

# Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

<b>Section I. General Information</b> Inspection Company, Address & Phone  <b>MidAtlantic Pest Services</b> P.O. Box 7070, Newark, DE 19714 • 302-368-9111 License # DE 1491 MD 29963	Company's Business Lic. No.: <b>B48813</b>	Date of Inspection: <b>2-20-15</b>
	Address of Property Inspected: <b>19 Ridgefield Rd Newtown Square Pa 19073</b>	
Inspector or Authorized Signature - Print Inspector's Name - Certification/Credentialing # if applicable. <b>Dale Wisser PA 902964</b>		Structure(s) Inspected: <b>Single House</b>

**Section II. Inspection Findings** This report is indicative of the condition of the above inspected 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: (See attached diagram)
  - 1. Live insects (description and location): \_\_\_\_\_
  - 2. Dead insects, parts, frass, shelter tubes, exit holes, or staining (description and location) **old inactive termite mud tube stains on foundation wall & sill plate in rear crawl space**
  - 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. Maryland regulations require the inspector indicate, if known, whether the damage indicated by this report has, or will be, corrected or further evaluated. Unless disclosed in Section V. below, the inspector does not know the disposition of the listed damage

Yes  No, it appears that the structure(s) or a portion thereof may have been previously treated. Evidence of possible previous treatment:

**Quill marks outside of crawl space**

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/Treatment**

No treatment recommended: (Explain if Box B in Section II is checked) **Quill marks outside of crawl space**

Recommend treatment for the control of: \_\_\_\_\_

Proper control measures were performed by this inspection company for insect evidence listed in Section II. B., above.

<b>Section IV. Obstructions and Inaccessible Areas</b> The following areas of the structure(s) inspected were obstructed or inaccessible: <input checked="" type="checkbox"/> Basement <b>partial finished basement 4-6-7-8-24</b> <input checked="" type="checkbox"/> Crawlspace <b>7-24</b> <input checked="" type="checkbox"/> Main Level <b>1-3-4-6-7-8-9</b> <input checked="" type="checkbox"/> Attic <b>5-13</b> <input type="checkbox"/> Garage _____ <input checked="" type="checkbox"/> Exterior <b>17-20</b> <input type="checkbox"/> Porch _____ <input type="checkbox"/> Other _____	The inspector may write out obstructions or use the following 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 coverings 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
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**Section V. Additional Comments and Attachments (these are an integral part of this report)**

\_\_\_\_\_

\_\_\_\_\_

**Attachments:** **Termite Protection Plan & Graph**

<b>Signature of Seller(s) or Owner(s)</b> if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.  X Print name of Property Owner/Seller:	<b>Signature of Buyer.</b> The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.  X
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Seller

