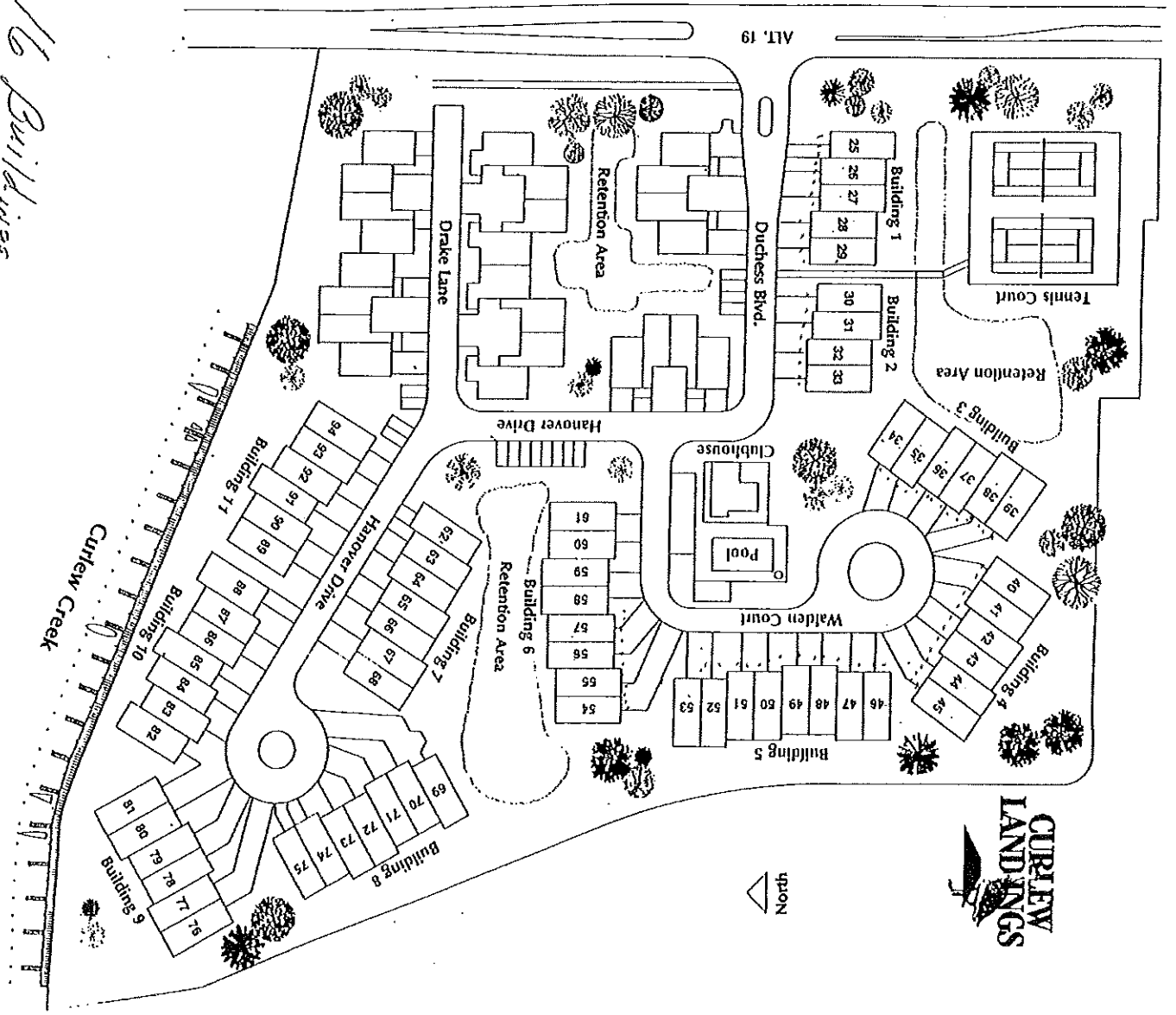


16 Buildings
Clubhouse included



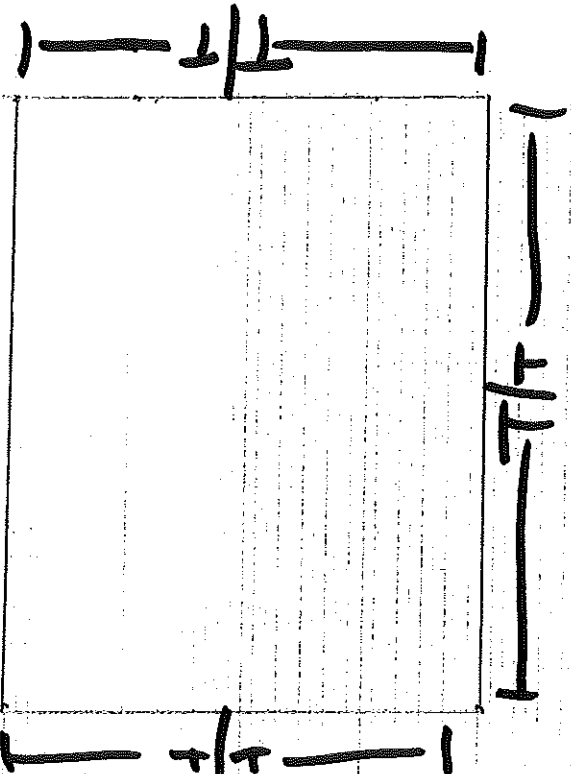


INSPECTION GRAPH

<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATE: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATE: _____

Owner's Name: Subaru Leasing Occupant: _____
 Trading Address: 2350 Lewis House City: Duquoin State: IL
 Home Phone: _____ Business Phone: _____ Inspected By: _____
 Depth to Footer: 180 Front = _____ Right = _____ Rear = _____ Loft = _____
 Lateral Footings: 180 Built Pro 1987 Yes No Year Built: _____
 Arrow Manager/ Acceptance By: _____ Date: _____
 Foot Type: _____
 Siding: _____
 Primary Use: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WSV) Gas Meter (GM)
 Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBO Gas-fixture (NGF)



SCALE: 1:1 OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____
 DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT
KEY TO EVIDENCE
<input type="checkbox"/> SUBTERRANEAN TERMITES = X
<input type="checkbox"/> DRYWOOD TERMITES = K
<input type="checkbox"/> DAMPWOOD TERMITES = Z
<input type="checkbox"/> EXISTING DAMAGE = (X)
<input type="checkbox"/> FORMOSAN TERMITES = C
<input type="checkbox"/> POWDER-POST BEETLES = PPS
<input type="checkbox"/> WOOD BORING BEETLES = WBB
<input type="checkbox"/> RINGLUS = R
<input type="checkbox"/> WELCHSTEIN = W/C
<input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD
<input type="checkbox"/> CARPENTER ANTS = CA
<input type="checkbox"/> CELLULOSE DEBRIS = CD
<input type="checkbox"/> EXCESSIVE MOISTURE = EM
<input type="checkbox"/> FAULTY GRADE = FG
<input type="checkbox"/> EARTH-WOOD CONTACTS = EC
<input type="checkbox"/> INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A:

1. Well _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. A/C - Heat Ducts in or Below Slab _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Stucco Below Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Gasm _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Plenum A/C - Heat System _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Synchronous Insulation or "Dry-Fit" Below Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Sump Pump _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Radiant Heat _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Wood Post or Partition Embedded in Concrete _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Storm Drain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Visible Pond, Lake, Stream or Waterway _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Inaccessible Crawl Space _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Stucco Below Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Wood-Frame Cornice _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Wood Debris in Crawl Space _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. "Rigid Foam Insulation" Below Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Siding Less Than 6" From Grade _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Inadequate Ventilation in Crawl Space _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Circle-d Symbol Represents Damage From This Post (Example (X), (Z), etc.)

CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE

BY: _____ DATE: _____

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE EVIDENCE OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY. I ALSO AFFIRM THAT I UNDERSTAND THAT ARROW ENVIRONMENTAL SERVICES IS NOT LIABLE FOR HIDDEN DAMAGE WHICH IS CONCEALED, OBSTRUCTED OR INACCESSIBLE TO THE INSPECTOR, AND I AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS GRAPH.

