

WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

Building No. 12	Street Arrowhead Lane	City Rolling Hills Estates	Zip 90274	Date of Inspection 01/10/24	Number of Pages 1 of 5
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Andy's Termite & Pest Control
 25030 Narbonne Ave
 Lomita, CA 90717
 Phone: 310-534-2700 Fax: 310-534-1918
 e-mail: info@andystermite.com
 Registration # PR 0593



Report # 20240047

Ordered by: Berkshire Hathaway Esther Ahdoot 600 Deep Valley Drive Rolling Hills Estates, CA 90274 W: 310-544-5091	Property Owner and/or Party of Interest:	Report sent to:
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COMPLETE REPORT
 LIMITED REPORT
 SUPPLEMENTAL REPORT
 REINSPECTION REPORT

General Description:
2 STORY SINGLE FAMILY RESIDENCE, STUCCO AND WOOD EXTERIOR, TILE ROOF

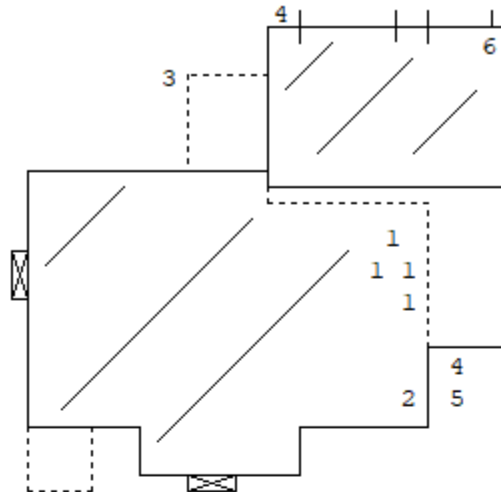
Inspection Tag Posted:
ATTIC AREA

Other Tags Posted:

An inspection has been made of the structure(s) shown on the diagram in accordance with the Structural Pest Control Act. Detached porches, detached steps, detached decks and any other structures not on the diagram were not inspected.

Subterranean Termites
 Drywood Termites
 Fungus / Dryrot
 Other Findings
 Further Inspection

If any of the above boxes are checked, it indicates that there were visible problems in accessible areas. Read the report for details on checked items.



Inspected by: **Kenneth B. Nilsson**

State License No. **FR 31814**

Signature

You are entitled to obtain copies of all reports and completion notices on this property reported to the Structural Pest Control Board during the preceding two years. To obtain copies contact: Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, California, 95815.

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 (916) 561-8708, (800) 737-8188 or www.pestboard.ca.gov.

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The following areas were considered to be inaccessible for inspection by the licensee, as indicated in Section 1990, paragraph (c) of the Structural Pest Control Act Rules and Regulations: Furnished interiors, inaccessible attics, and portions thereof; stall shower over finished ceilings; such structural segments as porte cocheres, enclosed bay windows, buttresses and similar areas to which there is no access without defacing or tearing out lumber, masonry or finished work; built-in cabinet work; floors beneath coverings, areas where storage conditions or locks make inspection impracticable.

This report covers the findings of conditions evident on the day of inspection. Subsequent conditions, infestations and/or infections are not covered by this report.

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

No painting, plastering or stucco patching will be performed by this company unless otherwise stated.

If recommended work is performed by someone other than this company, a reinspection of the repairs completed will be performed within four (4) months of the original inspection date and a reinspection fee will be charged and must be paid at the time of reinspection.

Payment for certification and/or work completed is due (COD) at the time services are performed. If paying by credit card (VISA & MASTERCARD only) please provide your credit card information at least 72 hours in advance, this is generally how long it takes to process credit card payments. Credit card payments are accepted for services OVER \$200.00. If an escrow is involved, payment is due regardless of escrow closing on the closing date given. Payment is late once the original closing date is past.

IF SCHEDULED WORK IS CANCELLED WITH LESS THAN FOUR (4) WORKING DAYS NOTICE A CANCELLATION FEE OF 20% OF THE JOB COST WILL BE CHARGED.

