



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

agriculture.az.gov

1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 04/15/2024
1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIIR #
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 ACTION Termite & Pest Control		5A. NAME OF PROPERTY OWNER/SELLER Liz Miller
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) 1101 W Melinda Ln Bldg. B, Phoenix, 85027		5B. PROPERTY ADDRESS (Street, City, ZIP) 4637 South 21st Street
3C. TELEPHONE NUMBER (Include Area Code) 6028992222	4. BUSINESS LICENSE # 8285	6A. INSPECTED STRUCTURES House

6B. LIST ALL UN-INSPECTED STRUCTURES Not Applicable

7. **THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE.** (See also Item 19, page 2.)
See Section #19 and the attached diagram.

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: _____
Type of Wood-Destroying Insects observed: _____
- 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	10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.)
<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.	(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	12B. INSPECTOR'S LICENSE NUMBER 220720	12C. DATE 04/15/2024
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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 04/15/2024
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PROPERTY NAME/ADDRESS Liz Miller	DATE OF INSPECTION 04/15/2024
4637 South 21st Street	
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 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	
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>	
<input type="checkbox"/> Evidence of surface water draining toward house <input 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 See Comments _____	
Comments: Grading sloped toward home. See Diagram	
18. <u>EXCESSIVE MOISTURE (EM)</u> <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	
19. <u>INACCESSIBLE AREAS (IA)</u> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain)</i>	
<input type="checkbox"/> Attic – All <input checked="" type="checkbox"/> Floors <input type="checkbox"/> Sub/Crawl Space Area -- Clearance <input checked="" type="checkbox"/> Attic – Joists <input checked="" type="checkbox"/> Wall Interiors <input type="checkbox"/> Sub Area/Crawl Space No Access <input checked="" type="checkbox"/> Attic – Partial <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles <input checked="" type="checkbox"/> Plumbing Traps <input type="checkbox"/> Dropped Ceilings <input checked="" type="checkbox"/> Other See Comments _____	
Comments: Behind cabinets and appliances, behind interior window coverings, behind vegetation growth along exterior walls	
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	
- 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

Liz Miller

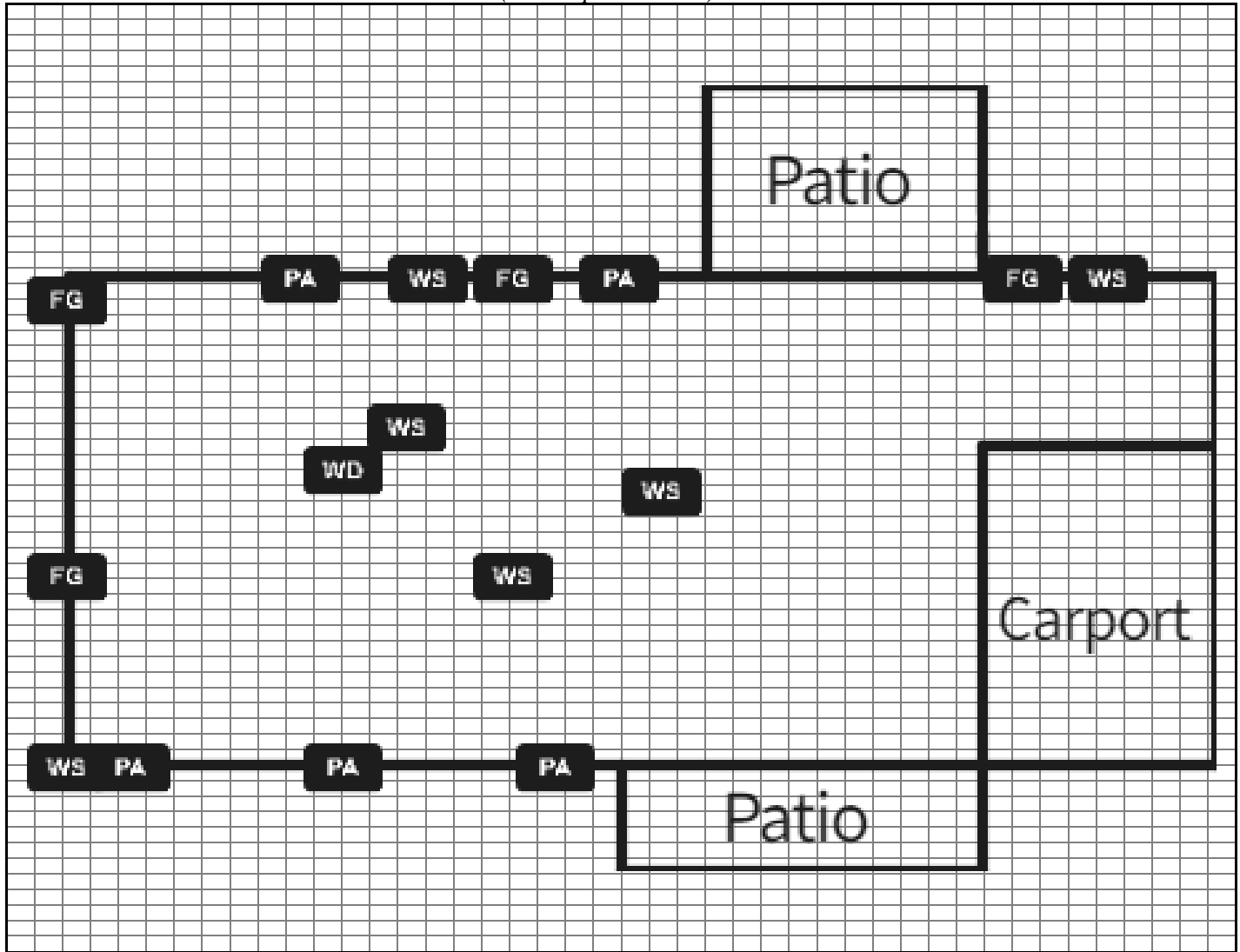
4637 South 21st Street

DATE OF INSPECTION

04/15/2024

GRAPH OF STRUCTURE(S)

(Note: Graph Not To Scale)



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

(*) Other Wood Destroying Insects (list)