DATE: _____ BY: _____

Charlotte Citrus Collier DeSoto Hardee Hendry Hernando Highlands

Jefferson Manatee Pasco



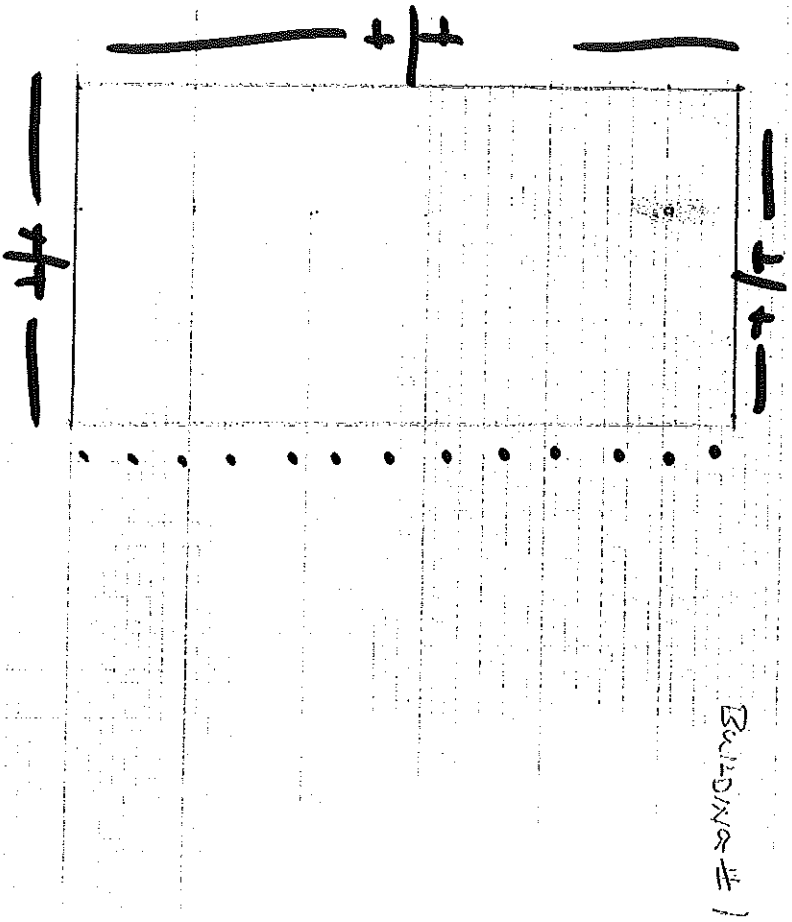
INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

TREATMENT NOTICE
LOCATION POSTED: _____

DATED: _____
DATED: _____

Owner's Name: Carlene Leavins Occupant: _____
 Trading Address: 645-629 Duclass RD City: Durham State: FL
 Home Phone: _____ Business Phone: _____ Inspected By: _____
 Linear Footage: 330 Built Pre 1987 Yes No Year Built _____
 Depth to Footer: _____ Front = _____, Right = _____, Rear = _____, Left = _____
 Arrow Manager Acceptance By: _____ Date: _____
 Foot Type: _____ Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Siding: _____ Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBO Gasfitter (NGF)
 Primary Use: _____



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____ DATE: _____ BY: _____

PERMANENT TREATMENT OR CONTROL TREATMENT

- | | | |
|--|---|---|
| <input type="checkbox"/> SUBTERRANEAN TERMITES = X | <input type="checkbox"/> POWDERPOST BEETLES = PPSB | <input type="checkbox"/> CARPENTER ANTS = CA |
| <input type="checkbox"/> DRYWOOD TERMITES = K | <input type="checkbox"/> WOOD BORING BEETLES = WB | <input type="checkbox"/> CELLULOSE DEBRIS = CD |
| <input type="checkbox"/> DAMPWOOD TERMITES = Z | <input type="checkbox"/> FUNGUS = F | <input type="checkbox"/> EXCESSIVE MOISTURE = EM |
| <input type="checkbox"/> EXISTING DAMAGE = (X) | <input type="checkbox"/> WELLCRISTERN = W/C | <input type="checkbox"/> FAULTY GRADE = FG |
| <input type="checkbox"/> FORMOSAN TERMITES = C | <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD | <input type="checkbox"/> EARTH-WOOD CONTACTS = EC |
| | <input type="checkbox"/> INACCESSIBLE AREAS = IA | |

- TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
- TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____
- Property Has A:
- | | | | | | |
|--|--|--|--|---|--|
| 1. Well | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. A/C - Heat Ducts In or Below Slab | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Stucco Below Grade | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Cistern | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Plenum A/C - Heat System | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Strydoman Insulation or "Dry-Vir" Below Grade | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Sump Pump | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Radiant Heat | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Wood Post or Pardon Embedded in Concrete | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. French Drain | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Visible Pond, Lake, Stream or Waterway | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Inaccessible Crawl Space | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Stucco Below Grade | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Wood-Earth Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Wood Diets in Crawl Space | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. "Rigid Foam Insulation" Below Grade | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Siding Less Than 6" from Grade | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Inadequate Ventilation in Crawl Space | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Checked Symbol Represents Damage From This Pest (Example (X), (Z), etc.)
- CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE
- _____

BY: _____ DATE: _____

BY: _____ DATE: _____

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE EVIDENCE OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY. I ALSO AFFIRM THAT I UNDERSTAND THAT ARROW ENVIRONMENTAL SERVICES IS NOT LIABLE FOR HIDDEN DAMAGE WHICH IS CONCEALED, OBSTRUCTED OR INACCESSIBLE TO THE INSPECTOR, AND I AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS GRAPH.

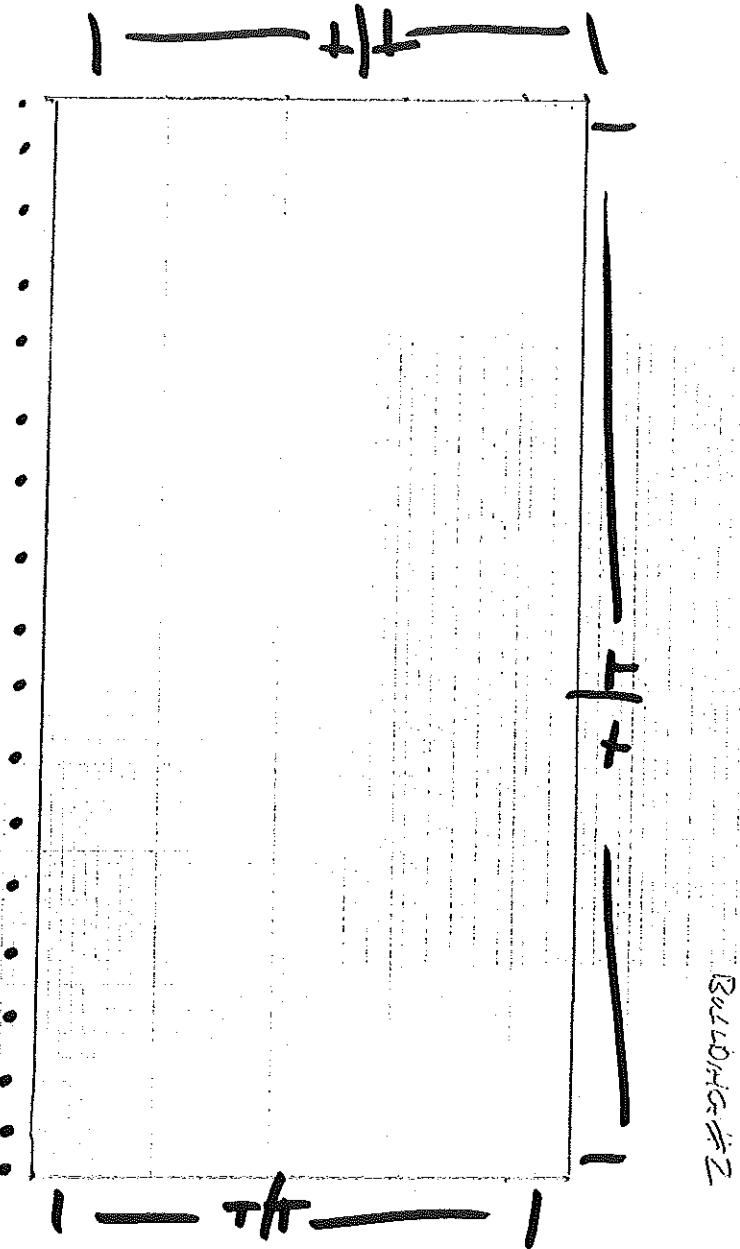
Charlotte Citrus Collier DeSoto Herdise Hendry Highlands
 Hillsborough Lee Manatee Monroe Pasco Pinellas Polk Sarasota



INSPECTION GRAPH

<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATE: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATE: _____

Owner's Name: CAROL LANNIER'S Occupant: _____
 Address: 615-625 DuBess Blvd City: Durham State: NC
 Home Phone: _____ Business Phone: _____ Inspected By: _____
 Lateral Footage: 300 Front = _____ Right = _____ Rear = _____ Left = _____
 Depth to Footer: _____ Built Pre 1987 Yes No Year Built: _____
 Arrow Manager/ Acceptance By: _____ Date: _____
 Roof Type: _____ Note "Hazard" Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
 Siding: _____ [] Sprinkler System Shut-off Valve (SSP) [] Exterior Natural Gas BPG (Shut-off) (NGP)
 Primary Use: _____



SCALE: 1":1' OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY:
DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT	KEY TO EVIDENCE OF:
	<input type="checkbox"/> SUBTERRANEAN TERMITES = X
	<input type="checkbox"/> DRYWOOD TERMITES = K
	<input type="checkbox"/> DAMPWOOD TERMITES = Z
	<input type="checkbox"/> EXISTING DAMAGE = (C)
	<input type="checkbox"/> FORMOSAN TERMITES = C
	<input type="checkbox"/> POWDER-POST BEETLES = PBB
	<input type="checkbox"/> WOOD BORING BEETLES = WB
	<input type="checkbox"/> RINGUS = F
	<input type="checkbox"/> WELLCISTERN = W/C
	<input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD
	<input type="checkbox"/> CARPENTER ANTS = CA
	<input type="checkbox"/> CELLULOSE DEBRIS = CD
	<input type="checkbox"/> EXCESSIVE MOISTURE = EM
	<input type="checkbox"/> FAULTY GRADE = FG
	<input type="checkbox"/> EARTH-WOOD CONTACTS = EC
	<input type="checkbox"/> INACCESSIBLE AREAS = IA

TYPE OF FOUNDATION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

PROPERTY HAS A:

1. Well	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. A/C - Heat Ducts in or Below Slab	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Stucco Below Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Gases	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Plenum A/C - Heat System	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Styrofoam Insulation or "Dry-Vit" Below Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Sump Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Radiant Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Wood Pect or Partition Embedded in Concrete	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. French Drain	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Viable Pond, Lake, Stream or Waterway	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Inaccessible Crawl Space	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Stucco Below Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Wood-Frame Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Holes/Debris in Crawl Space	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. "Rigid Foam Insulation" Below Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Siding Less Than 6" From Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Inadequate Ventilation in Crawl Space	<input type="checkbox"/> Yes <input type="checkbox"/> No

Control Symbol Represents Damage From This Pest (Example: (X), (C), etc.)

CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE

BY: _____ DATE: _____

BY: _____ DATE: _____

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE EVIDENCE OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY, I ALSO AGRREE THAT UNDERSTAND THAT ARROW ENVIRONMENTAL SERVICES IS NOT LIABLE FOR HIDDEN DAMAGE WHICH IS CONCEALED, OBSTRUCTED OR INACCESSIBLE TO THE INSPECTOR, AND I AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS GRAPH.

Charlotte Citrus Collier DeSoto Hardee Hendry Hernando Highlands
 Hillsborough Lee Manatee Monroe Pasco Pinellas Polk Sarasota
 or Central Invention Form 8/11



INSPECTION SERVICES
(800) 226-5139

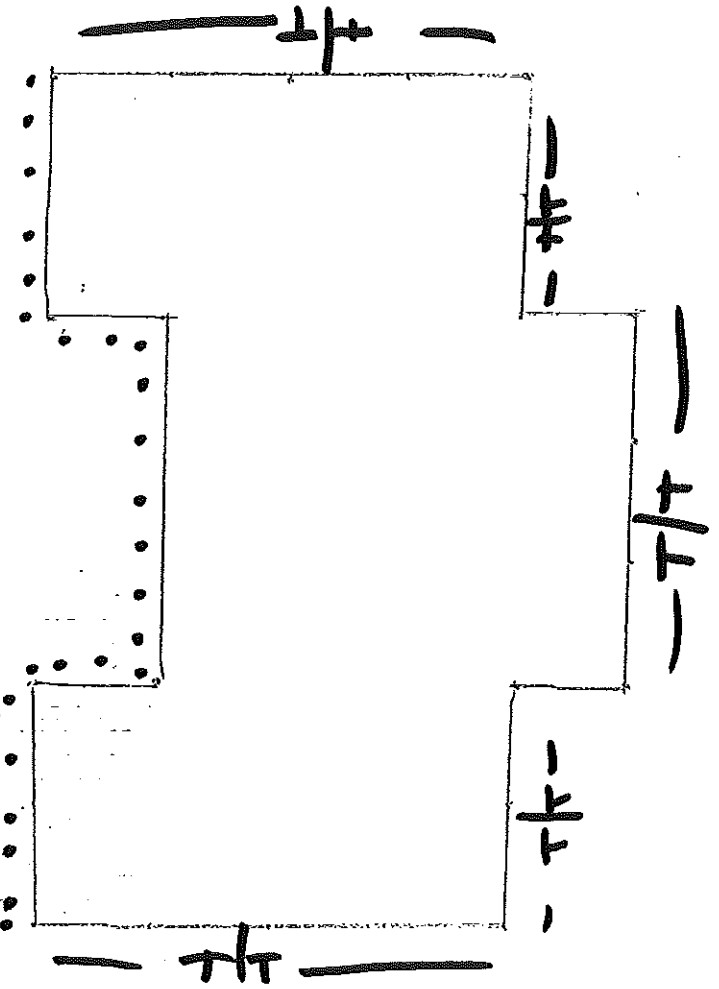
INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: Carlellu Lashin Inc Occupant: _____
 Treating Address: 2345-2853 HANCOCK DR City: Durham State: FL
 Home Phone: _____ Business Phone: _____
 Lineal Footage: 375 Inspected By: 10416
 Depth to Footer: _____ Front = _____ Right = _____
 Arrow Manager Acceptance By: _____ Rear = _____ Year Built _____
 Roof Type: _____ Left = _____
 Siding: _____
 Primary Use: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WSV) Gas Meter (GM)
 Sprinkler System Shut-off Valve (SSV) Exterior Natural Gas BBO Gutter/Frame (NGF)



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____

DATE: _____ BY: _____

<input type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT	KEY TO EVIDENCE OF:	<input type="checkbox"/> SUBTERRANEAN TERMITES = X	<input type="checkbox"/> POWDER-POST BEETLES = PPB	<input type="checkbox"/> CARPENTER ANTS = CA
		<input type="checkbox"/> DRAYWOOD TERMITES = K	<input type="checkbox"/> WOOD BORING BEETLES = WB	<input type="checkbox"/> CELLULOSE DEBRIS = CD
		<input type="checkbox"/> DAMPWOOD PERMITES = Z	<input type="checkbox"/> FUNGUS = F	<input type="checkbox"/> EXCESSIVE MOISTURE = EM
		<input type="checkbox"/> EXISTING DAMAGE = (X)	<input type="checkbox"/> WELLCISTERIN = W/C	<input type="checkbox"/> FAULTY GRADE = FG
		<input type="checkbox"/> FORMOSAN TERMITES = C	<input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD	<input type="checkbox"/> EARTHWOOD CONTACTS = EC
			<input type="checkbox"/> INVACCESSIBLE AREAS = IA	<input type="checkbox"/> INVACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts in or Below Slab Yes No 13. Sweets Below Grade Yes No

2. Cistem Yes No 8. Pleenum A/C - Heat System Yes No 14. Styrofoam Insulation or Dry-Vit Below Grade Yes No



INSPECTION GRAPH

Owner's Name: Cap Low Law Offices

Address: 614-612 Drake Ln

City: Durham

State: NC

Occupant: _____

Inspected By: 10/16

Date: _____

Year Built: _____

Left = _____

Right = _____

Rear = _____

Front = _____

Depth to Footer: 800

Business Phone: _____

Arrow Manager Acceptance By: _____

Roof Type: _____

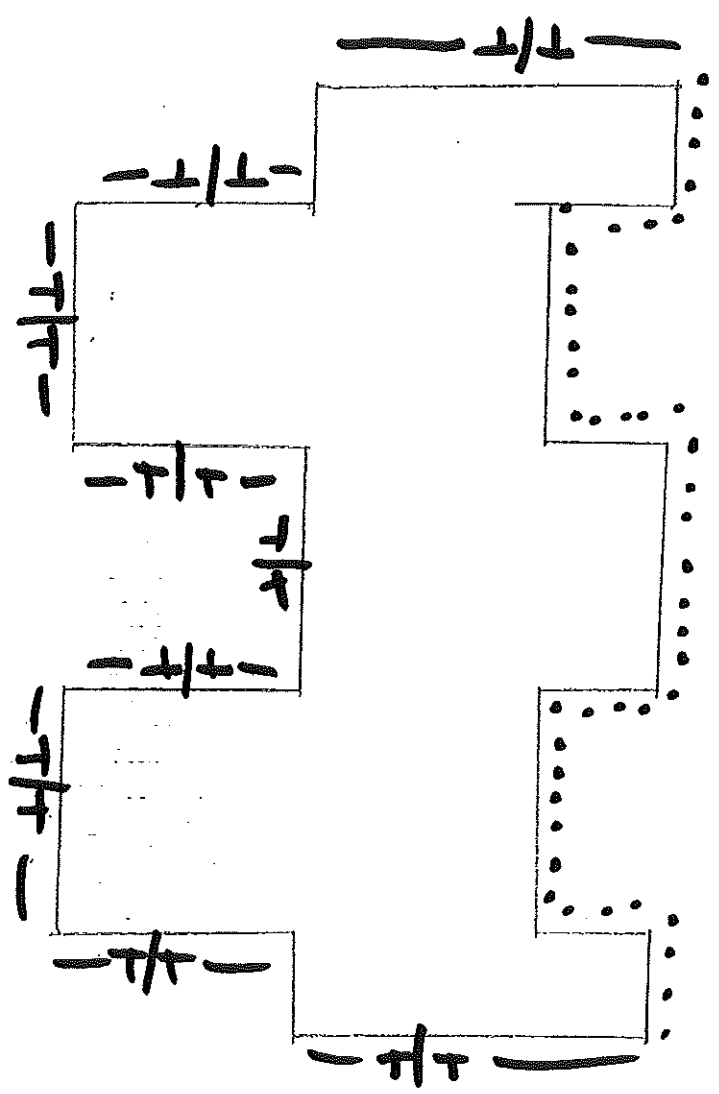
Siding: _____

Primary Use: _____

<input type="checkbox"/> INSPECTION NOTICE LOCATION POSTED: _____ DATED: _____	<input type="checkbox"/> TREATMENT NOTICE LOCATION POSTED: _____ DATED: _____
--	---

Home Phone: _____
 Lineal Footage: 800
 Depth to Footer: _____ Front = _____ Right = _____ Rear = _____ Left = _____
 Arrow Manager Acceptance By: _____
 Roof Type: _____
 Siding: _____
 Primary Use: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WSV) Gas Meter (GM)
 Sprinkler System Shut-off Valve (SSPV) Exterior Natural Gas B9Q Gas/Structure (NSGF)



