

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9904880

Insp Area: 3

Site Address: 2625 54TH ST SAC

Parcel No: 011-0232-024

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

ZAP TERMITE
7233 26TH AV
RIO LINDA CA 95673

OWNER

SCHWARTZ PATRICIA K/DAVID B
2625 54TH ST
SACRAMENTO CA 95817

ARCHITECT

Nature of Work: TERMITE AND DRYROT REPAIR

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class FRM License Number CPR 8226 Date 5-11-99 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

____ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 5-10-99 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier SUPERIOR NATIONAL Policy Number WON 60526-C Exp Date 3-31-00

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 5-11-99 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION. DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

This is an inspection report only -- not a Notice of Completion
ADDRESS OF PROPERTY INSPECTED

BUILDING NO.	STREET	CITY	ZIP	COUNTY CODE	DATE OF INSPECTION	NUMBER OF PAGES
2625	54TH STREET	SACRAMENTO	95817	34	05/04/99	3

ZAP TERMITE & PEST CONTROL, INC.
7233 26th Street
Rio Linda, CA 95673
(800) 414-1515



Affix stamp here on Board copy only
A LICENSED PEST CONTROL OPERATOR IS AN EXPERT IN HIS/HER FIELD. ANY QUESTIONS RELATIVE TO THIS REPORT SHOULD BE REFERRED TO HIM/HER.

REGISTRATION #	REPORT #	STAMP #	ESCROW #
PR 0149	74420B	2188326V	

ORDERED BY: PATRICIA SCHWARTZ 2625 54TH STREET SACRAMENTO CA 95817

REPORT SENT TO: _____

PROPERTY OWNER: PATRICIA SCHWARTZ 2625 54TH STREET SACRAMENTO CA 95817

PARTY IN INTEREST: _____

ORIGINAL REPORT LIMITED REPORT SUPPLEMENTAL REPORT REINSPECTION REPORT *Original Stamp # 1424805V Date 06/16/98

GENERAL DESCRIPTION: <u>Supplemental report</u>	I	N	F	S	D	F	O	D	E	F	C	E	S
INSPECTION TAG POSTED: _____	ACCESSIBLE AREAS	NOT INSPECTED	FURTHER INSPECTION	SUBSTRANEAAN TERMITE	DRYWOOD TERMITE	FUNGUS OR DRY ROT	OTHER WOOD PESTS	DAMPWOOD TERMITE	EARTH WOOD CONTACTS	FAULTY GRADE LEVELS	CELLULOSE DEBRIS	EXCESSIVE MOISTURE	SHOWER LEAKS
OTHER INSPECTION TAGS: _____													
1. SUBSTRUCTURE AREA <u>Supplemental report</u> <u>See 1I, 1J</u>													
2. STALL SHOWER <u>Supplemental report</u>													
3. FOUNDATIONS <u>Supplemental report</u>													
4. PORCHES -- STEPS <u>Supplemental report</u>													
5. VENTILATION <u>Supplemental report</u>													
6. ABUTMENTS <u>Supplemental report</u>													
7. ATTIC SPACES <u>Supplemental report</u>													
8. GARAGES <u>Supplemental report</u>													
9. DECKS -- PATIOS <u>Supplemental report</u>													
10. OTHER -- INTERIOR <u>Supplemental report</u> <u>See 10E</u>													
11. OTHER -- EXTERIOR <u>Supplemental report</u>													

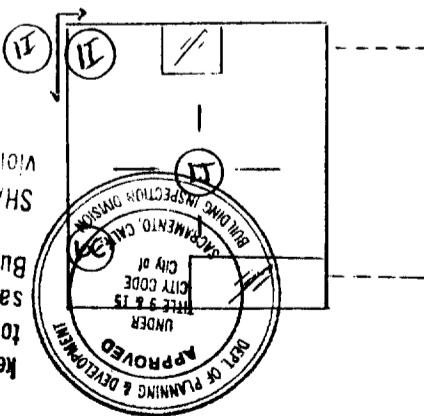
DIAGRAM AND EXPLANATION OF FINDINGS (This report is limited to structure or structures shown on diagram)

COPIED

MAY 14 1999

SACRAMENTO
BUILDING SERVICES DIV

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of these plans and specifications shall not be construed as a violation of any ordinance or State Law.



