THIS WOOD	INFESTATION REPORT.		
attics and c wood-destrict defined in S specifically inspections The areas which areas and c warranty, gut If the assumed the accessible a	risis is to report that a qualified inspector employed by the below named firm has rawl spaces which permit entry, of the property located at the below address for oying fungi. The inspection for the presence of wood-destroying fungi is only respection 27-1085 K(3)(f) of the Rules and Regulations for the Enforcement of the excludes hidden areas, areas not readily accessible, and the undersigned personal of such hidden areas or of such areas not readily accessible. The inspection described has been made on the basis of visible evidence, and so an experience has shown to be particularly susceptible to attack by wood-destroy other visible and accessible wood members showing evidence of infestation was unarantee, or representation as to concealed evidence of infestation or damage there is evidence of active infestation or past infestation of termites and/or other at there is some damage to the building caused by this infestation; however, a areas has been reported. The below-named firm's inspectors are not engineer censed contractor, or expert in the building trade to provide their opinion as to	or termites, other wood equired to the level below a South Carolina Pestit tontrol operator discluded attention was given by the performed. This report or as to future infestater wood-destroying organy visible damage to as or builders, and you in the second of the sec	destroying organisms, and ow the first main floor as cide Control Act. This reportains that he has made any wen to those accessible and and/or sounding of those ort is submitted without cion. The submitted without an isms or fungi, it must be a wood member in may wish to call a qualified
LOCATION	AND DESCRIPTION OF PROPERTY INSPECTED:		
If any of the	e following items are marked YES , describe on the reverse side of this page.		
W	ere any areas of the property obstructed or inaccessible?	YES	NO
<u>Infestation</u> :		Active Infestation	Previous Infestation
1.	There is visible evidence of:	YES NO	YES NO
	a. Subterranean termites		
	b. Drywood termites		
	c. Old house borers		
	d. Powder post beetles		
2	e. Other wood-destroying insects There is visible avidence of prior subterrance termite treatment	VEC	NO
	There is visible evidence of prior subterranean termite treatment There is evidence below the first main floor of the presence of	YES	NO
Э.	a. Active wood-destroying fungi (wood moisture content ≥ 28%)	YES	NO
	b. Non-active wood-destroying fungi (wood moisture content < 28%)	YES	NO
4.	There is evidence of the presence of excessive moisture conditions below	123	110
**	the first main floor (20% or above wood moisture content, standing water, e	etc.) YES	NO
	Wood moisture content of the wooden substructure ranged from	•	
damage, de At da	ermite, other wood-destroying insects and fungi (Note: reporting of fungi dan ecay or rot, is limited to the area below the first main floor of the structure as the time of our inspection, there were visibly damaged wooden members (e mage to columns, sills, joists, plates, door jambs, headers, exterior stairs, por	nage to wood, commo defined in 27-1085 K(g. insect ches,	3)(f) SCRR.)
	fungi damage below the first main floor)	YES	NO
	the answer is YES , specify causes and location(s) on back. <u>OSERVED:</u> Damage must be disclosed even if repairs are deemed unnecessary.	If visible evidence of a	ectivo or provious infostatio
caused by a location(s)	iny wood-destroying organism is reported, it must be assumed that some demonstrated by the reverse side of this report. It is recommended that by a licensed contractor or structural engineer approved by the purchaser.	gree of damage is pres	sent. Said damage and
Treatment:			Check appropriate box
1.	The property described was treated by us for the prevention or control of		check appropriate 50%
2.	wood-destroying organism for which treatment was made 2. An Official Waiver of Standards Form (subterranean termite treatment) has been issued. [NOTE: a signed copy must be attached to this report]		
3.	 The property is covered by a warranty associated with the above treatment. The purchaser should contact the company regarding information required to transfer the warranty. 		
4.	The property described has not been treated by us for any wood-destroying		

Date: ___

THIS REPORT IS VALID FOR **30 DAYS** ONLY. THIS REPORT IS **NOT** A GUARANTEE OR WARRANTY AGAINST FUTURE INFESTATION OR DAMAGE. IT IS RECOMMENDED BY THE DEPARTMENT OF PESTICIDE REGULATION THAT THE **PURCHASER** OF THE STRUCTURE, RATHER THAN THE SELLER, OBTAIN

File #: _

OFFICIAL SOUTH CAROLINA WOOD INFESTATION REPORT

File #:

CONDITIONS GOVERNING THIS REPORT

Please read carefully.

This report is based on the observations and opinions of our inspector. It must be noted that all buildings have some wood members which are not visible or accessible for inspection. It is not always possible to determine the presence of infestation without extensive probing and in some cases actual dismantling of parts of the structure being inspected.

All inspections and reports will be made on the basis of what is visible, and we will not render opinions covering areas that are enclosed or not readily accessible, areas concealed by wall coverings, floor coverings, insulation, furniture, equipment, stored articles, or any portions of the structure in which inspection would necessitate tearing out or marring finished work. We do not move furniture, appliances, equipment, etc. Plumbing leaks may not be apparent at the time of inspection. If evidence of such leaks is disclosed, liability for the correction of such leaks is specifically denied. No opinion can be rendered as to infestation or damage on that portion of sheathing, siding, or other susceptible material which continues below soil grade.

The areas of the substructure and attic that are accessible and open for inspection have been inspected. The substructure is defined as that portion of the building below the first main floor living space.

Detached garages, sheds, lean-tos, fences, or other buildings on the property are not included in this inspection report unless specifically noted.

The company, upon specific request and agreement as to additional charge, will open any inaccessible, concealed, or enclosed area and inspect same and make a report thereon.

This property was not inspected for the presence or absence of health related molds or fungi. This inspection was conducted solely for visible evidence of wood destroying organisms and their damage and was limited to the visible and accessible areas of the structure(s) only. Inspection for the presence of wood-destroying fungi is only required to the level below the first main floor. We are not qualified to and do not render an opinion concerning mold related air quality or any other health related issues relating to this structure. Questions concerning the presence or absence of health related molds or fungi or other health related issues, which may be associated with this property, should be addressed to a properly trained Industrial Hygienist, Physician or Public Health Official.

REMARKS

THIS SPACE IS TO BE USED TO DETAIL ANY "YES" ANS	SWERS FROM THE FRONT OF THIS FORM. INCLUDE ITEM NUMBER
WITH EACH EXPLANATION. CLARIFICATION AND EXPLANATI	
Additional pages a	are attached. YES NO
Neither I nor the company for which I am acting have had, prese	ently have, or contemplate having any interest in this property. I do
urther state that neither I nor the company for which I am actin	
ICENICE AN IMPED OF DEDCOM CICANING THIS	FIDM
ICENSE NUMBER OF PERSON SIGNING THIS	FIRM:
(AMUST DE CEDTIFIED IN CATECODY ZA)	BY: MACHINEE / G GIGNATURE
(MUST BE CERTIFIED IN CATEGORY 7A) BUSINESS LICENSE NUMBER:	LICENSEE'S SIGNATURE ADDRESS:
	ADDRESS.
CKNOWLEDGMENT:	
PURCHASER ACKNOWLEDGES THAT A CO	OPY OF THIS REPORT HAS BEEN REVIEWED AND RECEIVED.
DATE ACKNOWLEDGED	PURCHASER'S SIGNATURE

TOTAL