SCALE: 1:1 OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____

DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT	KEY TO EVIDENCE OF:	<input type="checkbox"/> SUBTERRANEAN TERMITES = X	<input type="checkbox"/> POWDER-POST BEETLES = PPB	<input type="checkbox"/> CARPENTER ANTS = CA
		<input type="checkbox"/> DRYWOOD TERMITES = K	<input type="checkbox"/> WOOD BORING BEETLES = WBB	<input type="checkbox"/> CELLULOSE DEBRIS = CD
		<input type="checkbox"/> DAMPWOOD REMIANTS = Z	<input type="checkbox"/> FUNGUS = F	<input type="checkbox"/> EXCESSIVE MOISTURE = EM
		<input type="checkbox"/> EXISTING DAMAGE = \otimes	<input type="checkbox"/> WELLCRIBERN = WWC	<input type="checkbox"/> FAULTY GRADE = FG
		<input type="checkbox"/> FORMOSAN TERMITES = C	<input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD	<input type="checkbox"/> EARTH-WOOD CONTACTS = EC

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts in or Below Slab Yes No 13. Stucco Below Grade Yes No

2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or Dry-Vit Below Grade Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____

DATED: _____

TREATMENT NUMBER
LOCATION POSTED: _____
DATED: _____

Owner's

Name: Charles Anderson

Occupant: _____

Address: 617-645 Drake Ln City: Downing State: FL

Home Phone: _____ Business Phone: _____

Lineal Footage: 800 Inspected By: 1046

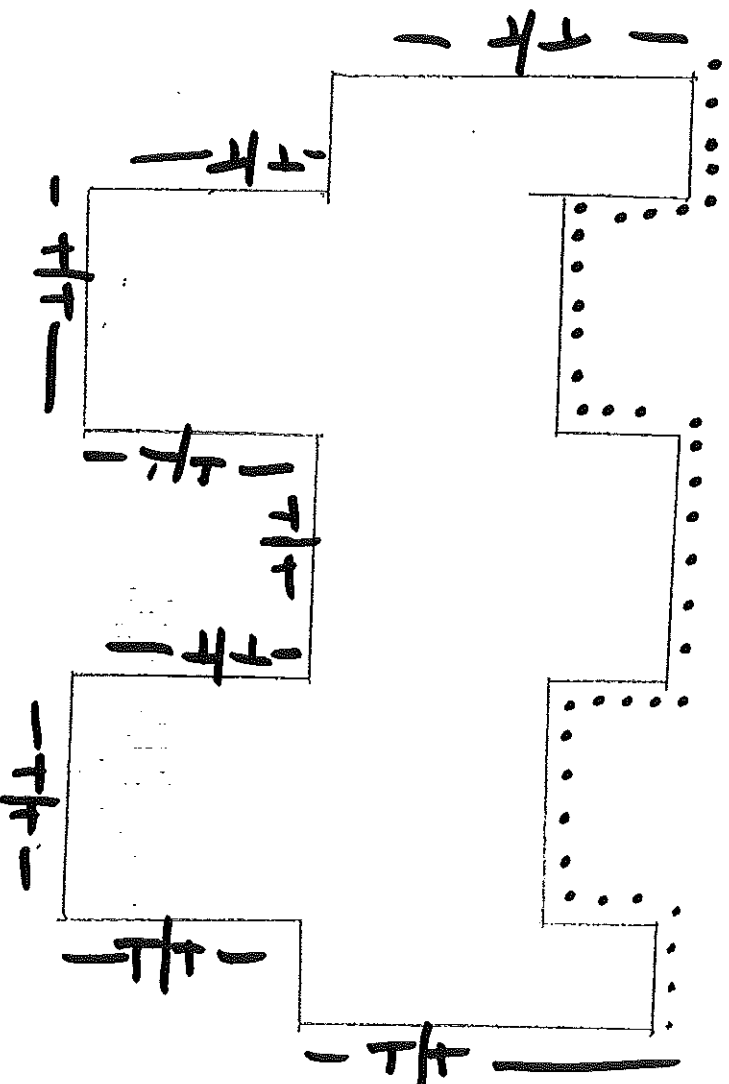
Depth to Pooler: _____ Front = _____ Right = _____ Built Pre 1985? Yes No Year Built _____

Arrow Manager Acceptance By: _____ Rear = _____ Left = _____

Roof Type: _____ Date: _____

Siding: _____ Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)

Primary Use: _____ Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BOD Gas/Fixture (NSF)



SCALE: 1/4" = 1' OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY:

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

- | | | | |
|--|---|--|---|
| KEY TO EVIDENCE OF: | <input type="checkbox"/> SUBTERRANEAN TERMITES = X | <input type="checkbox"/> POWDER-POST BEETLES = PPB | <input type="checkbox"/> CARPENTER ANTS = CA |
| <input type="checkbox"/> DAMAGED REMAINS = Z | <input type="checkbox"/> EXISTING DAMAGE = X | <input type="checkbox"/> WOOD BORING BEETLES = WB | <input type="checkbox"/> CELLULOSE DEBRIS = CD |
| <input type="checkbox"/> FORMOSAN TERMITES = C | <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD | <input type="checkbox"/> FUNGUS = F | <input type="checkbox"/> EXCESSIVE MOISTURE = EM |
| | | <input type="checkbox"/> WEL/OISTERN = W/C | <input type="checkbox"/> FAULTY GRADE = FG |
| | | | <input type="checkbox"/> EARTH-WOOD CONTACTS = EC |
| | | | <input type="checkbox"/> INACCESSIBLE AREAS = IA |

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

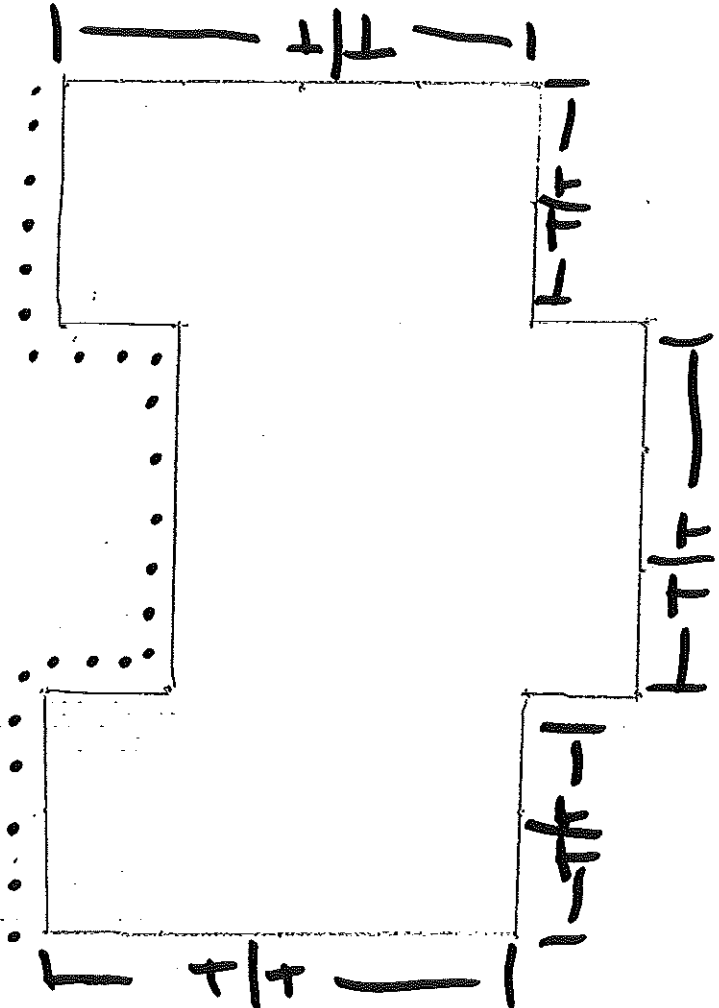
- Property Has A:
- 1. Vail Yes No
 - 2. Cistem Yes No
 - 7. A/C - Heat Ducts In or Below Slab Yes No
 - 8. Plenum A/C - Heat System Yes No
 - 13. Sump Below Grade Yes No
 - 14. Sycfam Installation or "Dry-It" Below Grade Yes No



INSPECTION GRAPH

<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: CURECU CASINO INC Occupant: _____
 Address: 630-612 DEXTERS City: DUNEDIN State: FL
 Home Phone: _____ Business Phone: _____ Inspected By: 10/16
 Lineal Footage: 375 Depth to Footer: _____ Front = _____ Right = _____ Rear = _____ Loft = _____
 Built Pro 1985? Yes No Year Built _____
 Arrow Manager Acceptance By: _____ Date: _____
 Roof Type: _____ Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Siding: _____ Sprinkler System Shut-off Valve (SSSP) Exterior Natural Gas B90 Gallon (N9G)
 Primary Use: _____



SCALE 1/4" OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____
 DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

- | | | | |
|--|--|---|---|
| KEY TO EVIDENCE OFF: | <input type="checkbox"/> SUBTERRANEAN TERMITES = X | <input type="checkbox"/> POWDER-POST BEETLES = PPB | <input type="checkbox"/> CARPENTER ANTS = CA |
| <input type="checkbox"/> DRYPWOOD TERMITES = K | <input type="checkbox"/> WOOD BORING BEETLES = WB | <input type="checkbox"/> CELLULOSE DEBRIS = CD | <input type="checkbox"/> EXCESSIVE MOISTURE = EM |
| <input type="checkbox"/> EXISTING DAMAGE = Z | <input type="checkbox"/> FUNGUS = F | <input type="checkbox"/> FAULTY GRADE = FG | <input type="checkbox"/> EARTH-WOOD CONTACTS = EC |
| <input type="checkbox"/> FORMOSAN TERMITES = C | <input type="checkbox"/> WELL/CISTERN = W/C | <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD | <input type="checkbox"/> INACCESSIBLE AREAS = IA |