Inspected by Clayton McInelly License No. FR11207 Signature Clayton McInelly

NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (213) 897-7838, (415) 557-9114, or (916) 263-2533. You are entitled to obtain copies of all reports and completion notices on this property filed with the Board during the preceding two years upon payment of a \$2.00 search fee to: The Structural Pest Control Board, 1422 Howe Ave., Ste. 3, Sacramento, California 95825-3280.

2625	54TH STREET	SACRAMENTO
BLDG. NO.	STREET	CITY
2188326V	05/04/1999	74420B
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

This is a supplemental report to Report # 74420A, Dated 6/16/98, Stamp # 1424805V, and is issued for the purpose of reporting conditions found in previously inaccessible or concealed areas, since made accessible and inspected.

SUBSTRUCTURE:

Item 1I: After the stucco was removed from the exterior of the bathroom wall, extensive wood boring beetle and dryrot damage was found to extend into the wall studs, wall plates, sheathing, subfloor, floor joists, rimjoists and blocking above the foundation and behind the mortar backed ceramic tile tub shower wall covering and sheetrock. Remove approximately 89-90 square feet of stucco from the exterior wall and all ceramic tile above the bathtub. Replace the damaged wood members with new materials and restucco the affected area. Install new water resistant sheetrock and replace tile to match or use a harmonizing color. Retape and texture sheetrock above or adjacent bathtub.

NOTE: Zap does not guarantee to match texture.

NOTE: This cost is in addition to the original cost of item 1G in the original report.

Item 1J: Tarp and fumigate the entire structure with a lethal gas toxic to wood boring beetles. House is to be vacant a minimum of 5 days. Zap Pest Control will not be responsible for damage to the roof that may be caused by walking on it or to plants or shrubbery around the building. Owner to remove and replace the T.V. antenna.

The fumigant used for controlling the wood boring beetles will be Methyl Bromide and Chloropicrin. The active ingredient is Bromothane.

OTHER - INTERIORS:

Item 10E: After the damaged bedroom window stool was removed, dryrot and wood boring beetle damage was found extending into the wall and window framing behind the sheetrock. Remove sheetrock up to 16 square feet. Remove and replace the damaged wood members with new materials. Replace the damaged sheetrock and window stool. Tape and texture the affected area.

NOTE: Zap will not guarantee to match the existing wall texture.

NOTE: Refer to the original report for additional information.

No painting of any repaired areas is included in any bids given.

For cost of repairs, please refer to a separate document.

2625	54TH STREET	SACRAMENTO
BLDG. NO.	STREET	CITY
2188326V	05/04/1999	74420B
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

OCCUPANTS CHEMICAL NOTICE

ZAP TERMITE & PEST CONTROL will use pesticide chemical(s) specified below for the control of wood destroying pests or organisms in locations identified in the Structural Pest Control report as indicated above.

(1) The pest(s) to be controlled:

- SUBTERRANEAN TERMITES
- FUNGUS or DRY ROT
- BEETLES
- DRY-WOOD TERMITES
- OTHER _____

(2) The pesticide(s) proposed to be used and the active ingredient(s).

- A. DRAGNET: Active ingredients: Permethrin
- B. COPPER NAPHTHANATE: Active ingredients: As Is
- C. METHYL BROMIDE 99.5: Active ingredient: Methyl Bromide
- D. VIKANE: Active ingredients: Sulfuryl Fluoride
- E. CHLOROPICRIN: Active ingredients: Chloropicrin
- F. CYREN: Active ingredients: Chlorpyrifos
- G. PREMISE 75: Active ingredients: Imidacloprid
- H. OTHER: _____

(3) "State Law requires that you be given the following information: CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Operators are licensed and regulated by the Structural Pest Control Board, and apply pesticides which are registered and approved for use by the California Department of Food and Agriculture and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized.

