### **BUDGET BROTHERS TERMITE & PEST ELIMINATION**

610 E. BELL ROAD, #2-469 PHOENIX, AZ 85022

Phone: (623) 582-5505 (West Valley)
Phone: (480) 874-8048 (East Valley)
Phone: (602) 253-2495 (Phoenix Metro)

Fax: 623-869-8739

tammy@budgetbrotherstermite.com

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Allen Bontrager, 2474 E Almeria Rd, Phoenix, AZ 85008

Date: 9/10/2015



BUSINESS LICENSE # 8289

Inspector: Tammy Barbano Lic #: 130705



# **Arizona Department of Agriculture Office of Pest Management**

### WOOD-DESTROYING INSECT INSPECTION REPORT

1688 W. Adams, Phoenix AZ 85007 (602) 255-3664 opm.azda.gov

1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 9/10/2015
1B. ☑ ORIGINAL REPORT  ☐ SUPPLEMENTAL REPORT	1D. WDIIR # 52549
1C. ☑ SALE □ REFINANCE □ OTHER	1E. TARF #

NOTE: Pursuant to: ARS § 32-2333 (A) This form must be completed only by a Certified Applicator.

2. READ CAREFULLY PRIOR TO COMPLETING THIS OFFICE OF PEST MANAGEMENT (OPM) FORM	. READ CAREFULLY PRIOR TO	COMPLETING THIS OFFICE O	OF PEST MANAGEMENT (	OPM) FORM
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- 1. The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or by the pest control company.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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 OPM Statute/Rule, or the label for the chemical used.
- 6. 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.
- 7. All supplemental reports shall be completed within (30) days of the date of the original report.

3A. NAME OF INSPECTION COMPANY BUDGET BROTHERS TERMITE & PEST ELIMINATION	5A. NAME OF PROPERTY OWNER/SELLER Allen Bontrager	
3B. ADDRESS OF INSPECTION COMPANY (Street, City 610 E. BELL ROAD, #2-469, PHOENIX, AZ, 85022	5B. PROPERTY ADDRESS (Street, City, ZIP) 2474 E Almeria Rd, Phoenix, AZ, 85008	
3C. TELEPHONE NUMBER (Include Area Code) 4. BUSINESS LICENSE # 8289		6A. INSPECTED STRUCTURES House

6B. LIST ALL UN-INSPECTED STRUCTURES

7.	THIS INSPECTION DOES NOT INCLUDE	THE FOLLOWING LISTED AREAS WHIC	CH ARE OBSTRUCTED OR INACCESSIBL	E. (See also Item 19, page 2.

**Under and Behind Cabinets and Flooring, Inside Walls** 

8. BASED ON THE INSPECTOR'S VISUAL INSPECTION OF THE READILY ACCESSIBLE	CAREAS OF THE PROPERTY (See Section (11) before completing):
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- A. Visible evidence of wood-destroying insects was observed.
  - Describe evidence observed: <u>Subterranean Termite Tubes, Damage, and Markings See Diagram</u>
  - Type of Wood-Destroying Insects observed: Subterranean Termites
- $\hfill \square$  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.): Drill Marks

### 9. DAMAGE OBSERVED, IF ANY

- ☐ A. Will be or has been corrected by this company.
- **☒** B. Will not be corrected by this company.
- 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.)

(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 which 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. Mon-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 which 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
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J Banbano

12B. INSPECTOR'S LICENSE NUMBER

12C. DATE 9/10/2015

#### J DW DOWN

I HAVE RECEIVED THE ORIGINAL, OR A LEGIBLE COPY, OF THIS FORM AND HAVE READ PAGE (1, 2, and 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