TYPE OF FOUNDATION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

- Property Has A:
- 1. Mold Yes No
 - 2. Cellulose Yes No
 - 7. A/C - Heat Ducts in or Below Slab Yes No
 - 8. Premium A/C - Heat System Yes No
 - 13. Stucco Below Grade Yes No
 - 14. Styrofoam Insulation or "Dry-Vit" Below Grade Yes No



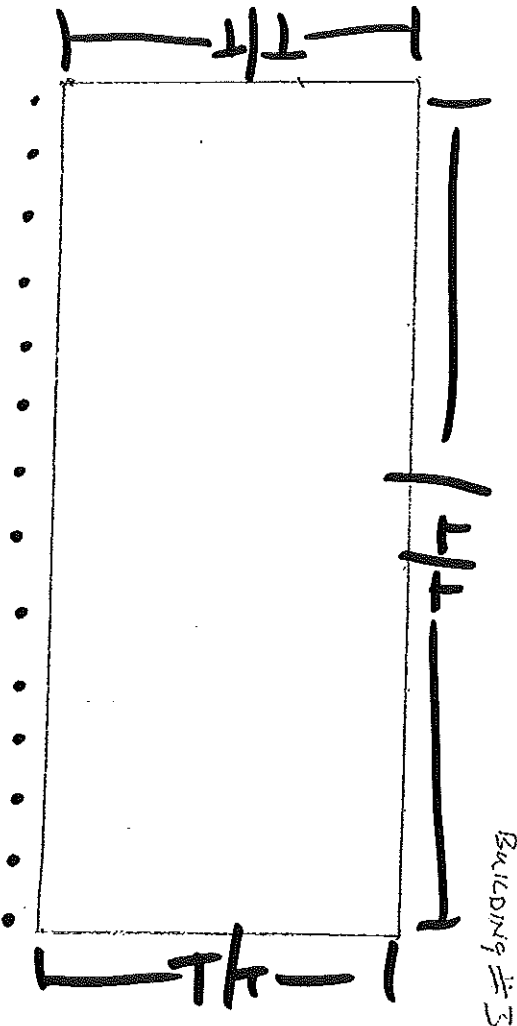
INDEPENDENT SERVICE
(800) 226-3139

INSPECTION GRAPH

<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: Carlewi Landings Occupant: _____
 Treating Address: 539-519 WILLOW CT City: DANFORD State: VT
 Home Phone: _____ Business Phone: _____ Inspected By: _____
 Linear Footage: 350 Depth to Footing: _____ Front = _____ Right = _____ Rear = _____ Left = _____
 Arrow Manager Acceptance By: _____ Built Pre 1985? Yes No Year Built: _____
 Roof Type: _____ Date: _____
 Siding: _____
 Primary Use: _____

Note: *Hazard* Locations on Graph: [] Water Shut-off Valve (WS) [] Gas Meter (GM)
 [] Sprinkler System Shut-off Valve (SSV) [] Exterior Natural Gas B90 Gallon/Year (NGF)



SCALE: 1/4" OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____

DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT	KEY TO EVIDENCE OF:	<input type="checkbox"/> SUBTERRANEAN TERMITES = X	<input type="checkbox"/> POWDER-POST BEETLES = PPB	<input type="checkbox"/> CARPENTER ANTS = CA
		<input type="checkbox"/> DRYWOOD TERMITES = K	<input type="checkbox"/> WOOD BORING BEETLES = WB	<input type="checkbox"/> CELLULOSE DEBRIS = CD
		<input type="checkbox"/> DAMPWOOD TERMITES = Z	<input type="checkbox"/> FUNGUS = F	<input type="checkbox"/> EXCESSIVE MOISTURE = EM
		<input type="checkbox"/> EXISTING DAMAGE = ⓧ	<input type="checkbox"/> WELL/CISTERN = W/C	<input type="checkbox"/> FAULTY GRADE = FG
		<input type="checkbox"/> FORMOSAN TERMITES = C	<input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD	<input type="checkbox"/> EARTH-WOOD CONTACTS = EC
			<input type="checkbox"/> INACCESSIBLE AREAS = IA	<input type="checkbox"/> INACCESSIBLE AREAS = IA

TYPE OF FOUNDATION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF CONSTRUCTION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____
 Property Has A:

1. Wall: Yes No 7. A/C - Heat Ducts In or Below Slab: Yes No 13. Stucco Below Grade: Yes No
 2. Ceiling: Yes No 8. Plenum A/C - Heat System: Yes No 14. Strydam Installation or "Dry-Vit" Below Grade: Yes No



INSPECTION GRAPH

(800) 226-5139

INSPECTION NOTICE
 LOCATION POSTED: _____
 DATED: _____

Owner's Name: Carlewi Land Services Occupant: _____
 Treating Address: 514-53d WILSON CT on DANDELION Street AL

TREATMENT NOTICE
 LOCATION POSTED: _____
 DATED: _____

Home Phone: _____ Business Phone: _____ Inspected By: _____

Lineal Footage: 350 Depth to Footer: _____ Front = _____ Right = _____ Rear = _____ Left = _____

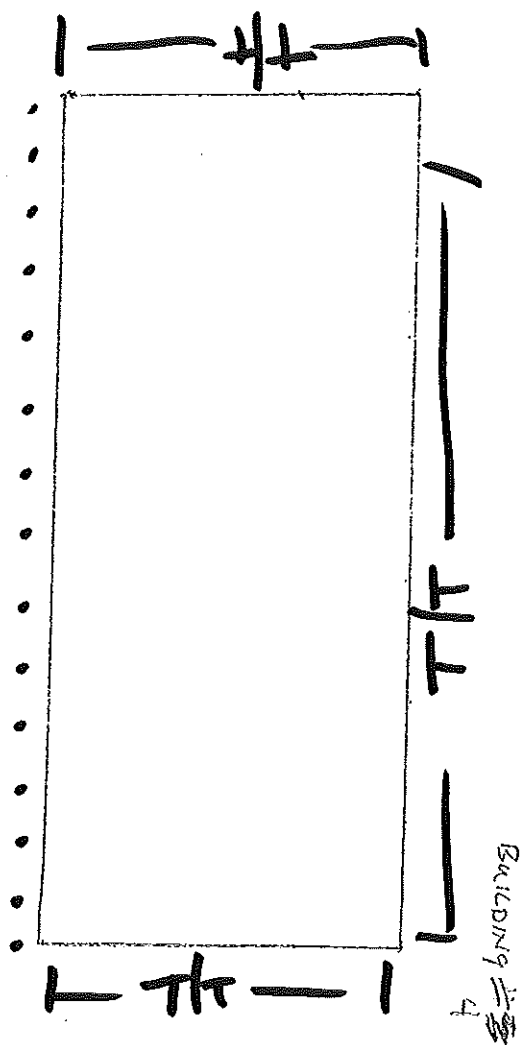
Built Prior 1987 Yes No Year Built: _____

Arrow Manager Acceptance By: _____ Date: _____

Roof Type: _____ Note "Hazard" Locations on Graph: () Water Shut-off Valve (WS) () Gas Meter (GM)

Siding: _____ () Sprinkler System Shut-off Valve (SSP) () Exterior Natural Gas BBQ Grill/Fixture (NGR)

Primary Use: _____



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____
DATE: _____ BY: _____

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT | KEY TO EVIDENCE OF: <input type="checkbox"/> SUBTERRANEAN TERMITES = X <input type="checkbox"/> DRYWOOD TERMITES = K <input type="checkbox"/> DAMPWOOD TERMITES = Z <input type="checkbox"/> EXISTING DAMAGE = @ <input type="checkbox"/> FORMOSAN TERMITES = C | <input type="checkbox"/> POWDER-POST BEETLES = PPB <input type="checkbox"/> WOOD BORING BEETLES = WB <input type="checkbox"/> FUNGUS = F <input type="checkbox"/> WELLCISTERN = W/C <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD | <input type="checkbox"/> CARPENTER ANTS = CA <input type="checkbox"/> CELLULOSE DEBRIS = CD <input type="checkbox"/> EXCESSIVE MOISTURE = EM <input type="checkbox"/> FAULTY GRADE = FG <input type="checkbox"/> EARTHWOOD CONTACTS = EC <input type="checkbox"/> INACCESSIBLE AREAS = IA |
|---|---|---|---|

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

- Property Has A:
- 1. Well _____ Yes No
 - 2. Cistern _____ Yes No
 - 7. A/C - Heat Ducts In or Below Slab _____ Yes No
 - 8. Pictam A/C - Heat System _____ Yes No
 - 13. Stucco Below Grade _____ Yes No
 - 14. Styrofoam Insulation or "Dry-Air" Below Grade _____ Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: CLARK LAMAR LAMAR