"If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center and your pest operator immediately. (This statement shall be modified to include any other symptoms of over exposure which are not typical of influenza.)" For further information, contact any of the following:

POISON CONTROL CENTER: (800) 342-9293

Structural Pest Control
1422 Howe Avenue, Ste. 3, Sacramento, CA 95825 (916) 263-2533

COUNTY	COUNTY HEALTH DEPT.	COUNTY AGRICULTURE DEPT.
Sacramento	(916) 366-2176	(916) 875-6603
Yolo	(916) 666-8649	(916) 666-8141
El Dorado	(916) 626-2131	(916) 626-2305
Placer	(916) 823-4465	(916) 823-4371
Yuba	(916) 741-6484	(916) 741-6366
Sutter	(916) 671-1140	(916) 741-7500
Nevada	(916) 265-1450	(916) 273-2648
Solano	(707) 421-6770	(707) 421-7465

Persons with respiratory or allergic conditions, or others who may be concerned about their health relative to this chemical treatment, should contact their physician concerning occupancy during and after chemical treatment prior to signing this NOTICE.

NO CHEMICAL APPLICATION WILL BE PERFORMED UNTIL SUCH TIME THAT THIS NOTICE IS RETURNED. HAVING READ THE INSTRUCTIONS, I, THE UNDERSIGNED, WILL ACCEPT RESPONSIBILITY FOR ALL THE AFOREMENTIONED.

OWNER / OCCUPANT	DATE	OWNER / OCCUPANT	DATE
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ZAP TERMITE & PEST CONTROL, INC.
7233 26th Street
Rio Linda, CA 95673
(800) 414-1515



WORK AUTHORIZATION CONTRACT

Address of Property: 2625 54TH STREET SACRAMENTO, CA. 95817
Inspection Date: 05/04/1999
Termite Report #: 74420B
State Stamp #: 2188326V
Title Co. & Escrow #:

ITEM BREAKDOWN

1I: \$ 4700.00 1J: \$ 1350.00 10E: \$ 300.00

We Authorize the Following Items to be Performed.

Proposed Cost: \$ 6350.00
Inspection Fee: _____
Total: \$ 6350.00

CUSTOMER INFORMATION

The prices quoted above are subject to ZAP performing all items. In the event ZAP is requested to perform a portion of the repairs the price is subject to revision. Minimum job cost is \$200.00

The total amount of this contract is due and payable upon completion of work unless specified otherwise in the body of this contract. Should an escrow be involved and the undersigned requests that the amount of this contract be billed to an existing escrow the undersigned hereby agrees that the escrow holder will be provided with instructions that all monies due ZAP TERMITE & PEST CONTROL IS TO BE PAID THROUGH THE PROCEEDS AT CLOSE OF SUCH ESCROW OR IN THIRTY DAYS, WHICHEVER OCCURS FIRST. IF ESCROW DOES NOT CLOSE WITHIN THIRTY DAYS, ZAP TERMITE & PEST CONTROL WILL EXPECT PAYMENT FROM THE PARTY WHO ORDERED THE WORK. SHOULD AT ANY TIME AN EXISTING ESCROW BE CANCELLED ALL MONIES OWED ZAP TERMITE & PEST CONTROL BECOMES IMMEDIATELY DUE AND PAYABLE.

ZAP TERMITE & PEST CONTROL agrees to use reasonable care in the performance of all work but assumes no responsibility for damage to any hidden electric, plumbing, or heating pipes, wiring or other facilities or appurtenances, or to any shrubs, plants or other life. If work includes repairs to a shower, unless otherwise specified to the contrary, ZAP TERMITE & PEST CONTROL will not be responsible for any damage to the tile or plaster eight inches above the floor level of such shower. No painting is included in any estimate unless specified in the body of this contract.