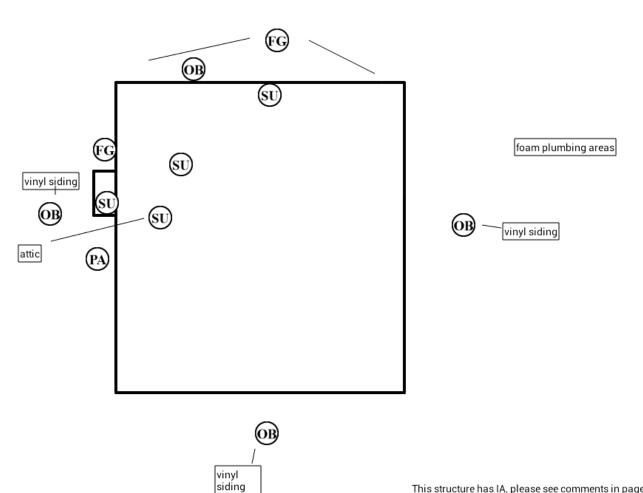
14. DATE

OPM 10-10-2013 Page 1

PROPERTY NAME/ADDRESS Allen Bontrager, 2474 E Almeria Rd, Phoenix, AZ 85008	DATE OF INSPECTION 9/10/2015						
AT THE TIME OF THE INSPECTION THE PROPERTY WAS: □ Vacant □ Occupied □	☐ Unfurnished						
CONDITIONS CONDUCIVE TO INFESTATION	_						
15. WOOD TO EARTH CONTACT (EC) ☐ YES ☑ NO (If YES, check mark and explain conditions co	onducive)						
☐ Fence Abutting Structure ☐ Concrete Form Boards ☐ Porch Stairs ☐ Other ☐ Trellis Comments: See Diagram and photo							
16. EXCESSIVE CELLULOSE DEBRIS(CD) ☐ YES ☑ NO (If YES, check mark and explain conditions co Comments:	<u>nducive</u> )						
17. FAULTY GRADES (FG)   YES  NO (If YES, check mark and explain conditions co	nducive)						
<ul> <li>☑ Evidence of surface water draining toward house</li> <li>☐ Floor level or planters at or below grade</li> <li>☐ Wood siding below grade</li> <li>☐ Other</li> <li>☐ Other</li> </ul>							
18. EXCESSIVE MOISTURE (EM) ☐ YES ☒ NO (If YES, check mark and explain conditions co	onducive)						
□ Standing Water □ Water Damage □ Bath/Shower/Toilet Leaking □ Sprinklers Hitting Structure □ Water Stain □ Plumbing Leaks □ Crawl Space/Water Leaking □ Improper Condensate Drainage □ Attic/Roof Leak Comments: See Diagram and photo	☐ Inadequate Ventilation☐ Other						
19. <u>INACCESSIBLE AREAS</u> (IA)   ■ YES □ NO ( <u>If YES, check mark and explain</u> )							
☐ Attic - All ☐ Floors ☐ Sub/Crawl Space Are	ce No Access Furniture Or Stored Articles						
20. EVIDENCE OF PREVIOUS TREATMENT  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.  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:							

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# GRAPH OF STRUCTURE(S) (Note: Graph Not To Scale)



This structure has IA, please see comments in page 2 box 19 of AZ WDIIR

### PURSUANT TO:R4-29-501 (E)(5)(o) THE INSPECTOR MUST COMPLETE THE GRAPH ON PAGE(3) AND CHECK(x) MARKED BELOW FOR ANY ITEMS WHICH ARE NOTED ON PAGES (1) AND (2) X CODE SEE GRAPH PAGE (3) X CODE SEE GRAPH PAGE (3) X CODE | SEE GRAPH PAGE (3) | X CODE | SEE GRAPH PAGE (3)

	CODE   BEE GRAITITAGE (3)		CODE SEE GRAINTAGE (3)		CODE SEE GRAITITAGE (3)		CODE SEE GRAINTAGE (3)
X	SU Subterranean Termites		OW Other Wood Destroying Insects (*)	X	OB Obstructions		WD Water Damage
	DR Drywood Termites	X	FG Faulty Grade	X	IA Inaccessible Areas	X	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	X	PA Plantings Abutting Structure		SP Sprinkler Hitting Structure		FI Further Inspection Needed
(*)	Other Wood Destroying Insects						