Treating Address: 538-5600 WINDY CT

Home Phone: _____

City: DANMOR

State: FL

Occurrence: _____

Lineal Footage: 450

Business Phone: _____

Inspected By: JPH

Depth to Footing: _____

Front = _____

Right = _____

Rear = _____

Year Built _____

Arrow Manager Acceptance By: _____

Front = _____

Right = _____

Rear = _____

Year Built _____

Roof Type: _____

Front = _____

Right = _____

Rear = _____

Year Built _____

Siding: _____

Front = _____

Right = _____

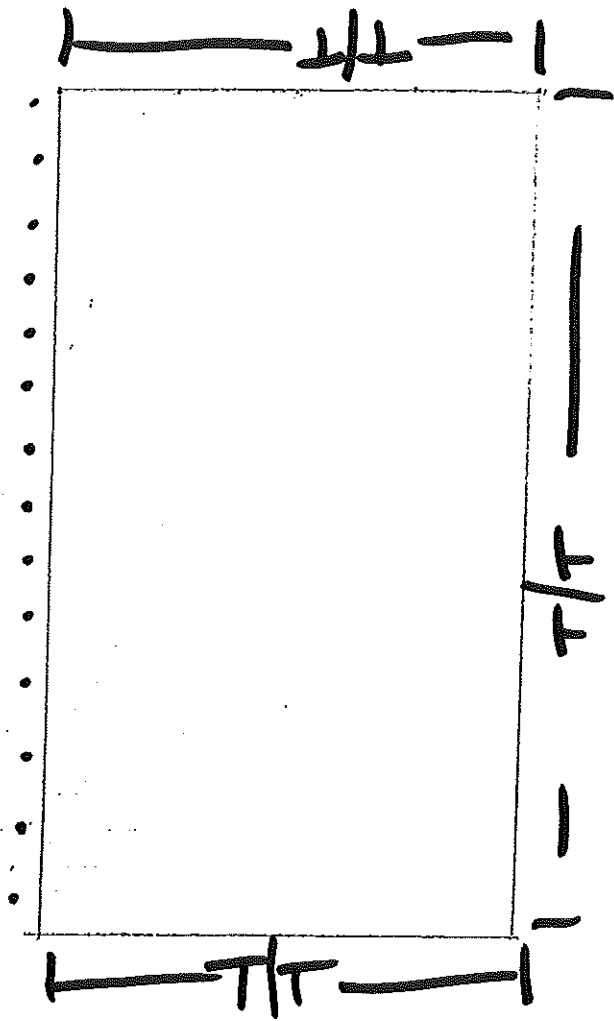
Rear = _____

Year Built _____

Primary Use: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WV) Gas Meter (GM)
 Sprinkler System Shut-off Valve (SSV) Exterior Natural Gas BBQ Grill/Pit (NGP)

BUILDING # 5



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY: _____

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

KEY TO EVIDENCE OFF:

SUBTERRANEAN TERMITES = X
 DRYWOOD TERMITES = K
 DAMPWOOD TERMITES = Z
 EXISTING DAMAGE = @
 FORMOSAN TERMITES = C

POWDER-POST BEETLES = PPB
 WOOD BORING BEETLES = WB
 FUNGUS = F
 WBL/CISTERNA = W/C
 POSSIBLE HIDDEN DAMAGE = PHD

CARPENTER ANTS = CA
 CELLULOSE DEBRIS = CD
 EXCESSIVE MOISTURE = EM
 FAULTY GRADE = FG
 SARTHWOOD CONTACTS = SC
 INACCESSIBLE AREAS = IA
 INACCESSIBLE SLAB
 SUPPORTED SLAB

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts In or Below Slab Yes No 13. Stucco Below Grade Yes No

2. Caten Yes No 8. Perimeter A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade Yes No



INSPECTION SERVICES
(800) 226-3139

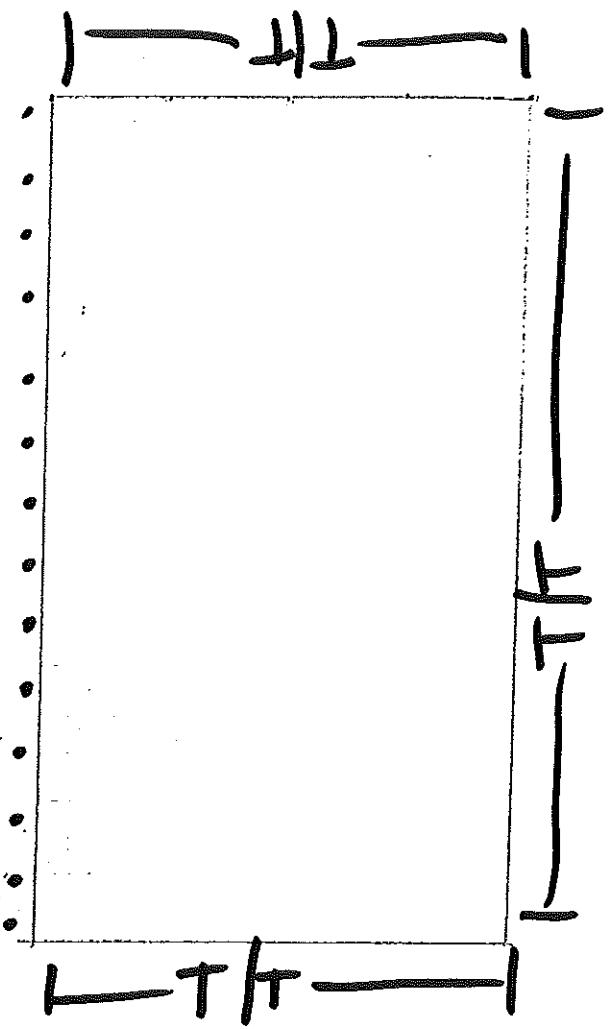
INSPECTION GRAPH

<input type="checkbox"/> INSPECTION NOTICE LOCATION POSTED: _____ DATED: _____
<input type="checkbox"/> TREATMENT NOTICE LOCATION POSTED: _____ DATED: _____

Owner's Name: CARLENE LAMMERS Occupant: _____
 Address: 570-598 City: DANMOR State: FL
 Home Phone: _____ Business Phone: _____
 Lineal Footage: 450 Inspected By: JDL
 Depth to Footer: _____ Front = _____ Right = _____ Rear = _____
 Arrow Manager/Inspector By: _____ Built Pre 1987 Yes No
 Roof Type: _____ Year Built: _____
 Siding: _____ Date: _____
 Primary Use: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WSV) Gas Meter (GM)
 Sprinkler System Shut-off Valve (SSV) Exterior Natural Gas BBQ Grill/Pitane (NGF)

BUILDING # 6



SCALE: 1/4" OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY:
DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT	KEY TO EVIDENCE OFF:	<input type="checkbox"/> SUBTERRANEAN TERMITES = X <input type="checkbox"/> DRYWOOD TERMITES = K <input type="checkbox"/> DAMPWOOD TERMITES = Z <input type="checkbox"/> EXISTING DAMAGE = <input checked="" type="checkbox"/> <input type="checkbox"/> FORMOSAN TERMITES = C	<input type="checkbox"/> POWDER-POST BEETLES = PPB <input type="checkbox"/> WOOD BORING BEETLES = WB <input type="checkbox"/> FUNGUS = F <input type="checkbox"/> WELLCISTERN = WWC <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD	<input type="checkbox"/> CARPENTER ANTS = CA <input type="checkbox"/> CELLULOSE DEBRIS = CD <input type="checkbox"/> EXCESSIVE MOISTURE = EM <input type="checkbox"/> FAULTY GRADE = FG <input type="checkbox"/> EARTH-WOOD CONTACTS = EC <input type="checkbox"/> INACCESSIBLE AREAS = IA
---	----------------------	---	---	---

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A:

1. Well Yes No 7. A/C - Heat Ducts in or Below Slab Yes No 13. Stucco Below Grade Yes No
 2. Cistern Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade Yes No



INSPECTION GRAPH

ARROW ENVIRONMENTAL SERVICES
(800) 228-5139

INSPECTION NOTICE
LOCATION POSTED: _____

Owner's Name: William Davidson

Occupant: _____

Treating Address: 2364-2376 Hubbard

City: DAVIDSON

State: FL

TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Home Phone: _____

Business Phone: _____

Inspected By: JDH

Linear Footage: 390

Built Pro 1989? Yes No

Year Built: _____

Depth to Footer: _____

Front = _____

Right = _____

Rear = _____

Left = _____

Roof Type: _____

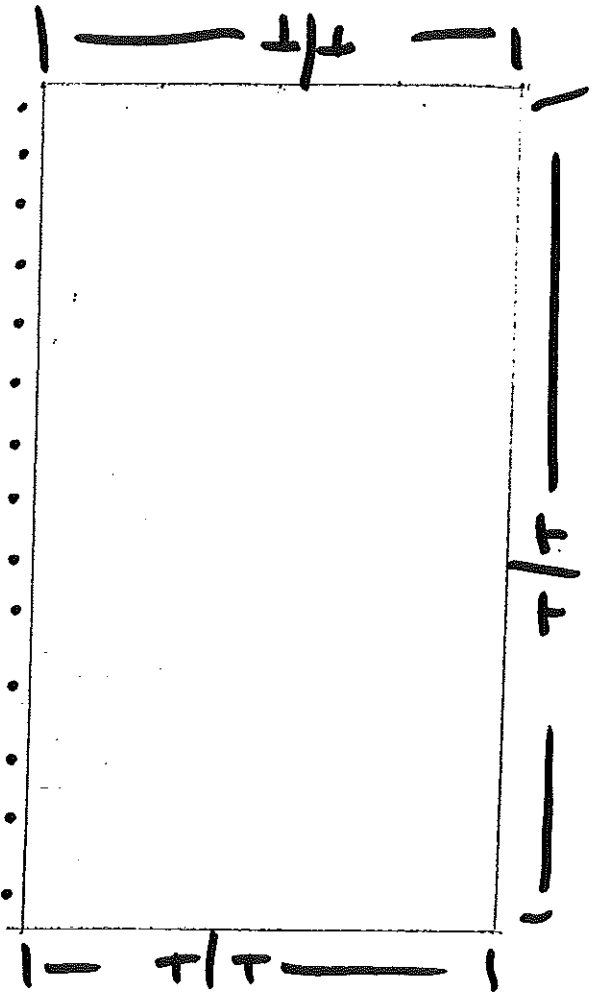
Date: _____

Arrow Manager/ Acceptance By: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBQ Grill/Barbeque (NSG)

