



Noling Pest Control

Cory Noling, Owner
Phone (386) 454-3888
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P.O. Box 949

GRAPH AND SPECIFICATIONS

31586

High Springs, Florida 32655-0949

BUYER'S NAME Tommy Halverson SELLER'S NAME _____ DATE 12-16-13

INSPECTION ADDRESS 518 W Tommy Ho St CITY White STATE FL ZIP 32038

BUSINESS PHONE _____ HOME PHONE _____ INSPECTED BY _____

Scale Used, _____ Well, Yes No How close to house? _____ ft Additions? Yes No Access? _____

Additional specifications and comments. Sanitization Premise Pro 20 gal

Graph not to sq ft

Lineal Footage _____ Square Footage: 912 Contract Price, _____

Type Foundation Floating Slab Supported Slab Monolithic Slab Crawl Basement Type Construction: CBS Woodframe Brick

Type Infestation Key	Location Key			General Conditions		
	F - Front	R - Right	L - Left	RE - Rear	C - Center	
	Infested Area	Type	Location			
T - Subterranean Termite Activity	<input type="checkbox"/> Sills / Joists					Stucco below grade? Yes <input type="checkbox"/> No <input type="checkbox"/>
D - Drywood Termite Activity	<input type="checkbox"/> Sub Floor					Are Termites swarming? Yes <input type="checkbox"/> No <input type="checkbox"/>
ST - Suspected Termite Activity	<input type="checkbox"/> Finished Floor					Wood supports on ground? Yes <input type="checkbox"/> No <input type="checkbox"/>
P - Powder Post Beetles	<input type="checkbox"/> Walls, Studs, Plates					Proper clearance for treating? Yes <input type="checkbox"/> No <input type="checkbox"/>
W - Wood Borers	<input type="checkbox"/> Interior Trim					Make A3 access opening? Yes <input type="checkbox"/> No <input type="checkbox"/>
M - Moisture Condition	<input type="checkbox"/> Paneled Wall					Electricity available? Yes <input type="checkbox"/> No <input type="checkbox"/>
F - Wood Decaying Fungi	<input type="checkbox"/> Door/Window Frame					Bath trap opening? Yes <input type="checkbox"/> No <input type="checkbox"/>
X - Damage Present	<input type="checkbox"/> Furniture/Cabinets					Shrubbery Light <input type="checkbox"/> Heavy <input type="checkbox"/>
... - Vertical Drill Location	<input type="checkbox"/> Attic					Type Floor Covering: _____
	<input type="checkbox"/> Roof					Other: _____

VISIBLE DAMAGE WHICH EXISTS AT THE TIME OF THE INSPECTION IS DESIGNATED BY AN "X"

