

Termite Treatment Information

The below information is in regard to termite treatment service at the property. Following this cover-page is:

- *Protection Termite Control* – Termite Inspection Report on October 25, 2018 / Subterranean termite tube discovered in guest house. No termite activity noted in the main house.
- *Protection Termite Control* – Treatment Proposal / note that the Seller contracted to have the guest house treated with “Option A” that includes a one-year warranty to treat and warrant the guest house. The Buyer can extend the termite treatment warranty coverage up to 5-years, at its option at closing.
- *Atomic Pest Control, LLC* - termite treatment receipt and two-year warranty for treatment performed on the guest house in 2015.



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Phone: 602-569-3111 Fax: 602-795-7413
<http://www.protectiontermitecontrol.com>
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License# 8362

Cover Page

Date : 10/25/2018

Customer Number: 4005

Work Order Number: 152403

35635 N Meander Way
Carefree, AZ 85377



Inspector Steve Brees

Inspection Date

10/25/2018

Thank you for choosing Protection Termite Control to perform your service.

In this document you will find:

Arizona Official State Termite Inspection Report (WDIIR)

Termite Treatment Proposal

If you have any questions, please contact our office at 602-569-3111.

Thank You,

Steve Brees / Lic #: 130428

Findings Information

Any findings that have been noted on a termite inspection report can cause closing issues. Loans such as VA, FHA, and Conventional loans are the most common and could prevent funding. It is recommended that all necessary parties in the transaction be clear on what will need to be fixed. Being proactive early on will ensure a smoother transaction. Within the termite industry, we are governed by the Pest Management Division (hereafter referred to as PMD), and per the PMD, we are required to mark according to what is found at the property, whether it be old or new.

Wood Destroying Insects: SU-Subterranean Termites, DR-Drywood Termites, BE- Beetles, CA-Carpenter Ants, DA-Damp Wood Termites, OW- Other Wood Destroying Insects. Should any evidence of any of these be found at time of the inspection, it will be marked as necessary. Evidence consists of: damage, markings, tubes, trails, stains, and/or frass. The PMD requires that box 8A be marked even if the observed evidence is deemed to be old or new.

Faulty Grade (FG): Should faulty grade be found at time of the inspection, it will be marked as necessary. Examples of this includes but is not limited to soil at/or above floor level, any sunken rooms, tubs and basements are noted as faulty grade, pool decks, patios, yard and abutting slab sloping toward structure, wood or stucco at or below grade, and raised planters against structure. Many of these are common building practices. The PMD requires that all faulty grade be marked even if the observed grade is deemed to be by builders' practice.

Earth to wood (EC) (PA): Examples of this includes but is not limited to trees touching structure, plants touching structure, fences, form boards, trellis/lattice, support posts and anything of this sort abutting structure, and any type of wood in soil. The PMD requires that all earth to wood be marked even if the observed areas are by design.

Excessive Moisture (EM): Per the rules and regulations that we are governed by, the EM box is to be marked if any visible evidence of excessive moisture is seen. Examples of this includes but is not limited to any plumbing leaks, any moisture on or around home, and any water stains on home deemed old or new. Common areas that are noted are but are not limited to, patio covers, roof eaves, under sinks, around water heaters, water softeners, ceilings, garage floors and any detached structures.

Inaccessible Areas (IA): These are areas that cannot be seen and/or inspected properly. The most common but not limited to is under and behind cabinets and appliances, under all floorings, under any rugs on floor, under and behind furniture, stored item, and all personal items, under and behind stored items in garage, storage and around home. Attics are often inaccessible because of slopes, insulation, clearance, duct work and stored items.