Primary Use: _____

Building #7



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY:

DATE: _____ BY: _____

PREVENTIVE TREATMENT OR CONTROL TREATMENT

- | | | | |
|---------------------|--|---|---|
| KEY TO EVIDENCE OF: | <input type="checkbox"/> SUBTERRANEAN TERMITES = X | <input type="checkbox"/> POWDER-POST BEETLES = PPB | <input type="checkbox"/> CARPENTER ANTS = CA |
| | <input type="checkbox"/> DRYWOOD TERMITES = K | <input type="checkbox"/> WOOD BORING BEETLES = WB | <input type="checkbox"/> CELLULOSE DEBRIS = CD |
| | <input type="checkbox"/> DAMPWOOD TERMITES = Z | <input type="checkbox"/> FUNGUS = F | <input type="checkbox"/> EXCESSIVE MOISTURE = EM |
| | <input type="checkbox"/> EXISTING DAMAGE = D | <input type="checkbox"/> WELL/LEAKS = W/L | <input type="checkbox"/> FAULTY GRADE = FG |
| | <input type="checkbox"/> FORMOSAN TERMITES = C | <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD | <input type="checkbox"/> EARTH-WOOD CONTACTS = EC |

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A:

1. Well _____ Yes No 7. A/C - Heat Ducts In or Below Slab _____ Yes No 13. Steps Below Grade _____ Yes No

2. Cistern _____ Yes No 8. Plenum A/C - Heat System _____ Yes No 14. Sepsystem Installation or "Dry-Vit" Below Grade _____ Yes No



INSPECTION GRAPH

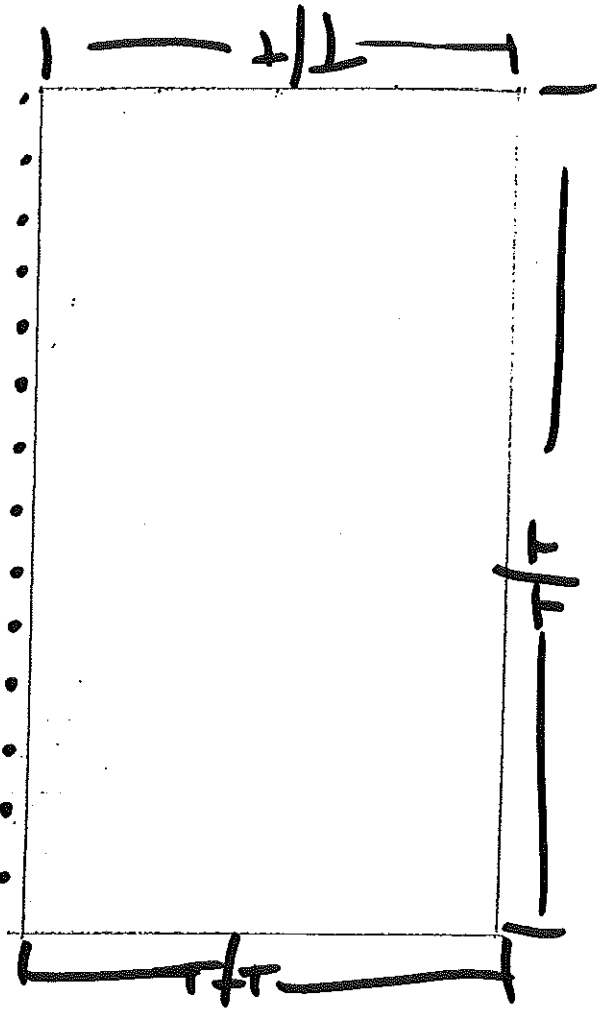
ENVIRONMENTAL SERVICES
(800) 226-3739

Owner's Name: CARLINE LAWRENCE Occupant: _____
Address: 2382-2394 HANORE DR on DIXON State: FL

<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Home Phone: _____ Business Phone: _____ Inspected By: JOH
 Lateral Footage: 390 Depth to Footer: _____ Front = _____ Right = _____ Rear = _____ Left = _____
 Built Pre 1985? Yes No Year Built: _____
 Arrow Manager Acceptance By: _____ Date: _____
 Rod Type: _____ Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Siding: _____ Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBQ Grill/Panure (NGP)
 Primary Use: _____

BUILDING # 8



SCALE: 1". OTHER _____

CUSTOMER SIGNATURE ON REVISED COPY: _____
DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT
<input type="checkbox"/> KEY TO EVIDENCE OF:
<input type="checkbox"/> SUBTERRANEAN TERMITES = X
<input type="checkbox"/> DRYWOOD TERMITES = K
<input type="checkbox"/> DAMPWOOD TERMITES = Z
<input type="checkbox"/> FORMOSAN TERMITES = C
<input type="checkbox"/> POWDER-POST BEETLES = PRB
<input type="checkbox"/> WOOD BORING BEETLES = WB
<input type="checkbox"/> FUNGUS = F
<input type="checkbox"/> WELLCISTERIA = W/C
<input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD
<input type="checkbox"/> CARPENTER ANTS = CA
<input type="checkbox"/> CELLULOSE DEBRIS = CD
<input type="checkbox"/> EXCESSIVE MOISTURE = EM
<input type="checkbox"/> FAULT GRADE = FG
<input type="checkbox"/> EXATHWOOD CONTACTS = EC
<input type="checkbox"/> INACCESSIBLE AREAS = IA

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____
 Property Has A:

1. Wall _____ Yes No 7. A/C - Heat Ducts in or Below Slab _____ Yes No 13. Stucco Below Grade _____ Yes No
 2. Ceiling _____ Yes No 8. Plenum A/C - Heat System _____ Yes No 14. Stryotam Insulation or "Dry-Vit" Below Grade _____ Yes No



INSPECTION GRAPH

COMMERCIAL SERVICES
(800) 226-3139

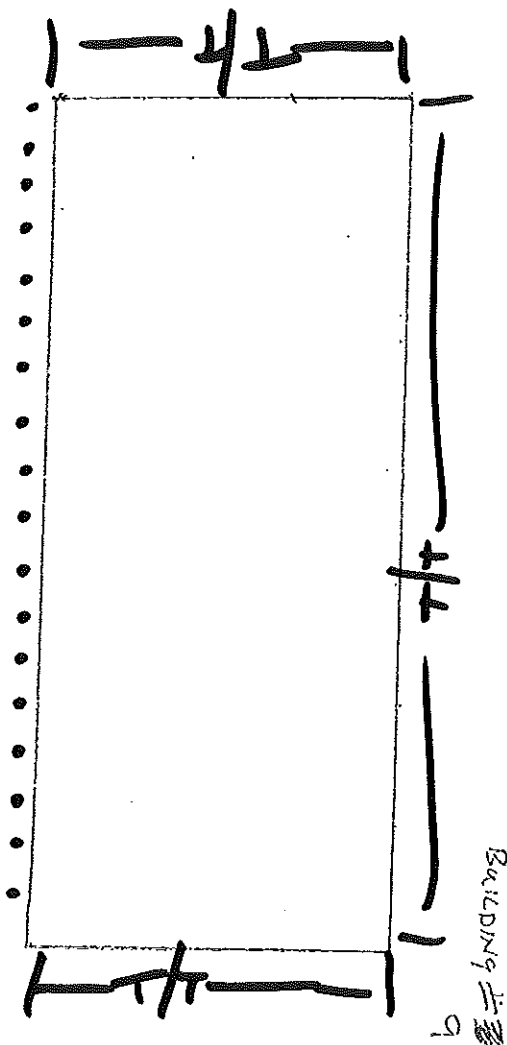
<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: CLAYTON LANDINGS Occupant: _____
 Address: 2387 - 2397 HAWORTH DR City: DALLAS State: TX

Home Phone: _____ Business Phone: _____ Inspected By: _____
 Date: _____

Lineal Footage: 350 Depth to Footer: _____ Front = _____ Right = _____
 Year Built: _____
 Arrow Manager Acceptance By: _____ Rear = _____ Left = _____

Roof Type: _____ Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Siding: _____ Sprinkler System Shut-off Valve (SSV) Exterior Natural Gas BBQ Grill/Pit (ENGR)
 Primary Use: _____