THIS CONTRACT PROVIDES FOR THE RETREATMENT OF INFESTED AREAS OF THE COVERED STRUCTURE IN THE EVENT THAT THE ORIGINALLY TREATED PEST REINFEST THE COVERED STRUCTURE, BUT THIS CONTRACT DOES NOT PROVIDE FOR THE REPAIR OF DAMAGE CAUSED BY THAT SAME ORIGINALLY TREATED PEST. SUBTERRANEAN TERMITE TREATING IS WARRANTED FOR TWO YEARS. WOOD DESTROYING BEETLE AND DRYWOOD TERMITE TREATMENTS, INCLUDING FUMIGATION, ARE WARRANTED FOR ONE YEAR. OTHER REPAIRS ARE WARRANTED FOR ONE YEAR, EXCEPT PLUMBING AND CAULKING REPAIRS. PLUMBING AND CAULKING REPAIRS ARE WARRANTED FOR THIRTY DAYS. SHOULD REMOVAL OF STRUCTURAL ITEMS OR REPAIRS, NOT LISTED IN THIS AGREEMENT, REQUIRE REPAIR OR REMOVAL, THE HOMEOWNER AGREES TO PREFORM NEEDED REPAIRS OR REMOVAL SEPERATE OF THIS AGREEMENT.

All terms of agreement between the parties are contained in this contract and no other terms or statements shall be binding upon the parties. In case of non-payment the undersigned hereby agrees to pay reasonable attorneys' fees and costs of collection whether suit be filed or not.

NOTICE UNDER MECHANIC'S LIEN LAW : (California Civil Code, Section 3110 ET SEQ). Any contractor, sub-contractor, laborer, supplier or any other person who helps to improve your property but is not paid for his work or supplies has a right to enforce a claim against your property. This means that after a court hearing your property could be sold by a court official and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your own contractor in full, if the sub-contractor or laborer or supplier remains unpaid. This paragraph constitutes pre-lien notice under the Mechanic's Lien Law. Section 3097.
NOTE: Inspection fee is billed separately above any work costs.

In the event that legal action is necessary to enforce the terms of this agreement by any party hereto, attorney's fees may be awarded to the prevailing party. In no event are monies to be held in escrow past the close of escrow without prior consent by ZAP TERMITE & PEST CONTROL. Interest will be charged at 1 1/2% per month after 30 days.

I Have Read This Contract And The Termite Report It Refers To.

SIGNED WORK AUTHORIZATION CONTRACT MUST BE RECEIVED BEFORE WORK WILL BE SCHEDULED.

I have read and understand the terms of this work authorization contract and hereby agree to all terms thereof.

APPROVED AND READ BY:
PATRICIA SCHWARTZ

DATE

ACCEPTED FOR:
ZAP TERMITE & PEST CONTROL, INC.

DATE

WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

This is an inspection report only -- not a Notice of Completion
ADDRESS OF PROPERTY INSPECTED

BUILDING NO.	STREET	CITY	ZIP	COUNTY CODE	DATE OF INSPECTION	NUMBER OF PAGES
2625	54TH ST.	SACRAMENTO	95817	34	06/16/98	5

ZAP TERMITE & PEST CONTROL, INC.

7233 26th Street
Rio Linda, CA 95673
Sacramento 344-1515 Davis 757-2000 Elk Grove 682-8434
Folsom/F.O. 969-1985 Auburn 885-8505



Affix stamp here on Board copy only
A LICENSED PEST CONTROL OPERATOR IS AN EXPERT IN HIS/HER FIELD. ANY QUESTIONS RELATIVE TO THIS REPORT SHOULD BE REFERRED TO HIM/HER.