OPM 10-10-2013 Page 3

### **BUDGET BROTHERS TERMITE & PEST ELIMINATION**



610 E. BELL ROAD, #2-469 PHOENIX, AZ 85022 Phone:(623) 582-5505 Fax:623-869-8739 www.budgetbrotherstermite.com License Number 8289

## **Finding Pictures**

Date 9/10/2015

Inspector: Tammy Barbano Inspector License # 130705

Name: Allen Bontrager Address: 2474 E Almeria Rd

City: Phoenix State: AZ Zipcode: 85008 Phone:



plants abutting north side



termite damage on water heater shed



water stains water heater shed



water slopes towards house



patio walls obstructed and water slopes towards house



termite damage in bath door jamb



attic



termite pinholes northeast corner ceiling of bath



termite damage in attic



termite pinholes ceiling in kitchen



water damage ceiling of front bedroom closet



exterior covered by vinyl siding

Veet Broth	BUDGET	BROTHERS TERN SERVICE A	MITE & PEST E AGREEMENT	LIMINATION
remite & Pest Elimination Family Owned & Other	•	610 E. BELL ROAD, # West Valley :(623) 5 East Valley :(480) 8 Phoenix Metro:(602) 2 Fax :623-86 www.budgetbrotherste	#2-469, PHOENIX, 82-5505 874-8048 853-2495 9-8739 ermite.com	9/10/2015
Name: Allen Bontrager		ess: 2474 E Almeria Rd		
City: Phoenix	State: AZ	Zipcode: 85008	8 Phone:	
Written description of Evidence of Damage o Subterranean Termite Damage,  TYPE OF AGREEMENT:	r Infestation			
		STRUCTURES INCLUDED	): House	
□ PREVENTION □ CONT	ROL	PRETREAT	☐SPOT T	REAT
TREATMENT OPTIONS	ORGA	ANISM TO CONTROL	PESTICIDE/AC	ENT/DEVICE USE
☐ Trench and rod treat soil ☐ Foam all activity and Plumbing Traps ☐ Drill areas of activity ☐ Drill patios ☐ Drill garage ☐ Drill exterior stem wall ☐ Drill interior stem wall ☐ Treatment No warranty ☐ Treatment + 1 year warranty ☐ Treatment + 2 year warranty ☐ Treatment + 5 year warranty ☐ Treatment + 5 year warranty	Di   Di   Di   Ca   W   Do	RENE  Additional 1 yea  Additional 4 yea	ar warranty	R HE SC 2 ALTRISET 75 WSP  \$ \$
My Warranty will cover any reinfestation of during the first year of the agreement and BUDGET BROTHER'S TERMITE & PEST address described in the inspection graph.  My Warranty will be effective for a period of The annual lifetime renewable warranty fee is date of the initial treatment	any additional year(s)	ars that I purchase s to treat my building or struct	ctures at the above	ed
TREATMENT PRICE		\$ \$ \$		
BUDGET BROTHERS TERMITE Inspector	9/10/2015 Date	Customer Signature - Ho	omeowner/Seller	Date



