



# Noling Pest Control

Cory Noling, Owner  
Phone (386)454-3888  
(386) 935-2007  
P.O. Box 949

High Springs, Florida 32655-0949

# GRAPH AND SPECIFICATIONS

# 32238

BUYER'S NAME Cott Case SELLER'S NAME \_\_\_\_\_ DATE 10-15-14

INSPECTION ADDRESS 775 W. Jeanne CITY White STATE Fla ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

Scale Used \_\_\_\_\_ Well.  Yes  No How close to house? \_\_\_\_\_ ft Additions?  Yes  No Access? \_\_\_\_\_

Additional specifications and comments. Graph not to sig & Remove Pro  
200 gallons

Lineal Footage \_\_\_\_\_ Square Footage: 2400 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"

