



Arizona Department of Agriculture
Pest Management Division
WOOD DESTROYING INSECT INSPECTION REPORT
 agriculture.az.gov

1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 01/18/2024
1B. <input type="checkbox"/> ORIGINAL REPORT <input checked="" 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 Grant Getman
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) 1101 W Melinda Ln Bldg. B, Phoenix, 85027		5B. PROPERTY ADDRESS (Street, City, ZIP) 7218 N Via De Paesia, Scottsdale, 85258
3C. TELEPHONE NUMBER (Include Area Code) 6028992222	4. BUSINESS LICENSE # 8285	6A. INSPECTED STRUCTURES Townhouse

6B. LIST ALL UN-INSPECTED STRUCTURES Attached Unit(s)

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: Subterranean termites tubes(s) _____
 Type of Wood-Destroying Insects observed: None observed at time of inspection _____
- 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): 01/18/2024 _____
- 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.	Structure treated with dominion .05% (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 030380	12C. DATE 01/18/2024
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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 01/18/2024
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PROPERTY NAME/ADDRESS Grant Getman	7218 N Via De Paesia, Scottsdale, 85258	DATE OF INSPECTION 01/18/2024
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. <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> <input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Pier Posts <input 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:		
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 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 type="checkbox"/> Other _____ Comments:		
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> <input type="checkbox"/> Standing Water <input type="checkbox"/> Water Damage <input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Water Stain <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ <input type="checkbox"/> Crawl Space/Water Leaking <input type="checkbox"/> Improper Condensate Drainage <input type="checkbox"/> Attic/Roof Leak Comments:		
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 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 type="checkbox"/> Other _____ 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

Grant Getman

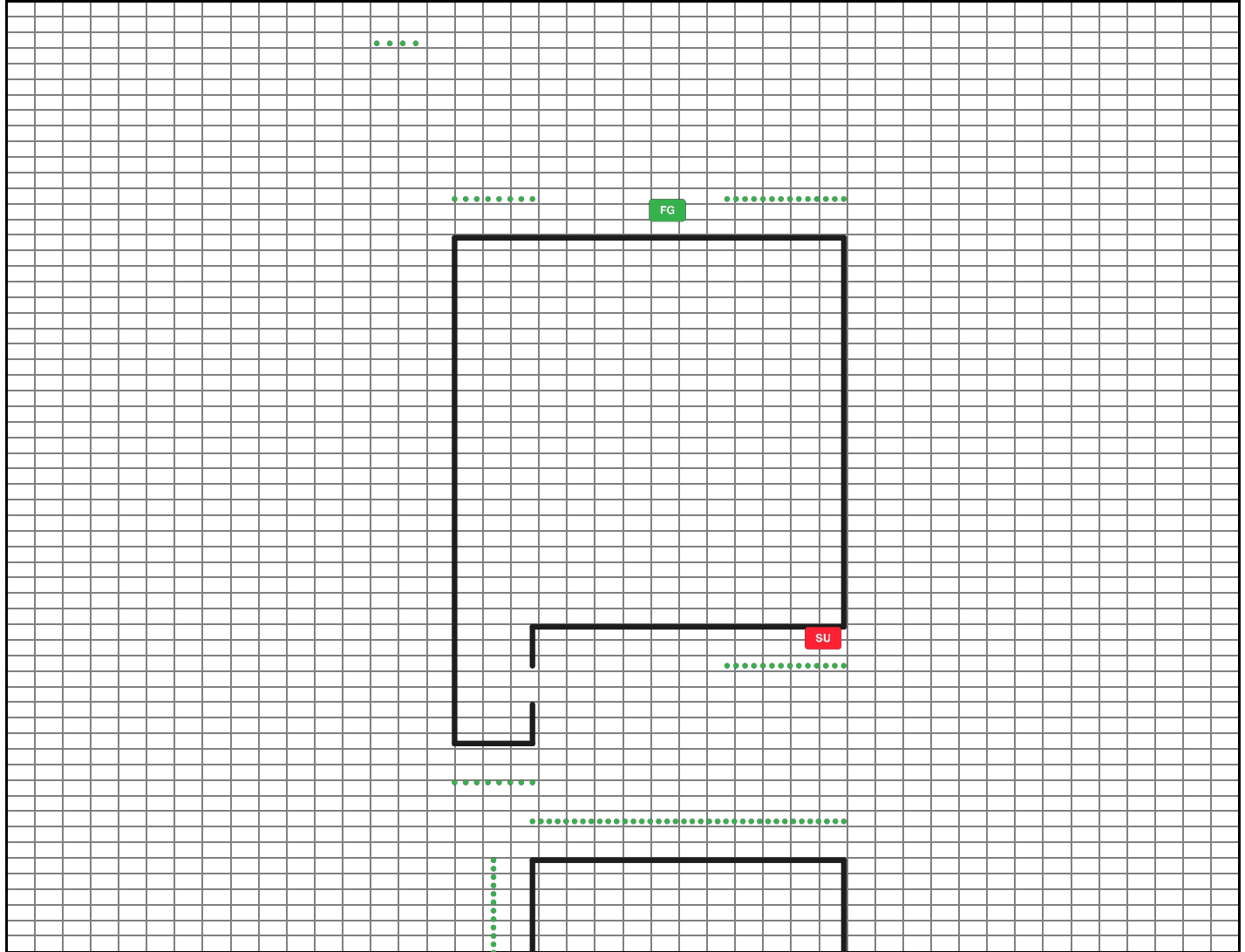
7218 N Via De Paesia, Scottsdale, 85258

DATE OF INSPECTION

01/18/2024

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)
✓	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	SU	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	Spring Hitting Structure	SU	FI	Further Inspection Needed

(*) Other Wood Destroying Insects (list)