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

agriculture.az.gov

1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 10/25/2018
1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIIR # 152403
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

- 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 PMD 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 Protection Termite Control		5A. NAME OF PROPERTY OWNER/SELLER Sandford Burman
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) 7155 W. Campo Bello Dr. Suite #B160, Glendale, AZ, 85308		5B. PROPERTY ADDRESS (Street, City, ZIP) 35635 N Meander Way, Carefree, AZ, 85377
3C. TELEPHONE NUMBER (Include Area Code)	4. BUSINESS LICENSE # 8362	6A. INSPECTED STRUCTURES House and Guest House

6B. LIST ALL UN-INSPECTED STRUCTURES 3 locked closets, garage, basement and pantry

7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2.)
 Under & behind all flooring, wall & window coverings, inside walls, and behind bath & kitchen back splashes. Also see 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 tube - See Diagram/See Photos
 Type of Wood-Destroying Insects observed: Subterranean Termites
- 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 <input type="checkbox"/> A. Will be or has been corrected by this company. <input 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.) <u>Treatment only covers detached guest house not main house</u> (Number of additional attachments to this report.) _____ Page(s)
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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 	12B. INSPECTOR'S LICENSE NUMBER 130428	12C. DATE 10/25/2018
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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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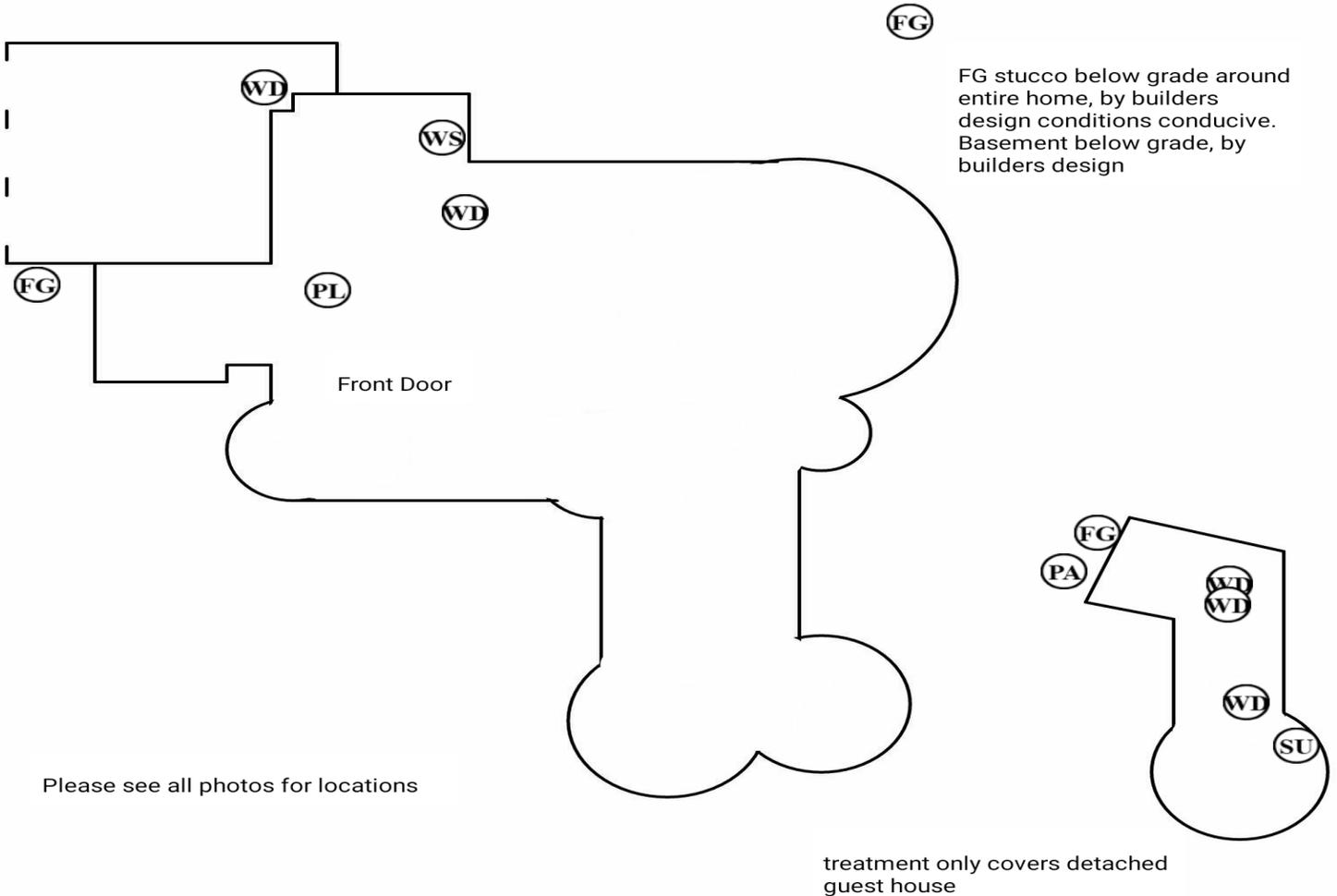
PROPERTY NAME/ADDRESS 35635 N Meander Way, Carefree, AZ, 85377	DATE OF INSPECTION 10/25/2018
AT THE TIME OF THE INSPECTION THE PROPERTY WAS: <input checked="" type="checkbox"/> Vacant <input type="checkbox"/> Occupied <input type="checkbox"/> Unfurnished <input checked="" type="checkbox"/> Furnished	
