

ACTION

TERMITE & PEST CONTROL

ARIZONA'S EXPERTS SINCE 1969



Locally Family Owned & Operated



Pests • Termites • Birds • Rodents • Bed Bugs • Home Sealing & More
RESIDENTIAL & COMMERCIAL



Business Lic. #8285

3120 W. Carefree Hwy., Ste. 1 #796
Phoenix, AZ 85086
602-899-2222

office@actiontermitecontrol.com • actiontermitecontrol.com

Location # _____

Inspection Date 11/09/2021

Location Address 31546 W Grant St, Buckeye , AZ 85326



Included in this report you will find the following:

Arizona Official State Termite Inspection Report (WDIIR)

No Findings 1 Year Warranty

If you have any questions, please let us know. We look forward to serving you!

Thank You

Inspector Name David Drown

License No. 210214

Arizona Department of Agriculture Pest Management Division WOOD DESTROYING INSECT INSPECTION REPORT agriculture.az.gov		1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 11/09/2021
		1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIIR # T20211109a
		1C. <input checked="" type="checkbox"/> SALE <input type="checkbox"/> REFINANCE <input type="checkbox"/> OTHER	1E. TARF #
NOTE: Pursuant to: A.R.S. § 3-3633 (A) This form must be completed only by a Certified Applicator.			
2. READ CAREFULLY PRIOR TO COMPLETING THIS PEST MANAGEMENT DIVISION (PMD) FORM 1. The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or by the pest control company. 2. 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. 3. 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. 4. 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. 5. 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. (<i>Proper control measures are those which are allowed by PMD Statute/Rule, or the label for the chemical used</i>). 6. 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.). 7. All supplemental reports shall be completed within (30) days of the date of the original report.			
3A. NAME OF INSPECTION COMPANY Action Termite Control		5A. NAME OF PROPERTY OWNER/SELLER Andy & Pam Kasera	
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) 1101 W. Melinda Lane, Building B, Phoenix, AZ, 85027		5B. PROPERTY ADDRESS (Street, City, ZIP) 31546 W Grant St, Buckeye, AZ, 85326	
3C. TELEPHONE NUMBER (Include Area Code) 623-780-3132	4. BUSINESS LICENSE # 8285	6A. INSPECTED STRUCTURES Mobile Home	
6B. LIST ALL UN-INSPECTED STRUCTURES None			
7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2.) See Item 19			
8. BASED ON THE INSPECTOR'S VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Section (11) before completing): <input type="checkbox"/> A. Visible evidence of wood-destroying insects was observed. Describe evidence observed: _____ Type of Wood-Destroying Insects observed: _____ <input checked="" type="checkbox"/> B. No visible evidence of infestation from wood-destroying insects was observed. <input type="checkbox"/> C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date): _____ <input type="checkbox"/> D. Visible damage due to _____ was observed in the following areas: _____ _____ <input type="checkbox"/> E. Visible evidence of previous treatment was observed. List evidence. (See also Item 20, page 2.): _____			
9. DAMAGE OBSERVED, IF ANY <input type="checkbox"/> A. Will be or has been corrected by this company. <input checked="" type="checkbox"/> B. Will not be corrected by this company. <input type="checkbox"/> 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 that 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 that 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 David Drown		12B. INSPECTOR'S LICENSE NUMBER 210214	12C. DATE 11/09/2021
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 Andy & Pam Kasera / 31546 W Grant St, Buckeye , AZ, 85326	DATE OF INSPECTION 11/09/2021
AT THE TIME OF THE INSPECTION THE PROPERTY WAS: <input checked="" type="checkbox"/> Vacant <input type="checkbox"/> Occupied <input checked="" type="checkbox"/> Unfurnished <input type="checkbox"/> Furnished	
<u>CONDITIONS CONDUCTIVE TO INFESTATION</u>	
15. <u>WOOD TO EARTH CONTACT (EC)</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Post </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 type="checkbox"/> Plants/Trees Contacting Structure <input type="checkbox"/> Other _____ </div> </div> Comments:	
16. <u>EXCESSIVE CELLULOSE DEBRIS (CD)</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> Comments:	
17. <u>FAULTY GRADES (FG)</u> <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;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Evidence of surface water draining toward house <input type="checkbox"/> Floor level or planters at or below grade <input checked="" type="checkbox"/> Wood siding below grade </div> <div style="width: 45%;"> <input type="checkbox"/> Stucco at or below grade <input type="checkbox"/> Joists in crawl space less than 24" above grade <input type="checkbox"/> Other _____ </div> </div> Comments: faulty grade where the ground slopes towards the structure at the back and right walls of the structure where the siding is in contact with the ground at the front of the structure.	
18. <u>EXCESSIVE MOISTURE (EM)</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Standing Water <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Crawl Space/Water Leaking </div> <div style="width: 30%;"> <input type="checkbox"/> Water Damage <input 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: 30%;"> <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Other _____ </div> </div> Comments:	
19. <u>INACCESSIBLE AREAS (IA)</u> <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;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Attic – All <input checked="" type="checkbox"/> Attic – Joists <input checked="" type="checkbox"/> Attic – Partial <input checked="" type="checkbox"/> Plumbing Traps <input type="checkbox"/> Other _____ </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Wall Interiors <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Dropped Ceilings </div> <div style="width: 30%;"> <input checked="" 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 </div> </div> Comments:	
20. <u>EVIDENCE OF PREVIOUS TREATMENT</u> <input 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	