Unless otherwise stated in this report, ALL WORK PERFORMED BY THIS COMPANY IS GUARANTEED FOR A PERIOD OF TWO YEARS. This guarantee does not cover infestations or infections which may occur after the date of the inspection. For an annual fee, this company will provide a yearly control service. This service includes a yearly inspection and treatment of any infestations found. A Control Service Contract will be sent upon request.

NOTICE TO OWNER "Under the Mechanics Lien Law any structural pest control company which contracts to do work for you, any contractor, subcontractor, laborer, supplier or other person who helps improve your property, but is not paid for his or her work or supplies, has right to enforce a claim against your property. This means that after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your structural pest control company in full if the subcontractor, laborers or suppliers remain unpaid".

To preserve the right to file a claim or lien against your property, certain claimants such as subcontractors or material suppliers are required to provide you with a document entitled "Preliminary Notice". Prime contractors and laborers for wages do not have to provide this notice. A Preliminary Notice is not a lien against your property. Its purpose is to notify you of persons who may have a right to file a lien against your property if they are not paid.

"State law requires you be given the following information: CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Companies are registered and regulated by the Structural Pest Control Board and apply pesticides which are registered and approved for use by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the state finds that, based on existing scientific evidence, there are no

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appreciable risks if proper use conditions are followed to 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, headaches, dizziness, nausea, tearing, coughing, nose and throat irritation or develop shortness of breath, double vision, unusual drowsiness and weakness, or tremors contact your physician, or poison control center (800) 876-4766 and your pest control company immediately.

For further information contact any one of the following: Andy's Termite & Pest Control (310) 534-2700; for Health Questions - the County Health Department (888) 700-9995; for Application Information - the County Agricultural Commissioner (626) 575-5466 and for Regulatory Information - the Structural Pest Control Board (800) 737-8188 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815.

Due to varying types of construction and age of the building, original material sizes may not be available. This company cannot guarantee that the replacement material will match existing material specifications.

We are not responsible for any damage that may occur during fumigation due to weather conditions or any other conditions beyond our control.

"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."

Local treatment is not intended to be an entire structure treatment method. If infestations of wood destroying pests extend or exist beyond the area(s) of local treatment, they may not be exterminated.

If any additional damage is found during the process of repairs a new price will be quoted. To continue the work a signed authorization for the additional damage will be required before any additional work is to be completed or a signature declining to have the additional work completed will be required.

"This is a separated report which is defined as Section I/SectionII conditions evident on the date of inspection. Section I contains items where there were visible evidence of active infestation, infection or conditions that have resulted in or from infestation or infection. Section II items are conditions deemed likely to lead to infestation or infection but were no visible evidence of such was found. Further inspection items are defined as recommendations to inspect area(s) which during the original inspection did not allow the inspector the access to complete the inspection and cannot be defined as Section I or Section II.

Secondary substandard recommendation was made upon the request of the agent.

During the fumigation process roof tiles may be damaged and upon request Andy's Termite & Pest Control can inspect your roof to determine what damage may occur (if any). If Andy's Termite & Pest Control takes responsibility for tile damage to the roof during the process of the fumigation an additional charge can be quoted and will be added to the fumigation price. If the interested party takes responsibility, we will require a signed "Roof Release" before this company will fumigate.

The stall shower was not water tested due to being constructed over a finished ceiling.

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Andy's Termite assumes no responsibility for possible plant damage that may occur due to the fumigation process. A signed "Plant Release" will be required before this company will fumigate.

The second story eaves were visually inspected from the ground level only. Because the second story eave area(s) are visually inspected from the ground level only, all damage may not be detectable at the time of inspection.

DRYWOOD TERMITES

ITEM 1 FINDING: Evidence of a drywood termite infestation was found in the wood members of the attic framing and appears to be extending into inaccessible areas.

PRIMARY RECOMMENDATION: Fumigate the structure for the elimination of all drywood termite infestations with Sulfuryl Fluoride. Chloropicrin will be added as a warning agent. Cover or remove all accessible drywood termite evidence.

SECONDARY SUBSTANDARD RECOMMENDATION - Chemically treat the area of drywood termite infestations with Termidor (active ingredient-Fipronil), CB D-Foam (active ingredient - Deltamethrin) or Timbor (active ingredient-Disodium Octaborate Tetrahydrate). Cover or remove all accessible drywood termite evidence.