<u>CONDITIONS CONDUCTIVE TO INFESTATION</u>	
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> <input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Pier Posts <input checked="" 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: See diagram/See photos	
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> <input type="checkbox"/> Evidence of surface water draining toward house <input checked="" 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 24" above grade <input type="checkbox"/> Wood siding below grade <input checked="" type="checkbox"/> Other <u>Basement</u> Comments: Below grade by builder design, common construction practice	
18. EXCESSIVE MOISTURE (EM) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <input type="checkbox"/> Standing Water <input checked="" type="checkbox"/> Water Damage <input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Sprinklers Hitting Structure <input checked="" type="checkbox"/> Water Stain <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ <input type="checkbox"/> Crawl Space/Water Leaking <input checked="" type="checkbox"/> Improper Condensate Drainage <input type="checkbox"/> Attic/Roof Leak Comments: See Diagram/See Photos	
19. INACCESSIBLE AREAS (IA) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain)</i> <input checked="" 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 checked="" 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: ATTIC OBSTRUCTED - Flat roof; PLUMBING TRAPS - None; FLOORS - Floor Coverings; WALLS - Covered; AREAS OBSTRUCTED - Behind furniture items throughout home;	
20. EVIDENCE OF PREVIOUS TREATMENT <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 - Vacant Home: Home was vacant at time of inspection. Some areas on this property were inaccessible at the time of the inspection. This includes but is not limited inside walls, under floors, under and behind all cabinets, under and behind appliances, under insulation and in low areas inside attic. Under and behind any vegetation such as plants and trees around home. The client should be aware that if plants and trees are trimmed or any remodeling takes place that there could be hidden damage and/or problems.;	