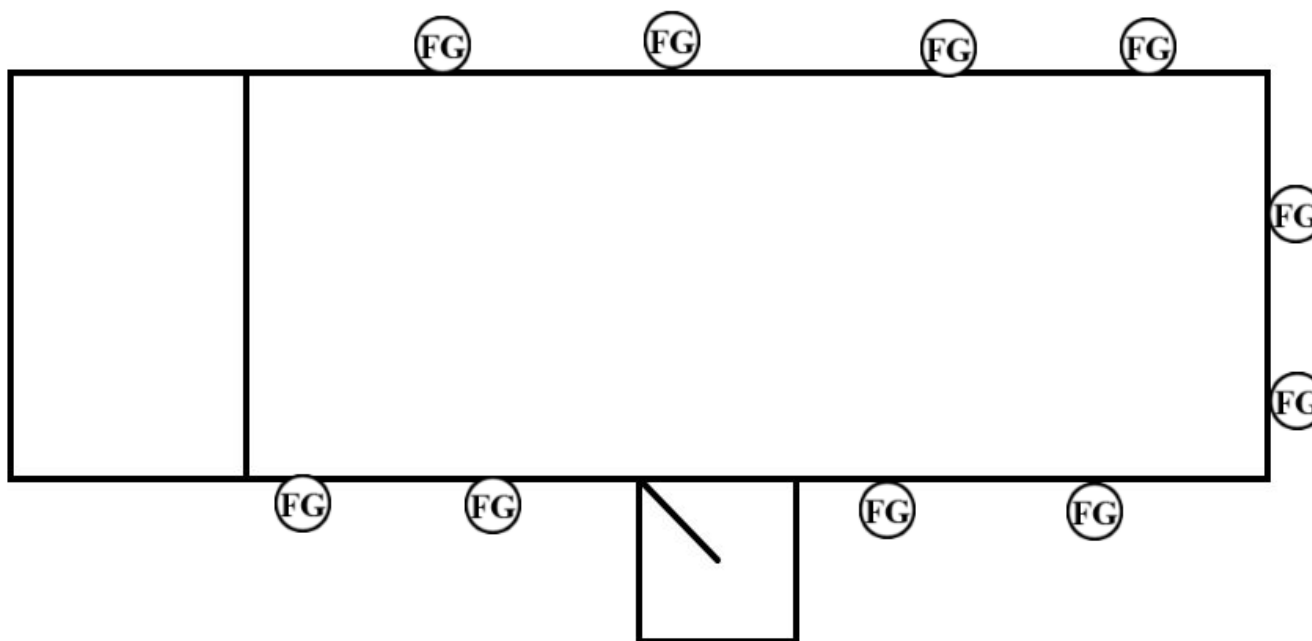
PROPERTY NAME/ADDRESS

Andy & Pam Kasera / 31546 W Grant St, Buckeye , AZ, 85326

DATE OF INSPECTION

11/09/2021

GRAPH OF STRUCTURE(S)

(Note: Graph Not To Scale)

This structure has IA, please see comments on page 2 box 19 of AZ WDIIR Form

PURSUANT TO: A.A.C. R3-8-501 (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 (*)	X		OB Obstructions			WD Water Damage	
	DR Drywood Termites	X		FG Faulty Grade	X		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



Issued To: Andy & Pam Kasera Date: 11/09/2021

Address: 31546 W Grant St, Buckeye, AZ 85326

Phone #: _____ Email: _____

1 YEAR TERMITE WARRANTY COVERAGE

For a period of 1 year from the date listed above, Action Termite & Pest Control warrants the above listed property in an event of infestation by subterranean termites. Action Termite & Pest Control will provide the necessary service and treatment for the control of the subterranean termites during the period of this warranty.

This warranty covers only subterranean termite infestations and no other wood destroying termite or insect infestation will be covered. This warranty is for necessary treatment only, any damage whether past present or future is not covered under this warranty.

The term of this agreement is for the period of 1 year but may be renewed by the customer yearly. This warranty is transferable with the sale of the property at no additional charge. Action Termite & Pest Control reserves the right to cancel this warranty at any time.

SPECIAL OFFER

\$49 1 Time Pest Control Service (\$95 Value)

Full interior & exterior pest control service for treatment of spiders, scorpions, crickets, ants and other common household insects. Offer limited within 60 days of date listed above.

623-780-3132