REGISTRATION #	REPORT #	STAMP #	ESCROW #
PR0149	74420A	1424805V	

ORDERED BY: PATRICIA SCHWARTZ 2625 54TH ST. SACRAMENTO CA 95817

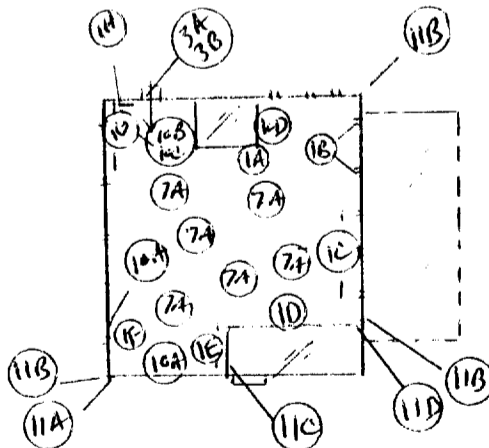
REPORT SENT TO: _____

PROPERTY OWNER: PATRICIA SCHWARTZ 2625 54TH ST. SACRAMENTO CA 95817

PARTY IN INTEREST: _____

GENERAL DESCRIPTION: <u>Single story, single family wood frame residence. Furnished and occupied.</u>	IN ACCESSIBLE AREAS	NOT INSPECTED	FLOOR TERMITES	SUBTERRANEAN TERMITES	DRYWOOD TERMITES	FUNGUS OR DRY ROT	OTHER WOOD PESTS	DAMPWOOD TERMITES	EARTH WOOD CONTACTS	FAULTY GRADE LEVELS	CELLULOSE DEBRIS	EXCESSIVE MOISTURE	SHOWER LEAKS
INSPECTION TAG POSTED: <u>Subarea</u>													
OTHER INSPECTION TAGS: _____													
1. SUBSTRUCTURE AREA <u>Wet</u> See 1A-1H			X	X		X	X						X
2. STALL SHOWER <u>None</u>													
3. FOUNDATIONS <u>Concrete</u> See 3A,3B	X					X							
4. PORCHES -- STEPS <u>Concrete</u>													
5. VENTILATION <u>Appeared adequate</u>													
6. ABUTMENTS <u>None</u>							X						
7. ATTIC SPACES <u>Limited insulation</u> See 7A													
8. GARAGES <u>Detached</u>													
9. DECKS -- PATIOS <u>None</u>													
10. OTHER -- INTERIOR See 10A-10D			X			X							
11. OTHER -- EXTERIOR See 11A-11D						X							

DIAGRAM AND EXPLANATION OF FINDINGS (This report is limited to structure or structures shown on diagram)



Inspected by Clayton McInelly License No. FR11207

Signature *Clayton McInelly*

NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (213) 897-7838, (415) 557-9114, or (916) 263-2533.
You are entitled to obtain copies of all reports and completion notices on this property filed with the Board during the preceding two years upon payment of a \$2.00 search fee to: The Structural Pest Control Board, 1422 Howe Ave., Ste. 3, Sacramento, California 95825-3280.

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This is a structural pest control inspection as per the rules and regulations of the Structural Pest Control Act. This is not a building inspection.

In accordance with Section 1990 of the Structural Pest Control Act, the following areas are considered inaccessible:

- Attic concealed by insulation
- Interior concealed by furnishings
- Interior of hollow walls
- Built-in cabinet work
- Floors beneath coverings
- Eave soffits

In the event that the recommendations are completed by parties other than ZAP PEST CONTROL, an inspection is required of all repaired areas before any frame and/or finished products are installed.

If requested by the person ordering the report, a reinspection of the structure will be performed. This request must be within four months of the date of this inspection and there will be a reinspection fee.

During the course of repairs, any damage or infestation found in areas not visible during the inspection will be reported on a supplemental report with an estimate for repairs.

The exterior surface of the roof will not be inspected. If you want the water tightness of the roof determined, you should contact a roofing contractor who is licensed by the Contractor's State License Board.

A Wood Destroying Pest and Organism Inspection Report contains findings as to the presence or absence of evidence of wood destroying pests and organisms in visible and accessible areas and contains recommendations for correcting any infestations or infections found. The contents of Wood Destroying Pest and Organisms Inspection Reports are governed by the Structural Pest Control Act and regulations.