PROPERTY NAME/ADDRESS
35635 N Meander Way, Carefree, AZ, 85377

DATE OF INSPECTION
10/25/2018

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



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Picture Page
Date : 10/25/2018
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FG planterbox front of garage



WD garage ceiling, tested dry at time of inspection



Cabinets along garage walls



FG planterbox front of detached guest house



PA plants abutting detached guest house



WD detached guest house bathroom ceiling, tested dry at time of inspection



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WD detached guest house wall bathroom area, tested dry at time of inspection



WD detached guest house wall bathroom area, tested dry at time of inspection



View of guest house



WD detached guest house wall



SU termite tube detached guest house wall



View of inside of home



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Picture Page
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View of inside of home



View of inside of home



PL improper condensation line drainage



View of inside of home



WS NE bedroom ceiling, tested dry at time of inspection



View of inside of home



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Picture Page
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WD NE guest bathroom ceiling, tested dry at time of inspection



View of inside of home



View of inside of home

Treatment Proposal



Protection Termite Control

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Protecting your investment for years to come

<p>Date: <u>10/25/2018</u></p> <p>Inspector: <u>Steve Brees</u></p> <p>Signature: <u></u></p> <p>Lic #: <u>130428</u> Report #: <u>152403</u></p> <p><u>Contact Role:</u></p> <p>Name: <u>Sandford Burman</u></p> <p>Address: <u>35635 N Meander Way</u></p> <p>City/State/Zip: <u>Carefree, AZ 85377</u></p> <p>Phone: _____</p> <p>Email: <u>scottsdaledesertinspections@gmail.com</u></p>	<p><u>Organisms to control</u> <u>Type of Treatment</u></p> <p>(Check all that apply)</p> <p><input checked="" type="checkbox"/> Subterranean Termites <input checked="" type="checkbox"/> Corrective</p> <p><input type="checkbox"/> Drywood Termites <input type="checkbox"/> Preventative</p> <p><input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Evidence of Previous Treatment</p> <p><input type="checkbox"/> Beetles</p> <p><input type="checkbox"/> Other</p> <p style="text-align: right;"><u>Effective Alt. Treatment</u></p> <p>Water: <input checked="" type="checkbox"/> On <input type="checkbox"/> Off</p> <p>Electricity: <input checked="" type="checkbox"/> On <input type="checkbox"/> Off</p>
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Please note : that all electricity and water must be on to treat structure.

Option A with DOMINION 2L
(See page 2 for details)

\$480.00 1 year warranty

\$535.00 2 year warranty

\$670.00 5 year warranty

Option B with Termidor SC
(See page 2 for details)

\$580.00 1 year warranty

\$635.00 2 year warranty

\$770.00 5 year warranty

* **Protection Termite will beat any competitor's written proposal by** *

10%

Please read information on all forms

Treatment Proposal



Protection Termite Control

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Protecting your investment for years to come

Name: **Sandford Burman** Address: **35635 N Meander Way** Date: **10/25/2018**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Remove floor covering | <input type="checkbox"/> Drill patios | <input type="checkbox"/> Treat detached _____ | <input type="checkbox"/> Flagstone |
| <input checked="" type="checkbox"/> Drill along expansion joints | <input type="checkbox"/> Drill garage | <input type="checkbox"/> Treat patio post | <input type="checkbox"/> Drill Tile |
| <input type="checkbox"/> Drill wood floor | <input type="checkbox"/> Use a long rod | <input type="checkbox"/> Drill foundation stem | <input type="checkbox"/> Sunken rooms |
| <input checked="" type="checkbox"/> Treat infestation | <input checked="" type="checkbox"/> Trench all soil | <input type="checkbox"/> Additions | <input type="checkbox"/> Misc. to be moved by _____ |
| <input type="checkbox"/> Foam plumbing | <input type="checkbox"/> Treat block | | |

Foundation Type	Structure	Outside Slabs	Conditions Conducive To Infestation
<input type="checkbox"/> Monolithic	Structures <u>1</u>	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood to earth contact
<input type="checkbox"/> Post Tension	Levels <u>1</u>	<input type="checkbox"/> Tile	<input type="checkbox"/> Debris under or around home
<input checked="" type="checkbox"/> Floating	Basement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Flagstone	<input type="checkbox"/> Faulty Grade
<input type="checkbox"/> Other _____	Under Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Carpet	<input type="checkbox"/> Moisture problems
		<input type="checkbox"/> Cool Deck	
		<input type="checkbox"/> Asphalt	
		<input type="checkbox"/> Pavers	