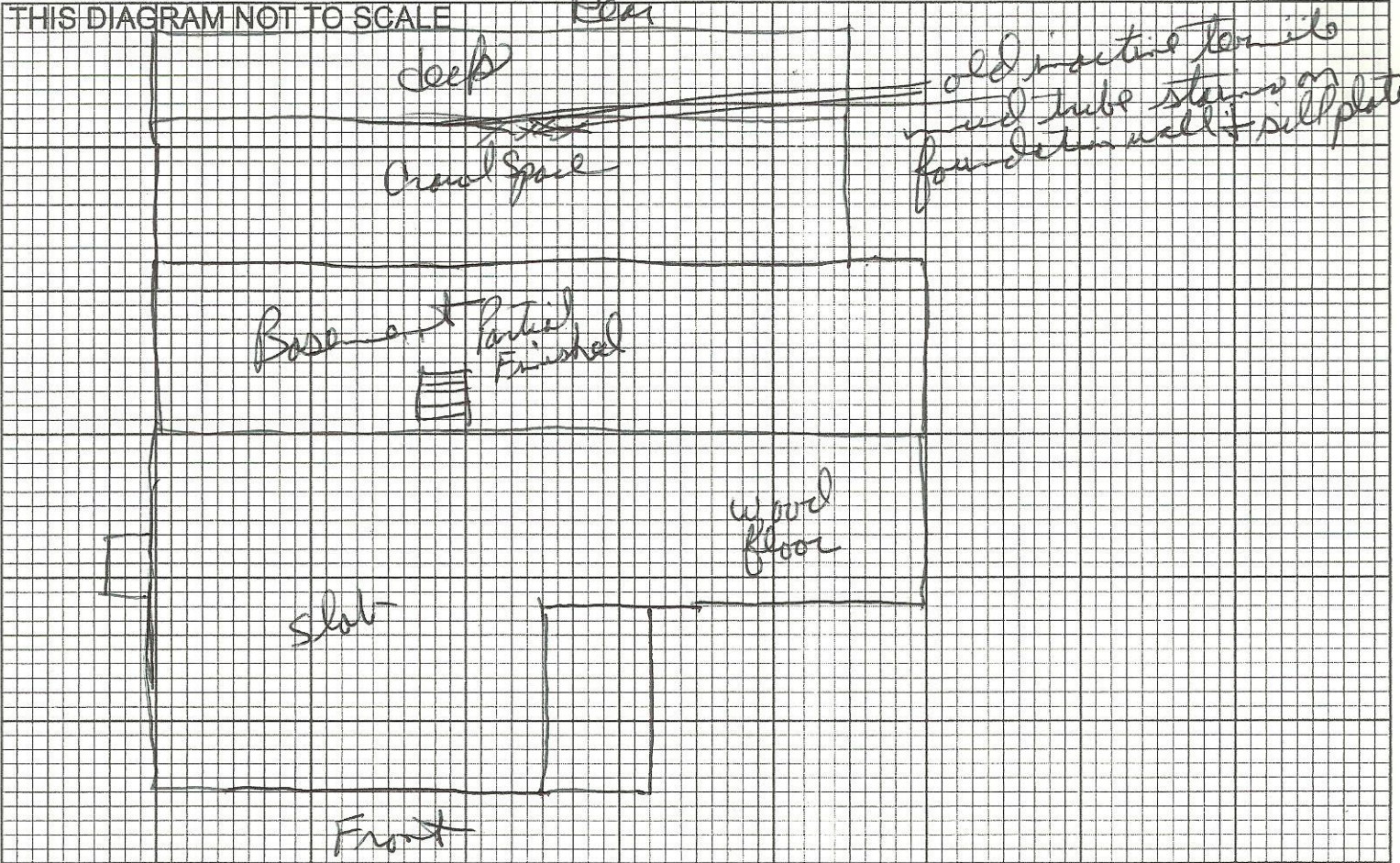
Mid Atlantic PEST Services  
P.O. Box 7070 • Newark, DE 19714  
P.O. Box 759 • Cecilton, MD 21913  
Toll Free: 1-855-MID-PEST

OWNER <i>Bob &amp; Joan Schmitt</i>	INSPECTOR <i>Dale Wisser</i>
TREATING ADDRESS <i>19 Ridgefield Rd.</i>	TARGET PEST
HOME PHONE NO. <i>Newtown Square Pa</i>	BUSINESS PHONE NO.
DATE <i>2-20-15</i>	<i>19703</i>

Inspection Graph

Ratio:

THIS DIAGRAM NOT TO SCALE



It is expressly understood that the damage noted on this graph may not be all that exists. Hidden damage may be present.

Diagram Key:

- |                                                    |                                               |
|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Subterranean Termites = X | <input type="checkbox"/> Create Access = CRE  |
| <input type="checkbox"/> Existing Damage = ⊗       | <input type="checkbox"/> One Way Door = OWD   |
| <input type="checkbox"/> Carpenter Ants = CA       | <input type="checkbox"/> Rodent Station = RS  |
| <input type="checkbox"/> Powder-Post Beetles = PPB | <input type="checkbox"/> Sealing Points = *** |
| <input type="checkbox"/> Old House Borers = OHB    | <input type="checkbox"/> Termite Station = TS |
| <input type="checkbox"/> Mildew/Fungus = M/F       | <input type="checkbox"/> Snakes = SN          |

Treatment Key:

- Vertical Drilling .....  
Trench and Rod Soil ~~~~~  
Horizontal Drilling →  
Broadcast Spraying //////////////

Water:

- Well Distance \_\_\_\_\_  
 Public  Cistern  
 Sump Pump  
 French Drain

Type of Construction:

- |                                             |                                          |
|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Crawl Space        | <input type="checkbox"/> Hollow Block    |
| <input type="checkbox"/> Basement           | <input type="checkbox"/> Rubble Walls    |
| <input type="checkbox"/> Support Piers      | <input type="checkbox"/> Poured Concrete |
| <input type="checkbox"/> Slab               | <input type="checkbox"/> E.I.F.S.        |
| <input type="checkbox"/> Wood Over Concrete |                                          |