Some structures do not comply with building code requirements or may have structural, plumbing, electrical, heating, air conditioning or other defects that do not pertain to wood destroying organisms. A Wood Destroying Pest and Organism Inspection Report does not contain information on such defects, if any, as they are not within the scope of the licenses of either the inspector or the company issuing a Wood Destroying Pest and Organism Inspection Report.

The Structural Pest Control Act requires inspection of only those areas which are visible and accessible at the time of inspection. Some areas of the structure are not accessible to inspection, such as the interior of the hollow walls, spaces between floors, areas concealed by carpeting, built-in appliances, or cabinet work. Infestations or infections may be active in these areas without visible and accessible evidence. Areas that were not inspected are noted in the report. If you desire information about areas that were not inspected, a further inspection may be performed at additional cost.

No painting of any repaired areas is included in any bids given.

NOTICE: REPORTS ON THIS STRUCTURE PREPARED BY VARIOUS REGISTERED COMPANIES SHOULD LIST THE SAME FINDINGS (I.E. TERMITE INFESTATIONS, TERMITE DAMAGE, FUNGUS DAMAGE, ETC). HOWEVER, RECOMMENDATIONS TO CORRECT THESE FINDINGS MAY VARY FROM COMPANY TO COMPANY. YOU HAVE A RIGHT TO SEEK A SECOND OPINION FROM ANOTHER COMPANY.

2625	54TH ST.	SACRAMENTO
BLDG. NO.	STREET	CITY
1424805V	06/16/1998	74420A
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

SUBSTRUCTURE:

- Item 1A: Surface fungus is visible at the girder and support pad at the foundation. Wire brush and chemically treat with Copper Napthanate.
- Item 1B: Fungus damage is visible in the rim joist next to the vents. Replace the damaged wood members with new material.
- Item 1C: Active subterranean termites tubing up the foundation in the subarea. Chemically treat according to label directions around the foundation, piers and plumbing. Scrape down all accessible termite tubes. Drill holes through the concrete abutting the foundation. Chemically treat soil and seal holes. Probe or trench and treat soil next to the foundation. Drill and treat behind the brick veneer and seal holes.

The chemical used in controlling the subterranean termites is Dagnet. The active ingredient is Permethrin.

Reasonable care will be used in performing the necessary work. Zap Pest Control will not be responsible for damage to plants or shrubbery around the building.

NOTE: If the entire structure is not treated ZAP PEST CONTROL guarantee is limited to the areas treated only.

- Item 1D: Fungus damage found at girder end and support pad at the foundation. Cut back the girder end and resupport with a concrete piers block.
- Item 1E: Fungus damage is visible in the mudsill. Replace the damaged wood members with new material.
- Item 1F: Fungus damage is visible in the 1x6 subfloor. Replace the damaged wood members with new material.
- Item 1G: Fungus and wood boring beetle damage is visible in the rim joist, floor joists, and subfloor under the bath tub. Break out the stucco for further inspection. Render a supplemental report on findings. Replace the damaged wood members with new materials. Re-stucco the affected area.
- Item 1H: There is a leak at the tub drain in the hall bath visible from the subarea. Owner to contact other tradesman to repair the leak.

NOTE: The subarea is wet due to seepage. Periodic inspection is recommended.

FOUNDATIONS:

- Item 3A: Fungus damage was found at the subarea access jambs. Cut off the access jambs and pack with concrete.
- Item 3B: The sprinkler valves for the irrigation system have been placed in front of the subarea access opening in the entry well. ZAP recommends removal of the sprinkler valves from the entry well or installation of another access opening in the foundation complete with entry well and cover. This must be done prior to any repairs being performed in the subarea by this company.

ATTIC:

- Item 7A: Fungus and fungus damage was found in the attic roof sheathing. Repair or replace the damaged sheathing. Remove the surface fungus and treat with Copper Napthanate. NOTE: If contacted to perform this repair ZAP will use reasonable care but can assume no responsibility for damage to the roof that may be caused during repairs.