NO GUARANTEE APPLIES TO THIS MEASURE!!

THIS IS A SECTION 1 ITEM

ITEM 2 FINDING: Minor drywood termite damage was found in the wood members of the second story fascia.

RECOMMENDATION: Patch the damaged wood members of the second story fascia.

Whenever patch repairs are recommended in lieu of replacement, patching seldom matches the existing wood, color and texture. Andy's Termite & Pest Control can not be responsible when patching does not match the existing repaired wood.

THIS IS A SECTION 1 ITEM

FUNGUS/DRYROT

ITEM 3 FINDING: Fungus growth and dryrot damage was found in the wood members of the front porch column.

RECOMMENDATION: Replace the damaged wood members of the front porch column. Chemically treat remaining fungus growth as necessary with Timbor (active ingredient-Disodium Octaborate Tetrahydrate).

THIS IS A SECTION 1 ITEM

ITEM 4 FINDING: Fungus growth and dryrot damage was found in the wood members of the siding trim.

RECOMMENDATION: Replace the damaged wood members of the siding trim. Chemically treat remaining fungus growth as necessary with Timbor (active ingredient-Disodium Octaborate Tetrahydrate).

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Tetrahydrate).

THIS IS A SECTION 1 ITEM

OTHER FINDINGS

ITEM 5 FINDING: Moisture damage was found at the siding trim.

RECOMMENDATION: Replace, repair or reinforce the damaged wood members of the siding trim.

THIS IS A SECTION 2 ITEM

ITEM 6 FINDING: Plaster damage was found at the garage wall.

RECOMMENDATION: The party of interest should contact a licensed tradesperson to make necessary corrections to eliminate the existing condition.

THIS IS A SECTION 2 ITEM

WORK AUTHORIZATION CONTRACT

Building No. Street 12 Arrowhead Lane	City Rolling Hills Estates	Zip 90274	Date of Inspection 01/10/24	Page No. 1
		Andy's Termite & Pest Control 25030 Narbonne Ave Lomita, CA 90717 Phone: 310-534-2700 Fax: 310-534-1918 e-mail: info@andystermite.com Registration # PR 0593		For Report # 20240047

ITEMIZED COST BREAKDOWN (Refer to items on the report)

	<u>Primary Work Bid</u>	<u>Secondary Work Bid</u>
SECTION 1:	1: \$3175.00	1: \$450.00
	2: \$170.00	*** TOTAL: \$450.00
	3: \$340.00	
	4: \$785.00	
	*** TOTAL: \$4470.00	
SECTION 2:	5: \$175.00	
	6: No Bid	*** TOTAL: \$0.00
	*** TOTAL: \$175.00	
FURTHER INSPECTION:	NONE	NONE
TOTAL:	\$4645.00	\$450.00

THIS IS A BINDING CONTRACT between our company and Berkshire Hathaway, and incorporates our termite report # 20240047 dated 01/10/24 for real property located at 12 Arrowhead Lane Rolling Hills Estates CA 90274. Items on the report may contain provisions for additional costs over and above the original estimate. Please read the report carefully and completely.

Work completed (LABOR) by Andy's Termite & Pest Control shall be guaranteed for a period of two years from date of completions. Toilet plumbing (parts supplied by this firm), showers, floors or any measures for the control of moisture are guaranteed for (30) days only. Primary chemical treatments guaranteed for two years. Only the areas treated are guaranteed.

CONDITIONS:

1. This offer is limited to 4 months for the date of the report.
2. Any additional damage found while work is being performed will be issued in a Supplemental Report as to the additional findings and costs. Interested parties will be notified prior to any work being done.
3. We will use due caution and diligence in our operations and care will always be taken to minimize any damage, but we assume no responsibility for matching existing colors and styles, or for incidental damage to roof coverings, TV antennas, wiring, solar panels, rain gutters, plant life, trees, vines, pets, tile roofs, plumbing leaks paint or wall coverings, or changes beyond our control of the repairs reflected in the inspection report referenced by this work authorization contract. We are not responsible for any damage that may occur during fumigation due to weather conditions or any other conditions beyond our control. We assume no responsibility for health issues which may occur due to the possible release of mold spores during the course of repairs. We are not qualified to and do not render any opinion concerning such health issues or any special precautions. Any questions concerning health issues or any special precautions to be taken prior to or during the course of such repairs should be directed to a Certified Industrial Hygienist before any such repairs are undertaken. By executing this work authorization contract, customer acknowledges that he or she has been advised of the foregoing and has had the opportunity to consult with a qualified professional.
4. This report is limited to the accessible areas of the structure shown on the diagram. Please refer to the report for areas not inspected and further information.