Other Recommended Services We Provide:

- |                                          |                                                       |
|------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Pest Control    | <input type="checkbox"/> Power Washing                |
| <input type="checkbox"/> Chimney Capping | <input type="checkbox"/> Vapor Barrier For Crawlspace |
| <input type="checkbox"/> Gutter Cleaning |                                                       |

Customer Responsible For:

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Moving Items In | <input type="checkbox"/> Pulling Up Carpet |
| Garage _____ Main Level _____            | <input type="checkbox"/> Replacing Carpet  |

Special Instructions:

\_\_\_\_\_

*Dale Wisser*

Mid Atlantic Management Rep.

Customer/Agent





P.O. BOX 7070 NEWARK, DE. 19714  
302-368-9111 / 302-834-0331

TOLL FREE 855-MID-PEST

P.O. BOX 759 CECILTON, MD. 21913  
410-398-BUGS / 410-778-5657

**TERMITE PROTECTION PLAN (T.P.P.)**

*Seller*

Owner or Buyer <i>Bob + Joan Schmidt</i>	Date of Inspection <i>2-20-15</i>	Phone number <i>N/A</i>	Inspector <i>Rale Wisse</i>
Address <i>19 Ridgefield Rd</i>	Month / Year of Renewal <i>2-2016</i>		
City <i>Newtown Square, Pa</i>	State <i>Pa</i>	Zip <i>19073</i>	Premises <input checked="" type="checkbox"/>
Buyer <i>N/A</i>			

A qualified and experienced representative of MidAtlantic Pest Services has made a careful inspection at the above premises of all areas, which were visible and readily available for evidence of Subterranean Termites. The inspection was made solely to determine the presence or absence of Subterranean Termites or their damage. The inspection included only those areas which were readily visible and readily accessible and was made in areas where infestations were most likely to occur. No inspection was made in areas which required the breaking apart, dismantling, removal or movement of any object, including but not limited to, moldings, floor coverings, wall coverings, siding, ceilings, floors, furniture, appliance and/or personal possessions. **Hidden evidence or damage may exist.**

**THIS PROTECTION PLAN WILL NOT BE RENEWABLE IF YOU ALLOW IT TO EXPIRE.**

MidAtlantic Pest does, during the life of this contract, and as it may be extended, expressly offer the following:

1. If this warranty is purchased as a standalone policy and not given as part of a real estate transaction and new subterranean termite evidence is found, proper treatment will be rendered at no additional charge. If this policy is given as a part of a real estate transaction and new subterranean termite evidence is found, within the first five years, a discounted treatment will be rendered at the cost of \$395. If this occurs after five years, proper treatment will be rendered at no additional charge.
2. Should the ownership of the above premises change, all of the provisions of this contract will pass to the new owner, upon receipt of notice to MidAtlantic Pest Services.
3. This T.P.P. may be renewed annually and the rate adjusted. Either party may cancel this agreement with or without cause at the end of any year.
4. If owner fails or refuses to permit an annual inspection, this agreement will be null and void.
5. If there are any structural additions or alterations to the property mentioned above, the owner should immediately contact MidAtlantic Pest Services to treat the disturbed area or new addition. An additional fee may be required and the annual fee may be adjusted.
6. If offered through a real estate transaction, it is the responsibility of the buyer to contact MidAtlantic with the proper contact information.
7. This Termite Protection Plan applies only to the main structure unless otherwise bargained for.
8. If termite treatment is required, treatment method to be determined by MidAtlantic Pest Services and excludes fumigation.
9. This Termite Protection Plan excludes any liability for termite or wood destroying insect damage, replacement or repair past, present or future.

INSPECTION COMPLETED TODAY  YES  NO. OUTSIDE COMPLETED. PLEASE CALL TO SCHEDULE INTERIOR \_\_\_\_\_

PAYMENT IS NOW DUE. PLEASE REMIT \$ \_\_\_\_\_ FOR YOUR TERMITE PROTECTION PLAN WARRANTY.

WE NEED AN UPDATED PHONE NUMBER FOR OUR RECORDS.  YES  NO

FIRST YEAR COST IS \$ 0 (If offered as part of a real estate transaction and termites are found in the first five years, treatment cost will be discounted to \$395. If after five years, treatment will be rendered at no additional cost.)