Recommendation from inspector: **Treatment only covers detached guest house**

Proposed Treatments

Option (A)	Option (B)	Other Treatment:
Termiticide: <u>DOMINION 2L</u> <input checked="" type="checkbox"/> Trench and rod treat soil <input checked="" type="checkbox"/> Drill areas of activity <input checked="" type="checkbox"/> Drill patios <input type="checkbox"/> Drill garage <input checked="" type="checkbox"/> Drill stem wall <input checked="" type="checkbox"/> Foam all activity <input type="checkbox"/> Treat sunken rooms by drilling or injection <input checked="" type="checkbox"/> Approx. spacing of holes in slab to be 12'' - 24'' <input checked="" type="checkbox"/> All areas are based upon accessibility <u>\$480.00</u> Treatment +1 year warranty <u>\$535.00</u> Treatment +2 year warranty <u>\$670.00</u> Treatment +5 year warranty	Termiticide: <u>Termidor SC</u> <input checked="" type="checkbox"/> Trench and rod treat soil <input checked="" type="checkbox"/> Drill areas of activity <input type="checkbox"/> Drill patios <input type="checkbox"/> Drill garage <input checked="" type="checkbox"/> Drill stem wall <input checked="" type="checkbox"/> Foam all activity <input type="checkbox"/> Treat sunken rooms by drilling or injection <input checked="" type="checkbox"/> Approx. spacing of holes in slab to be 12'' - 24'' <input checked="" type="checkbox"/> All areas are based upon accessibility <u>\$580.00</u> Treatment +1 year warranty <u>\$635.00</u> Treatment +2 year warranty <u>\$770.00</u> Treatment +5 year warranty	Termiticide: _____ <input type="checkbox"/> Foam all activity _____ 1 year warranty <u>Crawl Space Treatment</u> <input type="checkbox"/> Treat all soil under and around structure <input type="checkbox"/> All areas are based upon accessibility _____ 1 year warranty

Renewal Option: In addition to the treatment price, you may extend your warranty for: 1 year 4 year	Protection Termite reserves the right to adjust the renewal fee after the original warranty. In the event that payment is not received after 30 days of the treatment or by the date agreed upon by both parties, all warranties are void. Price is good for 30 days.
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APPROVAL: **Please allow at least 3 business days.	Choose your treatment option and warranty. _____ <input type="checkbox"/> Option A <input type="checkbox"/> 1yr <input type="checkbox"/> Option B <input type="checkbox"/> 2yr <input type="checkbox"/> Other <input type="checkbox"/> 5yr	Date: _____ Signature: _____ Phone: _____
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Treatment Proposal



Protection Termite Control

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Protecting your investment for years to come

Name: Sandford Furman Address: 35635 N Meander Way Date: 10/25/2018

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Remove floor covering | <input type="checkbox"/> Drill patios | <input type="checkbox"/> Treat detached _____ | <input type="checkbox"/> Flagstone |
| <input checked="" type="checkbox"/> Drill along expansion joints | <input type="checkbox"/> Drill garage | <input type="checkbox"/> Treat patio post | <input type="checkbox"/> Drill Tile |
| <input type="checkbox"/> Drill wood floor | <input type="checkbox"/> Use a long rod | <input type="checkbox"/> Drill foundation stem | <input type="checkbox"/> Sunken rooms |
| <input checked="" type="checkbox"/> Treat infestation | <input checked="" type="checkbox"/> Trench all soil | <input type="checkbox"/> Additions | <input type="checkbox"/> Misc. to be moved by _____ |
| <input type="checkbox"/> Foam plumbing | <input type="checkbox"/> Treat block | | |

Foundation Type	Structure	Outside Slabs	Conditions Conducive To Infestation
<input type="checkbox"/> Monolithic	Structures 1	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood to earth contact
<input type="checkbox"/> Post Tension	Levels 1	<input type="checkbox"/> Tile	<input type="checkbox"/> Debris under or around home
<input checked="" type="checkbox"/> Floating	Basement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Flagstone	<input type="checkbox"/> Faulty Grade
<input type="checkbox"/> Other _____	Under Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Carpet	<input type="checkbox"/> Moisture problems
		<input type="checkbox"/> Cool Deck	
		<input type="checkbox"/> Asphalt	
		<input type="checkbox"/> Pavers	

