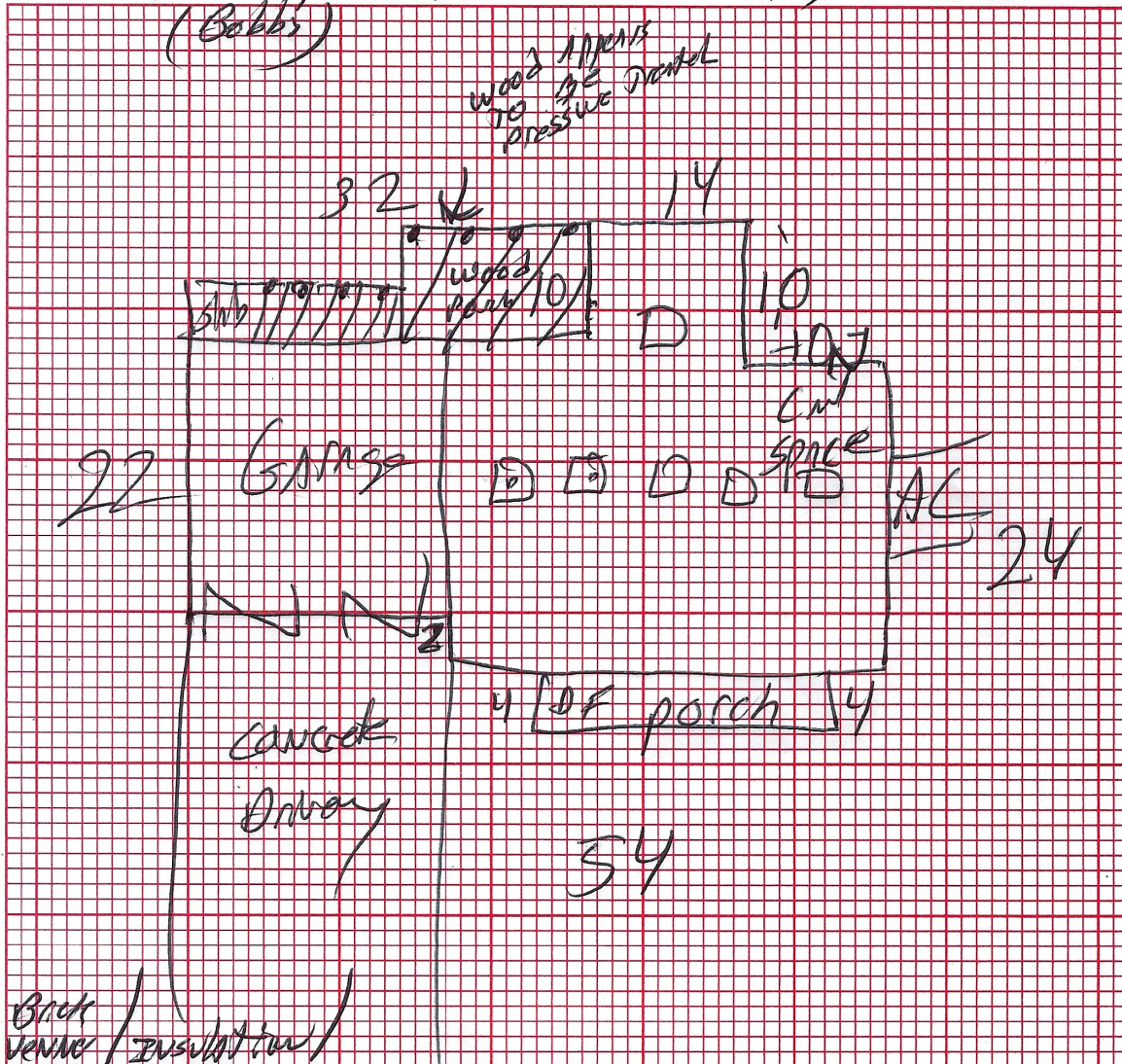


BEAUMONT PEST CONTROL, LLC

TERMITE INSPECTION REPORT

Name LARRY BROWN Service Address same owner
Address 57 Gladstone Dr
City & State RINGGOLD GA 30736
Phone Number 951 733-9763 Phone Number _____
Inspected By Robert Templeton SP11312 Date of Inspection MAY 5th 2025
(Bobbs)



Back
VENUE / INSULATION
186 Linear Ft

GENERAL INFORMATION

INFESTATION FOUND: SUBTERRANEAN TERMITES _____ POWDER POST BEETLE _____ WOOD BORERS _____
DRY WOOD TERMITE _____ OTHER _____ OTHER _____ OTHER _____
LOCATION OF INFESTATION _____

INITIAL TREATMENT \$ _____
RENEWAL \$ _____

AUTHORIZED SIGNATURE _____

LEGEND: XXX = Termite Infestation

**WOOD DESTROYING ORGANISM ATTACHMENT
TO THE WOOD DESTROYING INSECT INFESTATION REPORT (NPCA-1)**

This is not a structural damage report. NPCA-1 must accompany this report and this report must be listed in Section IV of NPCA-1.

SECTION I General Information

Inspection Address 57 Gladstone Dr Ringgold GA 30736
Inspection Company Documant Pest Control Inspector _____
Co. Address 1402 Beaman Rd Ringgold, GA 30736 Co. Phone No. 706-764-0036

SECTION II Inspection Findings

This report is indicative of the condition of the subject structure(s) ON THE DATE OF THE INSPECTION ONLY and is NOT to be construed as an express or implied warranty or guarantee against latent, concealed, or future defects. Any such warranty or service agreement to provide future treatment or inspections may be provided as a separate attachment and only if indicated in Section IV. See Section IX on the reverse side of the Wood Destroying Insect Infestation Inspection Report for important information. Section IX of NPCA-1 is incorporated by reference and included fungi.