# **BUDGET BROTHERS TERMITE & PEST ELIMINATION**

## TREATMENT / INSPECTION GRAPH

TARF#

OWNERS NAME Allen Bontrage	<u>er                                     </u>	RENTER	PHON	E DATE
FREATMENT ADDRESS 247	4 E Almeria Rd		CITY Phoenix	STATE <u>AZ</u> ZIP <u>85008</u>
				CELL
				LICENSE #
			_ INDILETOR	DICLINE
☐ Family Room☐ Garage	☐ Laundry Room☐ Kitchen☐ Hallways	☐ Office ☐ Storage Room ☐ Dining Room	Bedrooms Bathrooms	
☐ Soil ☐ Rocks ☐ Stora No Access to areas listed below			Property T	ype
Drawing not to scale				
	SU S	000 000 000		
Key (for diagram above):	OW OIL Wall Date	* - (*) OT		WDW ( D
SU Subterranean Termites DR Drywood Termites	OW Other Wood Destroying FG Faulty Grade	· /	Obstructions Inaccessible Areas	WD Water Damage WS Water Stains
DA Dampwood Termites	EC Wood To Earth Contact		Inadequate Ventilation	RL Roof Leaks
BE Wood Destroying Beetles CA Carpenter Ants	CD Cellulose Debris PA Plantings Abutting Struc		Plumbing Leaks Sprinkler Hitting Structure	EM Excessive Moisture FI Further Inspection Needed
000 - Drill	>>> - Stem Wall		R - Trench & Rod	Fi Further hispection recuca
Description of Areas Treated				
1				
Visible Damage  Treatment Type □ Sub-Slab □	C Dait Creaton DEum	· -ti DOthor		
Pesticide Agent or Device	Crawi Liban System Liban	Igation		Linear FT. Treated  Square FT. Treated
Target Pest  Subterranean Termite	es Drywood Termites	Other	Quantity	Linear FT. Treated
Time In:	. Time Out:	Appl	ication Rate Per Label	
BUDGET BROTHERS TERMITE & PEST ELIM BUDGET BROTHERS TERMITE & PEST ELIM FROM ABOVE MENTIONED TARGET PEST BUDGET BROTHERS TERMITE & PEST ELIM	IINATION ISN'T RESPONSIBLE FOR ANY IINATION CANNOT GUARANTEE THAT F IINATION ISN'T RESPONSIBLE FOR ANY	DAMAGE DISCLOSED ABOUT TO THE PROPERTY PLUMBING LINES UNDER	OVE OR ANY DAMAGE THAT MAY BE I EXIST, BUDGET BROTHERS IS NOT R CONCRETE.	Square FT. Treated  HIDDEN IN CONCEALED OR INACCESSIBLE AI ESPONSIBLE FOR ANY PAST OR FUTURE DAM  VISIBLE, HIDDEN, OR INACCESSABLE TO THE
J Banba	mo			

BUDGET BROTHERS TERMITE & PEST ELIMINATI	SERVICE SLIP / INVOICE # 01-0388102							
610 E. BELL ROAD, #2-469 PHOENIX, AZ 85022 (623) 582-5505 (480) 874-8048 Fax 623-869-8739 BILLING ADDRESS		TIME IN: 12:00:00PM		TIME OUT:				
		CUSTOMER # DATE LAST SERV DATE	01-0122920 9/10/2015	TECH TECH LIC # LOCATION	Tammy E 130705	imy Barbano 705		
AllenBontrager		TARGET		ROUTE / GRID	100			
2474 E Almeria Rd Phoenix, AZ 85008	Warning Pesticides c application until dry, di BUDGET BROTHERS Lic # 8289.	issipated or aerated	. For more informa	ation pleas	e cont	act		
SERVICE ADDRESS		#### CALL FOR YO	OUR FREE EST	IMATES ####				
Allen Bontrager		PESTICIDES / PROI				%	AMOUNT	
2474 E Almeria Rd Phoenix, AZ 85008		☐ TERMIDOR SC			9-210	0.060		
		☐ TERMIDOR HE ☐ PROTHOR SC 2			-552-7969 123-4	0.125		
SERVICE TYPE / MATERIAL	AMOUNT	☐ DUPONT ALTRISET			-829	0.050		
Wood Infestation Report TAX PREVIOUS BALANCE	60.00 0.00	☐ PREMISE 75 WSP ☐ DE ☐ Other		312	25-455	0.050 100		
TOTAL DUE	60.00							
You can now pay your invoice at  www.budgetbrotherstermite.com  NEXT APPOINTMENT								
TOTAL PAID □ BILL    □ CHECK # 358 60.00    □ CASH    □ CC /AP #	TERMS	CUSTOMER SIGNATURE				]	DATE	