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STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

OTHER - INTERIORS:

- Item 10A: Fungus damage was found in the bedroom window stools. Remove the damaged window stools for further inspection. List findings in a supplemental report. Replace the damaged window stools.
- Item 10B: The floor is soft next to the bath tub , indicating damage to the underlayment in the hall bath. Replace the damaged underlayment, install a new floor covering and reset the toilet using a new wax seal.
- Item 10C: There are voids in the grout and caulking at the tub shower walls. Seal the voids with a waterproof caulking compound.
- Item 10D: There is a void next to the door way at the laundry room floor. The underlayment is soft in this area. The damage appeared minor and repairable. Repair the damaged floor underlayment and seal void with decorative trim, metal bar or threshold.

OTHER - EXTERIORS:

- Item 11A: There is a missing brick and hole in the stucco. Seal the holes with caulking.
- Item 11B: Fungus damage was found in the rafter tails at the roof eave. Repair the damaged rafter tails.
- Item 11C: Fungus damage was found in the base of the support post and siding. Repair or replace the damaged support post and siding as necessary.
- Item 11D: The siding is weathered, cracked and damaged at the corner of the building. There are pieces of the siding missing at the base of the wall. Repair the damage siding as necessary using materials available at local retail outlets.

For cost of repairs, please refer to a separate document.

2625	54TH ST.	SACRAMENTO
BLDG. NO.	STREET	CITY
1424805V	06/16/1998	74420A
STAMP NO.	DATE OF INSPECTION	CO. REPORT NO.

OCCUPANTS CHEMICAL NOTICE

ZAP TERMITE & PEST CONTROL will use pesticide chemical(s) specified below for the control of wood destroying pests or organisms in locations identified in the Structural Pest Control report as indicated above.

(1) The pest(s) to be controlled:

- SUBTERRANEAN TERMITES
- FUNGUS or DRY ROT
- BEETLES
- DRY-WOOD TERMITES
- OTHER _____

(2) The pesticide(s) proposed to be used and the active ingredient(s).

- A. DRAGNET: Active ingredients: Permethrin
- B. DEMON TC: Active ingredients: Cypermethrin
- C. COPPER NAPHTHANATE: Active ingredients: As Is
- D. BROM-O-GAS: Active ingredients: Bromomethane
- E. VIKANE: Active ingredients: Sulfuryl Fluoride
- F. LARVACIDE CHLOROPICRIN: Active ingredients: Chloropicrin
- G. OTHER: _____

(3) "State Law requires that you be given the following information: CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Operators are licensed and regulated by the Structural Pest Control Board, and apply pesticides which are registered and approved for use by the California Department of Food and Agriculture and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized.

"If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center and your pest operator immediately. (This statement shall be modified to include any other symptoms of over exposure which are not typical of influenza.)" For further information, contact any of the following:

POISON CONTROL CENTER: (800) 342-9293

Structural Pest Control
1422 Howe Avenue, Ste. 3, Sacramento, CA 95825 (916) 263-2533

COUNTY	COUNTY HEALTH DEPT.	COUNTY AGRICULTURE DEPT.
Sacramento	(916) 366-2176	(916) 875-6603
Yolo	(916) 666-8649	(916) 666-8141
El Dorado	(916) 626-2131	(916) 626-2305
Placer	(916) 823-4465	(916) 823-4371
Yuba	(916) 741-6484	(916) 741-6366
Sutter	(916) 671-1140	(916) 741-7500
Nevada	(916) 265-1450	(916) 273-2648
Solano	(707) 421-6770	(707) 421-7465

Persons with respiratory or allergic conditions, or others who may be concerned about their health relative to this chemical treatment, should contact their physician concerning occupancy during and after chemical treatment prior to signing this NOTICE.

NO CHEMICAL APPLICATION WILL BE PERFORMED UNTIL SUCH TIME THAT THIS NOTICE IS RETURNED. HAVING READ THE INSTRUCTIONS, I, THE UNDERSIGNED, WILL ACCEPT RESPONSIBILITY FOR ALL THE AFOREMENTIONED.

OWNER / OCCUPANT	DATE	OWNER / OCCUPANT	DATE
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