Recommendation from inspector: Treatment only covers detached guest house

Proposed Treatments

Option (A)	Option (B)	Other Treatment:
<u>Termiticide: DOMINION 2L</u> <input checked="" type="checkbox"/> Trench and rod treat soil <input checked="" type="checkbox"/> Drill areas of activity <input checked="" type="checkbox"/> Drill patios <input type="checkbox"/> Drill garage <input checked="" type="checkbox"/> Drill stem wall <input checked="" type="checkbox"/> Foam all activity <input type="checkbox"/> Treat sunken rooms by drilling or injection <input checked="" type="checkbox"/> Approx. spacing of holes in slab to be 12'' - 24'' <input checked="" type="checkbox"/> All areas are based upon accessibility <u>\$480.00</u> Treatment +1 year warranty <u>\$535.00</u> Treatment +2 year warranty <u>\$670.00</u> Treatment +5 year warranty	<u>Termiticide: Termidor SC</u> <input checked="" type="checkbox"/> Trench and rod treat soil <input checked="" type="checkbox"/> Drill areas of activity <input type="checkbox"/> Drill patios <input type="checkbox"/> Drill garage <input checked="" type="checkbox"/> Drill stem wall <input checked="" type="checkbox"/> Foam all activity <input type="checkbox"/> Treat sunken rooms by drilling or injection <input checked="" type="checkbox"/> Approx. spacing of holes in slab to be 12'' - 24'' <input checked="" type="checkbox"/> All areas are based upon accessibility <u>\$580.00</u> Treatment +1 year warranty <u>\$635.00</u> Treatment +2 year warranty <u>\$770.00</u> Treatment +5 year warranty	<u>Termiticide:</u> <input type="checkbox"/> Foam all activity _____ 1 year warranty <u>Crawl Space Treatment</u> <input type="checkbox"/> Treat all soil under and around structure <input type="checkbox"/> All areas are based upon accessibility _____ 1 year warranty

Renewal Option:
 In addition to the treatment price, you may extend your warranty for:
 1 year
 4 year

Protection Termite reserves the right to adjust the renewal fee after the original warranty.
 In the event that payment is not received after 30 days of the treatment or by the date agreed upon by both parties, all warranties are void.
 Price is good for 30 days.

APPROVAL: **Choose your treatment option and warranty.**

**Please allow at least 3 business days.

Option A 1yr
 Option B 2yr
 Other 5yr

Date: 11/1/2018
 Signature: _____
 Phone: _____

Treatment Proposal



Protection Termite Control

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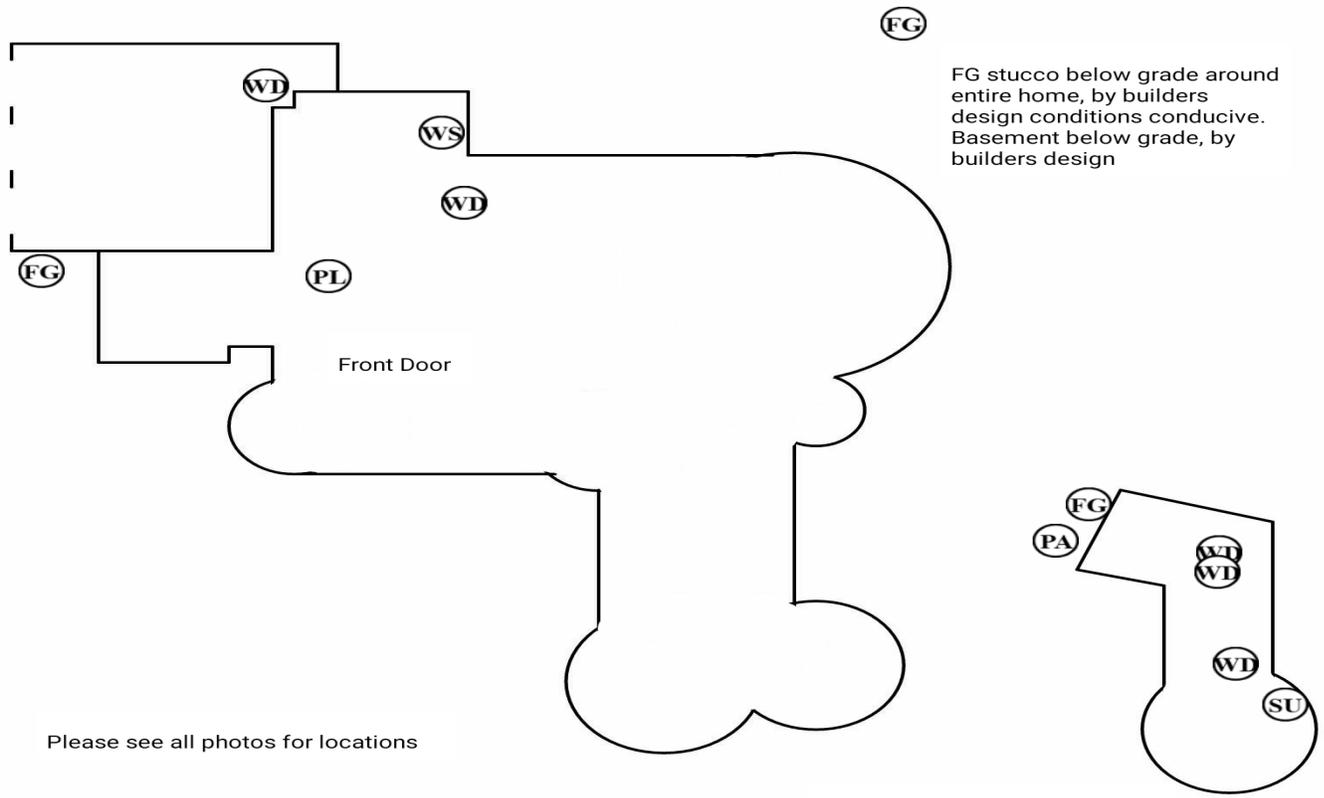
Protecting your investment for years to come