WORK AUTHORIZATION CONTRACT

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5. All repairs performed by others must be re-inspected by Andy's Termite & Pest Control before CERTIFICATION will be issued. We do not guarantee work completed by others. A re-inspection of specific items on the report or of any other conditions pertaining to this structure can be done at an additional cost PER TRIP. The re-inspection must be done within (4) months of the Original inspection.

6. I authorize this company to perform items _____ (refer to inspection report for list of item numbers) for a contract price of \$_____. NOTE: PRIME AND PAINT IS NOT INCLUDED IN THIS PRICE

7. I authorize this company to prime and paint the new wood only for an additional cost of \$_____.

8. I authorize this company to repair the broken roof tiles at an additional cost of \$_____.

TERMS OF PAYMENT

9. A.(HOMEOWNERS). I agree to pay the sum of \$_____ upon arrival to the job (COD). If paying by credit card (VISA & MASTERCARD only) your credit card information must be received 24 business hours prior to the scheduled work date. ALL credit cards will incur a 3% service fee. Credit cards are accepted for services \$200.00 - \$5,000.00.

-OR-

9. B.(ESCROW). I instruct, holder of to pay the sum of _____ upon the close of escrow on _____. We understand that Andy's Termite & Pest Control is billing escrow as a courtesy and that we are responsible for payment. If escrow does not close within 2 weeks from the completion of the work I will pay the amount due in full. A late fee may apply if payment is not made. IN THE EVENT ESCROW DOES NOT CLOSE LIST THE PARTY RESPONSIBLE FOR PAYMENT ON THE NEXT PAGE.

-OR-

9. C.(HOME OWNERS ASSOCIATIONS &/or PROPERTY MANAGER). I authorize this company to perform items _____ (refer to inspection report for list of item numbers) for a contract price of _____. Payments up to \$500.00 are due 30 days from the date of completion. Any work over \$500.00 is due COD (Upon arrival of the crew). If paying by credit card (VISA & MASTERCARD only) your credit card information must be received 24 business hours prior to the scheduled work date. ALL credit cards will incur a 3% service fee. Credit cards are accepted for services \$200.00 - \$5,000.00.

I have read this work authorization contract and WDO inspection report it refers to. SIGNED WORK AUTHORIZATION CONTRACT MUST BE RECEIVED BEFORE WORK WILL BE SCHEDULED. I have read the work authorization contact and hereby agree to all conditions.

IF SCHEDULED WORK IS CANCELLED WITH LESS THAN FOUR (4) WORKING DAYS NOTICE A CANCELLATION FEE OF 20% OF THE JOB COST WILL BE CHARGED.

IT IS ASSUMED THAT IF AN AGENT ORDERS WORK ON THE OWNERS BEHALF, AND THAT THEY WERE NOTIFIED PRIOR BY SAID AGENT, IF PAYMENT IS NOT MADE BY THE AGENT OR ESCROW COMPANY IT WILL BE THE RESPONSIBILITY OF THE OWNER TO PRODUCE PAYMENT.

DATE: _____

BY SIGNING THIS AGREEMENT I ACKNOWLEDGE I HAVE READ AND AGREE TO THE TERMS OF THIS CONTRACT:

WORK AUTHORIZATION CONTRACT

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 Andy's <u>Termite & Pest Control</u>		Andy's Termite & Pest Control 25030 Narbonne Ave Lomita, CA 90717 Phone: 310-534-2700 Fax: 310-534-1918 e-mail: info@andystermite.com Registration # PR 0593			
		For Report # 20240047			

NAME: _____ [] OWNER [] BUYER [] MANAGER [] OTHER

BILLING ADDRESS: _____ (if different from above)

PHONE: _____

X _____
(Signature)