Based on a careful visual inspection of the readily accessible areas of the crawlspace or basement of the structure(s) inspected:

- A. NO VISIBLE EVIDENCE OF WOOD DESTROYING FUNGI WAS OBSERVED
 B. VISIBLE EVIDENCE OF WOOD DESTROYING FUNGI WAS OBSERVED AS FOLLOWS:

Fungi observed: (description and location) _____
NA

Any fungi observed appears: Active Inactive Treatment Recommended

Damage from wood destroying fungi was noted in the following area(s): _____
NA

Regarding visible evidence of wood destroying fungi: The inspector may find wood which has been damaged by fungi. Any damage noted should be considered only as evidence of current or previous activity of wood destroying fungi. If Box B is checked above, IT SHOULD BE UNDERSTOOD THAT SOME DEGREE OF DAMAGE, INCLUDING HIDDEN DAMAGE, MAY BE PRESENT. The inspector's training and experience do not qualify the inspector in damage evaluation or any other building construction technology and/or repair. UPON RECEIPT OF THIS REPORT, THE SELLER OR THE SELLER'S AGENT SHALL NOTIFY THE BUYER THAT ANY DAMAGE SHOULD BE EXAMINED BY A QUALIFIED INDIVIDUAL TO DETERMINE THE NEED FOR REPAIR.

There is evidence of the presence of excessive moisture conditions in untreated wood as follows: _____
NA

Signature of Inspector. Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the 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.

AM JS SP11312 5-5-2025
Signature of Inspector Certification or Registration No. (if applicable) Date of Inspection

**SECTION VIII STATEMENT OF BUYER AND SELLER
THIS REPORT MUST BE SIGNED BY THE BUYER AND SELLER AS APPLICABLE**

This report is intergral to, and a necessary part of the inspecting company's full disclosure as to the scope and inherent limitations of the inspection and report of findings. It is most important that the interested parties acknowledge this advice. The seller hereto agrees that all known property history information regarding wood destroying fungi, damage from fungi, and treatment history have been disclosed to the buyer. A legible copy of this page must be returned to the inspecting company by the person ordering this inspection.

SIGNATURE OF SELLER(S) or OWNER (if refinancing) DATE
This undersigned hereby acknowledges receipt of a copy of this report

SIGNATURE OF BUYER(S) DATE

BEAUMONT PEST CONTROL, LLC

Office Address: 1422 BEAUMONT RD
RINGGOLD, GA 30736

Mailing Address: P.O. Box 478
Rock Spring, GA 30739

Office Number: 706-764-0036

Fax Number: 706-764-0033

Mobile Number: 423-280-2863

Web Address: www.beaumontpc.net

Email Address: BeaumontPestControlLLC@gmail.com

Members of the Better Business Bureau

TN Charter #4115

GA License #99501

Toxic Mold Disclaimer:

This wood destroying pests and organisms report does not include health related molds and mildews. No reference will be made to the above. Health related molds and mildews is outside the scope of this report as defined by the structural pest act. If you wish your property to be inspected for health related molds and mildews please contact an industrial hygienist or mold professional.

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

COMPANY NAME Beaumont Pest Control LLC LICENSE NO. 99501
 ADDRESS 1422 Beaumont Rd. Roswell GA 30736
 TELEPHONE NO. _____ DATE OF ISSUANCE MAY 5th 2025
 SELLER _____ INSPECTOR Robert Templeton SP11312

FILE NO. _____ 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 House

OTHER STRUCTURES (SPECIFY) NONE

ADDRESS OF STRUCTURE(S) 57 Gladstone Dr. Roswell GA 30736

INSPECTION REVEALS VISIBLE EVIDENCE OF:	FINDINGS		PREVIOUS INFESTATION	
	ACTIVE INFESTATION	PREVIOUS INFESTATION	YES	NO
SUBTERRANEAN TERMITES	YES	NO	YES	NO
POWDER POST BEETLES	_____	<input checked="" type="checkbox"/>	_____	_____
WOOD BORING BEETLES	_____	<input checked="" type="checkbox"/>	_____	_____
DRY WOOD TERMITES	_____	<input checked="" type="checkbox"/>	_____	_____
WOOD DECAYING FUNGUS (Not Molds and Mildews)	_____	<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)
Roof walls, ceiling, floor coverings, insulation, porches, exterior siding, wiring, plumbing

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:

NO live found at time of inspection

REMARKS/ADDITIONAL FINDINGS:
NO treatment recorded

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.

THE ABOVE DESCRIBED STRUCTURE(S) WAS TREATED BY THIS COMPANY AS FOLLOWS:	TREATMENT		
	ORGANISM	TREATMENT DATE	CONTRACT EXPIRATION TYPE TREATMENT (CHEMICAL BARRIER, BAIT, WOOD TREATMENT)
SUBTERRANEAN TERMITES	_____	_____	_____
POWDER POST BEETLES	<u>np</u>	<u>np</u>	_____
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.

RA YJA
 SIGNATURE OF DESIGNATED CERTIFIED OPERATOR

 SIGNATURE OF PURCHASER OR LEGAL REPRESENTATIVE ACKNOWLEDGING RECEIPT OF REPORT

COPIES TO: PURCHASER _____ MORTGAGEE _____ REALTOR _____ SELLER _____

Revised 09/17 - Replaces all previous editions

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 Exception Form II or Official Waiver 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 joists 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 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.

Statutory Authority: O.C.G.A. Sec. 43-45-8.