated and/or under renewal contract with the company within the past two years for any of the covered organisms. A copy of any current Official Waiver or Exception Form II form for this structure must be included as part of this report.
4. Reporting of Wood Destroying Fungi on this report is intended to cover only white rot, brown rot or water conducting fungi infestations which occur below the first floor level. This report does not cover the reporting of molds and mildews. Structural Pest Control companies are not responsible for inspecting for molds.
5. The term Wood Boring Beetles as used on the reverse side means only those beetles which are known to establish and maintain a continuing infestation in structures, such as, but not limited to the Old House Borer.
6. Regardless of whether any visible evidence of infestation by any of the listed Wood Destroying Organisms is found during inspection, if an infestation of one or more of these organisms from which apparent freedom was certified is found within 90 days of issuance of this report the property shall receive, free of charge, a minimum adequate treatment for control of the infestation consistent with Rules 620-6-.03 (1) (a), (b), (c) and (d), of the Georgia Structural Pest Control Act.
7. This is not a structural report. A wood destroying organism inspector is not ordinarily a construction or building trade expert and is therefore not expected to assess structural soundness. Evaluation and correction of damage which may have resulted from an active or previous infestation should be performed by a qualified inspector in the building trade, who is approved by the purchaser and the lending agency.
8. This report implies no responsibility on the part of the Georgia Department of Agriculture or the Georgia Structural Pest Control Commission to enforce or require anything other than treatment or retreatment to the minimum adequate treatment requirements specified in Rule 620-6-.04.
9. Conditions conducive to Infestation means conditions that exist in a structure that favor the development of wood destroying organisms. These are limited to: cellulosic material underneath a building and wood in contact with the soil which has not been treated with preservatives to a minimum preservative retention designed for ground contact and ventilation of the under-floor space between the bottom of the floor joist and the earth that does not meet the requirements of the International Residential Building Code for one and two family dwellings, the latest edition as adopted and amended by the Georgia Department of Community Affairs. Any condition conducive to infestation as defined above, that is known to have existed at the time of inspection and was not reported and is found within 90 days of the issuance date of this report shall be corrected free of charge by the licensee.

The format of this report conforms to the Rules of the
GEORGIA STRUCTURAL PEST CONTROL
COMMISSION. Chapter 620-6-.03, as amended.
Printed and distributed, to provide a central source of
supply, as a service to the industry by GEORGIA
PEST CONTROL ASSOCIATION.
2034 Beaver Ruin Road
Norcross, Georgia 30071, 770/417-1881



CUSTOMER NAME Ciara King PHONE 9194127304 E-MAIL Ciara.king@yahoo.com
 SERVICE ADDRESS 2767 Huntcliffe Dr CITY Augusta STATE GA
 CUBIC FT: _____ LINEAR FT: _____ SQ FT: _____ CRAWSPACE SQ FT: _____ YEAR BUILT: _____ SCALE: PestPac
 DEPTH OF FOOTER: _____ INSPECTED BY: Chris Correia INSPECTION DATE: 3/31/2025



- KEY TO EVIDENCE OF:
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> SUBTERRANEAN TERMITES = X | <input type="checkbox"/> POWDER POST BEETLES = PPB | <input type="checkbox"/> CARPENTER ANTS = CA | <input type="checkbox"/> INACCESSIBLE AREAS = IA |
| <input type="checkbox"/> DRYWOOD TERMITES = K | <input type="checkbox"/> WOOD BORING BEETLES = WB | <input type="checkbox"/> CELLULOSE DEBRIS = CD | |
| <input type="checkbox"/> DAMPWOOD TERMITES = Z | <input type="checkbox"/> FUNGUS = F | <input type="checkbox"/> EXCESSIVE MOISTURE = EM | |
| <input type="checkbox"/> EXISTING DAMAGE = ⊗ | <input type="checkbox"/> WELL/CISTERN = W/C | <input type="checkbox"/> FAULTY GRADE = FG | |
| <input type="checkbox"/> FORMOSAN TERMITES = C | <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE=PHD | <input type="checkbox"/> EARTH-WOOD CONTACT = EC | |

- Circled Symbol Represents Damage From This Pest (Example ⊗ PHD, etc.)
- TYPE OF CONSTRUCTION: CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
- TYPE OF FOUNDATION: HOLLOW BLOCK SINGLE BRICK DOUBLE BRICK STONE PIER/BEAM CONCRETE OTHER _____
- Property has
- | | | |
|--|--|---|
| 1. Well..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6. Plenum A/C Heat System..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11. Wood Post or Partition Embedded in Concrete.. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Cistern..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 7. Radiant Heat..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 12. Inaccessible Crawl Space..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Sump Pump..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 8. Visible Pond, Lake, Stream or Waterway. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 13. Wood Debris in Crawl Space..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. French Drain..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 9. Wood-Earth Contact..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 14. Inadequate Ventilation in Crawl Space <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. A/C Heat Ducts in or Below Slab.... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 10. Siding Less than 6" from Grade. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 15. Electricity Available..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

INSPECTOR'S STATEMENT OF VISIBLE DAMAGE: _____ No visible termite activity or damage

INSPECTOR SIGNATURE: Chris Correia DATE: 03/31/2025

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE ACTIVITY OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY. I ALSO AFFIRM THAT I UNDERSTAND THAT BUG OUT IS NOT LIABLE FOR HIDDEN DAMAGE WHICH IS CONCEALED, OBSTRUCTED OR INACCESSIBLE OF THE INSPECTOR.