SCALE: 1:1, OTHER _____
 CUSTOMER SIGNATURE ON REVERSED COPY: _____
 BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT	KEY TO EVIDENCE	<input type="checkbox"/> SUBTERRANEAN TERMITES = X	<input type="checkbox"/> POWDER-POST BEETLES = PBB	<input type="checkbox"/> CARPENTER ANTS = CA
		<input type="checkbox"/> DRYPWOOD TERMITES = K	<input type="checkbox"/> WOOD BORING BEETLES = WBB	<input type="checkbox"/> CELLULOSE DEBRIS = CD
		<input type="checkbox"/> DAMPWOOD TERMITES = KZ	<input type="checkbox"/> FUNGUS = F	<input type="checkbox"/> EXCESSIVE MOISTURE = EM
		<input type="checkbox"/> EXISTING DAMAGE = (X)	<input type="checkbox"/> WELL/CEILING = W/C	<input type="checkbox"/> FAULTY GRADE = FG
		<input type="checkbox"/> FORMOSAN TERMITES = C	<input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD	<input type="checkbox"/> EARTH-WOOD CONTACTS = EC

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A:
 1. Well _____ Yes No 7. A/C - Heat Direct In or Below Slab _____ Yes No 13. Sump Below Grade _____ Yes No
 2. Cistern _____ Yes No 8. Plenum A/C - Heat System _____ Yes No 14. Sprayfoam Insulation or "Dry-Vet" Below Grade .. Yes No



INSPECTION GRAPH

Owner's Name: CAROLAN WARDING

Address: 2373-2385 Hudson Dr City: Durham State: NC

Home Phone: _____ Business Phone: _____

Inspected By: JOH

Date: _____

Year Built _____

Lot # _____

<input type="checkbox"/> INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____
<input type="checkbox"/> TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Occupant: _____

Lineal Footage: 340

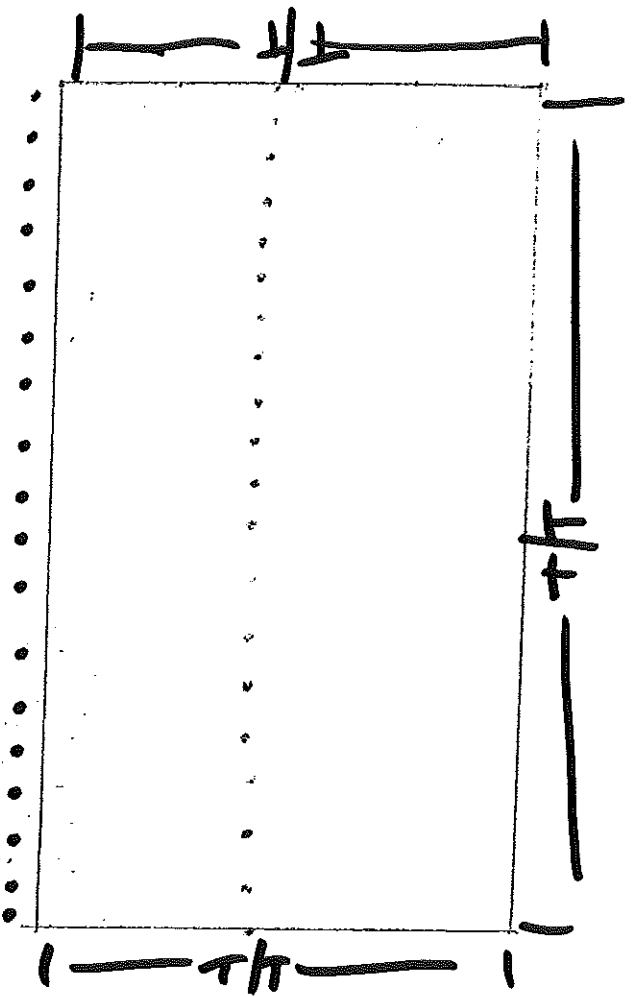
Depth to Footer: _____ Front # _____ Right # _____ Rear # _____

Roof Type: _____

Primary Uses: _____

Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM) Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBQ Gas/Fixture (NGF)

BUILDING # 10



SCALE: 1:1, OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____

DATE: _____ BY: _____

<input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT
<input type="checkbox"/> KEY TO EVIDENCE
<input type="checkbox"/> FORMOSAN TERMITES = C

- SUBTERRANEAN TERMITES = X
- DRYWOOD TERMITES = K
- DAMPWOOD TERMITES = Z
- EXISTING DAMAGE = 3
- POWDER-POST BEETLES = PPB
- WOOD BORING BEETLES = WBB
- FUNGUS = F
- WELLS/STERN = W/S
- POSSIBLE HIDDEN DAMAGE = PHD
- CARPENTER ANTS = CA
- CELLULOSE DEBRIS = CD
- EXCESSIVE MOISTURE = EM
- FAULTY GRADE = FG
- EARTH-WOOD CONTACTS = EC
- INACCESSIBLE AREAS = IA

TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A: Yes No 7. A/C - Heat Ducts In or Below Slab Yes No 13. Stucco Below Grade Yes No

2. Well Yes No 8. Plenum A/C - Heat System Yes No 14. Styrofoam Insulation or "Dry-Vit" Below Grade Yes No



INSPECTION GRAPH

INSPECTION NOTICE
LOCATION POSTED: _____
DATED: _____

Owner's Name: CARLENS LANDINGS Occupant: _____
 (800) 228-3139

Trailing Address: 2361-2371 HANSON DR City: DUNDAS State: FL

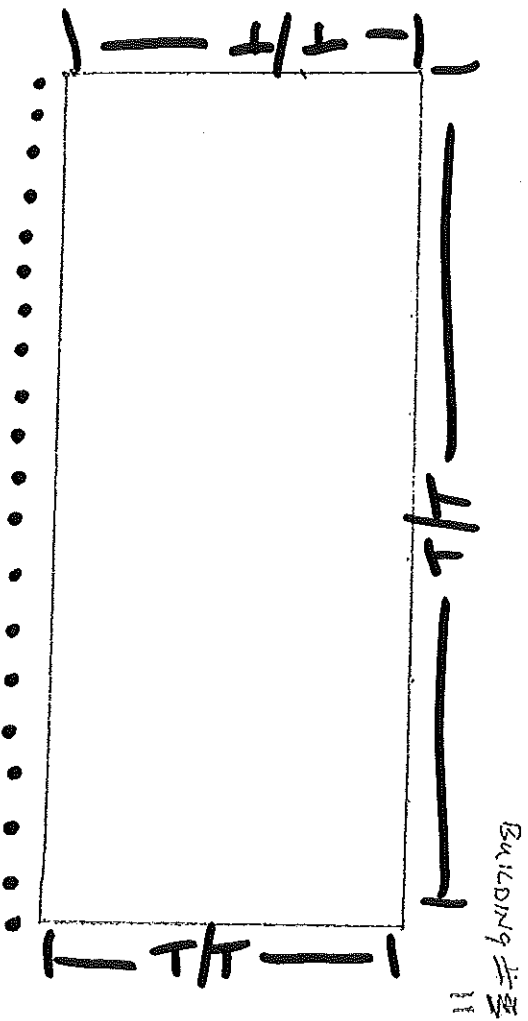
TREATMENT NOTICE
LOCATION POSTED: _____
DATED: _____

Home Phone: _____ Business Phone: _____ Inspected By: _____

Lineal Footage: 350 Depth to Footer: _____ Front = _____ Right = _____ Rear = _____ Left = _____
 Built Pre 1987? Yes No Year Built: _____

Arrow Manager Acceptance By: _____ Date: _____

Road Type: _____ Note "Hazard" Locations on Graph: Water Shut-off Valve (WS) Gas Meter (GM)
 Sidings: Sprinkler System Shut-off Valve (SSP) Exterior Natural Gas BBQ Grill/Inure (NGP)
 Primary Use: _____



SCALE: 1:1. OTHER _____

CUSTOMER SIGNATURE ON REVERSED COPY: _____
 DATE: _____ BY: _____

- | | | | | |
|---|---------------------|--|---|--|
| <input checked="" type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT | KEY TO EVIDENCE OF: | <input type="checkbox"/> SUBTERRANEAN TERMITES = X | <input type="checkbox"/> POWDER-POST BEETLES = PPB | <input type="checkbox"/> CARPENTER ANTS = CA |
| | | <input type="checkbox"/> DRYWOOD TERMITES = K | <input type="checkbox"/> WOOD BORING BEETLES = WB | <input type="checkbox"/> CELLULOSE DEBRIS = CD |
| | | <input type="checkbox"/> DAMPWOOD TERMITES = Z | <input type="checkbox"/> FUNGUS = F | <input type="checkbox"/> EXCESSIVE MOISTURE = EM |
| | | <input type="checkbox"/> EXISTING DAMAGE = (X) | <input type="checkbox"/> W/ILDCISTERN = W/IC | <input type="checkbox"/> FAULTY GRADE = FG |
| | | <input type="checkbox"/> FORMOSAN TERMITES = C | <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD | <input type="checkbox"/> EARTHWOOD CONTACTS = EC |

TYPE OF CONSTRUCTION: ACCESSIBLE CRAWL SPACE INACCESSIBLE CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER _____

Property Has A:
 1. Wall _____ Yes No 7. A/C - Heat Ducts in or Below Slab _____ Yes No 13. Stucco Below Grade _____ Yes No
 2. Ceiling _____ Yes No 8. Plenum A/C - Heat System _____ Yes No 14. Synthetic Insulation or "Dry-Air" Below Grade: _____ Yes No