Name: **Sandford Burman** Address: **35635 N Meander Way** Date: **10/25/2018**

Key (see diagram below):

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
D - Damage	~~~~ - Trench soil	V - Vents	-> - Stem wall drilled/Foam wall voids
XXX - Down Drill	----- - Treating cracks	^^^ - Pipe in floor	

Drawing not to scale



Please see all photos for locations

treatment only covers detached guest house

65-200-400



ATOMIC PEST CONTROL, LLC

3316

P.O. Box 7131 MESA, AZ 85216
Lic. #8140-B1, B2, B8
Office Phone # (480) 832-8888

Date: 7-2-15

STRUCTURAL TREATMENT PROPOSAL / PRICE QUOTE / SERVICE AGREEMENT

This proposal made by Atomic Pest Control, LLC. Referred by Sonoran Pest Control

Name: Sandy Furman Phone: _____

Address: _____ City: _____ Zip: _____

Treatment Address: 35635 Meander Way City: Carefree Zip: 85377

Customer #: _____ Bill to #: _____

Email: _____

FINDINGS

Live Infestation: Evidence of previous infestation: _____ No activity: _____

Evidence of infestation or damage: Mud tubes in casita storage stairwell

Preventative _____ Corrective Linear Ft: _____

Treatment is indicated for the control of: Subterranean Termites only

Treatment type: post Pesticide / Agent or device: Terminator

Description of treatment: Trench & rod, inject, foam, as needed

(For alternate treatment methods see worksheet. Refer to diagram for nature, location of evidence of infestation or damage and where treatment will be rendered.)

TOTAL CASH PRICE WILL BE AS FOLLOWS

Cost of treatment: \$ 1250.00

loss of treatment in January
Other charges: \$ -275.00

Optional repair work: \$ N/A

Method of Payment:

Total cash price: \$ 975.00

Cash Credit Card Check # _____

Terms: _____

Warranty period: 2 years Renewal amount: \$ 200.00 per year

entire house areas treated

AGREEMENT FOR SERVICE

Client understands, agrees to have Atomic Pest Control, LLC, perform the treatment proposed above on property. Client agrees to pay Atomic Pest Control, LLC, monies in the manner specified. In the event it becomes necessary to obtain legal counsel, in order to collect the above amount, Client agrees to personal responsibility for attorney's fees incurred by Atomic Pest Control, LLC.

[Signature]
CLIENT (PROPERTY OWNER / AGENT)

[Signature] 100535
ATOMIC PEST CONTROL, LLC
REPRESENTATIVE LICENSE #