HOMEOWNER SIGNATURE: _____ DATE: _____

SERVICE TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE: _____

SERVICE TECHNICIAN SIGNATURE: _____ DATE: _____

HOMEOWNER SIGNATURE ON REVISED COPY: _____ DATE: _____

Scope of Inspection

An inspection of this structure or structures was performed by a qualified inspector employed by this Company to determine the presence or previous presence of an infestation of the listed organisms and is not intended to be a structural report. Neither is this a warranty as to the absence of wood destroying organisms and is governed by the conditions enumerated below.

1. If visible evidence of active or previous infestation is reported, it should be assumed that some degree of damage may be present and this diagram identifies the structure(s) inspected and showing the location of such evidence. It is possible that damage may (as the date of this report) exist in unexposed areas of the structure or in areas which are inaccessible to visual inspection.
2. Evaluation of damage or possible damage that is indicated on the reverse side should be performed by a qualified inspector in the building trade.
3. This report is for, but not limited to, those organisms for which treatment has been performed by this Company, or if this report is used for the transfer of real property, by the official Florida Wood-Destroying Organisms Inspection Report as amended.
4. This report covers only those structure(s) listed on the reverse side, and is not intended to cover such items as fencing, planters, trellises, or landscape timbers, etc. Any outbuilding must have a separate graph and report.
5. Inspection, including sounding and/or probing, was performed in only those areas which were readily accessible. Inaccessible areas not inspected include, but are not limited to, areas obstructed by floor covering, wall covering, stucco exterior or foundation, insulation, siding, fixed ceiling, insulation, furniture, appliance or other personal items.
6. Reports of wood destroying fungi on this report is intended to cover only infestation which occur below the first floor level and which result from moisture conditions, which can be corrected through application of a moisture barrier and/or increased ventilation, and does not cover conditions resulting from roof or plumbing leaks, or improper drainage or surfaces water, EIFs (stucco) or exterior insulation finishing systems (RBI).
7. The term wood boring beetles as used on the reverse side means only those beetles which are known to establish and maintain a continuing infestation in structures, such as but not limited to, the old house borer and powder post beetles.
8. This is not a structural or damage report. A wood destroying organism inspector is not ordinarily a construction or building trade expert and is therefore not expected to assess structural soundness. Evaluation and correction of possible damage which may have resulted from an active or previous infestation should be performed by a qualified inspector in the building trade.
9. If the property described on the reverse side of this report is currently under a treatment warranty, additional restrictions may apply. Refer to customer service agreement for additional restrictions or limitations of these warranties.
10. Conditions Conducive to Infestation means conditions that exist in a structure that favor the development of wood destroying organisms. These are limited to cellulosic material underneath a building, wood in contact with the soil which has not been treated with preservatives to a minimum preservation retention rate of .40 pounds per cubic foot for ground contact and ventilation that does not meet the state requirements.

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 02/29/2012)

This form is completed by the licensed Pest Control Company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control company and builder, unless stated otherwise.

Section 1: General Information (Pest Control Company Information)

Company Name: Rocket Pest Control
Company Address: 1130 Commercial Blvd City: MARTINEZ State: GA Zip: 30907
Company Business License No. 99397 Company Phone No. 706 863 5957
FHAVA Case No. (if any) _____

Section 2: Builder Information

Company Name _____ Phone No. _____

Section 3: Property Information

Location of Structure (s) Treated (Street Address or Legal Description, City, State and Zip) 2767 Hurdcliffe DR. Augusta Ga 30909

Section 4: Service Information

Date(s) of Service(s) _____

Type of Construction (More than one box may be checked) Slab Basement Crawl Other _____

Check all that apply:

- A. Soil Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____ Treatment completed on exterior: Yes No
- B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____
- C. Bait system Installed
Name of System SENTRIGON EPA Registration No. 62719-608 Number of Stations installed 11
- D. Physical Barrier System Installed
Name of System _____ Attach installation information (required)

Service Agreement Available? Yes No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments _____

Name of Applicator(s) Icey Clark Certification No. (if required by State law) SP11536

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature Sey Park Date 3/31/2025

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)