ANNUAL RENEWAL COST IS \$ 95.00 WITHOUT PROTECTION PLAN, cost per treatment at present costs would be \$ 1600.00

See attachments: \_\_\_\_\_ NPMA-33 \_\_\_\_\_ GRAPH \_\_\_\_\_ MD-1

*First year termite warranty included with W.D.T. inspection*

I acknowledge I have read and understand this document and the inspection report if accompanied.  
*Rale Wisse*  
Authorized MidAtlantic Pest Services Representative

*Robert Schmidt*  
RETURN SIGNED COPY WITH PAYMENT AT SETTLEMENT



toll free 855-MID-PEST Po Box 7070 Newark, De. 19714

Seller Bobt Joan Schmidt DATE OF SERVICE 2-20-15
CUSTOMER ADDRESS 19 Ridgely Rd. Wauhan Square, PA 19073
STRUCTURE TYPE TREATED TIME IN / TIME OUT 12:10, 1:15

SERVICE PERFORMED PEST SERVICE TERMITE TREATMENT TERMITE ANNUAL INSPECTION
1X SERVICE RECALL WDIR MONTHLY SERVICE ANNUAL INSPECTION
TRAPPING EXCLUSION TERMITE PRETREAT

TARGET PEST(S) ANTS TERMITES ROACHES SPIDERS MOTHS SILVERFISH WASPS BEES TICKS CRICKETS
CARP ANTS MICE RATS ROACHES EARWIGS FLIES FLEAS BEDBUGS SNAKES STINKBUGS CLOVERMITES
BOXELDER BUGS WOODBORING BEETLES MILLIPEDES CENTIPEDES MOSQUITOES INDIAN MEAL MOTHS
FOOD INFESTING INSECTS CARPET BEETLES

PRODUCTS / AMOUNTS USED ARILON # 352-776 % 0.05 TERMIDOR SC # 7969-210 % .06 ADONIS # 87276-6 % .05
TEMPRID SC # 432-1483 % 0.075 BEDLAM # 1021-1767 % 2 ADVION ANT GEL # 352-746 % 0.05
ADVION ROACH GEL # 352-652 % 0.6 BIFENTHRIN # 279-3206-72113 % 0.05 TRI DIE DUST # 499-429 % 1.0
PHANTOM # 241-392 % 0.5 NIBAN GRANULAR # 64405-2 % 5 CONTRAC BLOX # 12455-79 % 0.005
CONTRAC PACKS MEAL # 12455-75 % 0.005 PRECOR # 2724-352 % 1.2 GENTROL # 2724-351 % 1.2
SPECTRACIDE WASP/HORNET # 9688-190-8845 % 0.35 MAX FORCE ROACH GEL # 64248-14 % .001
TALSTAR ONE # 279-3206 % 0.06 BEDLAM PLUS # 1021-2569 % 1.45 TERMIDOR 80 WG # 7969-209 % .06
ALTRISSET # 359-829 % 0.05 PROZAP STRIP # 5481-533-47000 % 19.0

AREAS TREATED KITCHEN BATHROOM BEDROOM BASEMENT CRAWL ATTIC
LIVING ROOM EXTERIOR DINING ROOM GARAGE LAUNDRY ROOM OTHER

EQUIPMENT USED B & G SPRAYER DUSTER AEROSOL BACKPACK RODENT STATION BAIT GUN
TANK SPRAYER GRANULAR SPREADER ANIMAL TRAP # INSULATION DEHUMIDIFIER

TYPE OF APPLICATION CRACK / CREVICE BROADCAST SPRAY ROD / TRENCH SUB SLAB INJECTION
PERIMETER SPRAY FOGGING SPOT TREATMENT

PAYMENTS / AUTHORIZATION / COMMENTS
AMT DUE TODAY \$ 90.10 TOTAL AMT DUE \$ 90.10 AMT PAID TODAY \$ 90.10 CASH PAID \$
CHECK # 1990 CHECK AMOUNT \$ 90.10 NAME ON CARD Thank you
CREDIT CARD # P.O. by check EXP DATE
CARD ADDRESS (IF DIFFERENT THAN SERVICE ADDRESS)
CUSTOMER SIGNATURE TECHNICIAN Dale Wisser

TECHNICIAN COMMENTS Termite/Wood Destroying insect inspection