


<b>NCDA &amp; CS</b> <b>STRUCTURAL PEST</b> <b>CONTROL DIVISION</b> 1001 MSC Raleigh, NC 27699-1001 Ph. 919 733-6100 Fax 919 733-0633		<b>NEW</b> <b>CONSTRUCTION</b> <b>TERMITE</b> <b>TREATMENT</b> <b>RECORD</b>
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Pest Control Company Information	
Licensee <i>Tim Boone</i>	Lic. No. <i>4016-PW</i>
Company Name <i>B: B Pest Control</i>	
<i>204 S. Rutherford St.</i>	
<i>Wadesboro NC 29170</i>	
Phone No. <i>704 694 6207</i>	Fax No.

Property Description / Address	
Lot or Street No. <i>1107 Cameron hill Rd Cameron, NC</i>	
Additional Description <i>Superior Homes of the Sandhills Lot #2</i>	

Soil Treatment Completion Record				
Treatment site	Date	Product	%	Amount
Footing trench				
Adjacent to foundation walls - interior				
Other:				
<b>Soil beneath slabs:</b>				
Main floor slab				
Garage / carport				
Storage room				
Earth-filled slabs				
Other:				
<b>Exterior completion:</b>				
Adjacent to exterior foundation walls				
Beneath walkways / patios etc.				
Other:				

Baiting System Installation				
Treatment site	Date	Product	%	# of Stations
<i>Exterior of Foundation</i>	<i>10-2-24</i>	<i>Trelona ATBS</i>	<i>.5</i>	<i>10</i>

Wood Treatment				
Treatment site	Date	Product	%	Amount
Floor system				
Walls				
Other:				

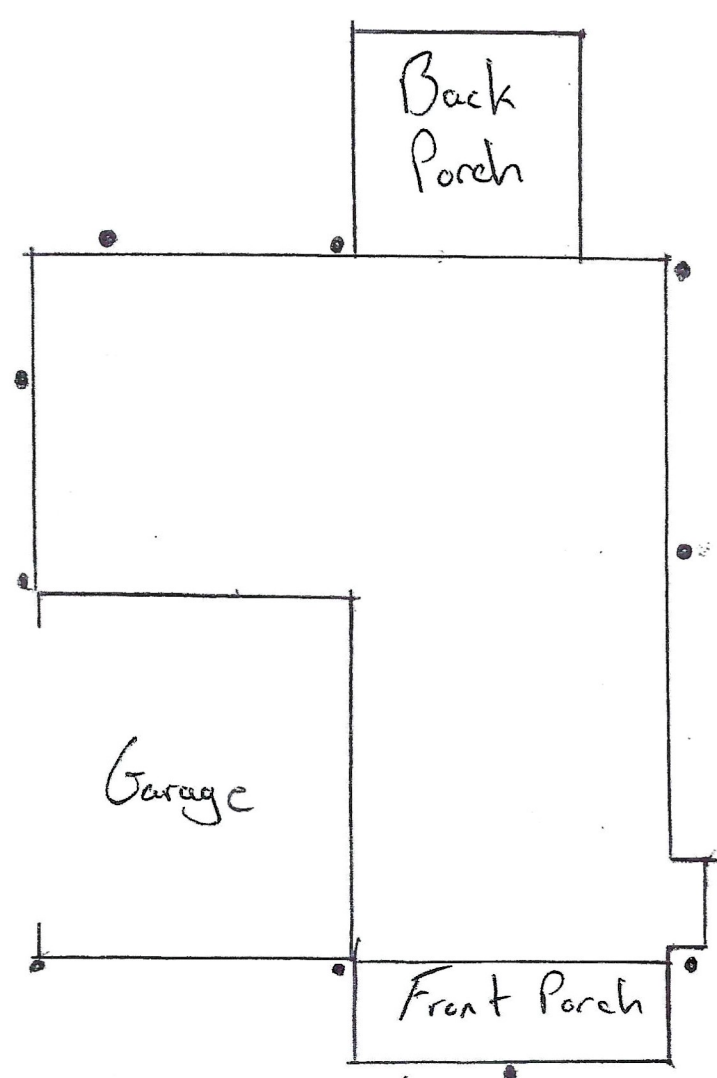
\* Indicates the date of treatment of that element of construction.

# Superior Homes of the Sandhills

10-2-24

OWNER'S NAME \_\_\_\_\_ OCCUPANT \_\_\_\_\_ DATE \_\_\_\_\_  
 TREATING ADDRESS 1107 Cameron Hill Rd. CITY Cameron STATE NC ZIP \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ INSPECTED BY \_\_\_\_\_

Trelona  
 ATBS  
 5/16  
 10  
 Bait  
 Stations



Scale Used: 1 Well: Yes  No  How close to house? 0 ft. (FUMIGATION ONLY) Cu. Ft. \_\_\_\_\_ Distance to Closest Building \_\_\_\_\_ Ft.

Additional specifications and comments: \_\_\_\_\_

Type Construction	<input type="checkbox"/> Floating Slab	<input type="checkbox"/> Supported Slab	<input type="checkbox"/> Monolithic Slab	<input type="checkbox"/> Crawl	<input type="checkbox"/> Basement	Roof: Height _____ Ft.	Pitch _____	Type _____
Type Infestation Key		Location Key			General Conditions			
A - Active Infestation	F - Front	R - Right	L - Left	RE - Rear	C - Center	Remove Form Boards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
T - Subterranean Termite	Infested Area		Type	Location		Are termites swarming?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D - Drywood Termite	<input type="checkbox"/> Sills					Wood supports on ground?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
P - Powder Post Beetles	<input type="checkbox"/> Joists					Proper Clearance for Treating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
W - Wood Borers	<input type="checkbox"/> Sub Floor					Make access opening?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
M - Moisture Condition	<input type="checkbox"/> Wall, Studs, Plates					Electricity available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
X - Damage Present	<input type="checkbox"/> Finished Floor					Bath Trap opening?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
... - Vertical Drill Location	<input type="checkbox"/> Interior Trim					Wood Step on ground?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Paneled Wall					No. of stumps to remove? _____	Treat _____	
	<input type="checkbox"/> Door/Window Frame					Shrubbery	Light <input type="checkbox"/>	Heavy <input type="checkbox"/>
	<input type="checkbox"/> Furniture					No. Vents to Install? _____		
	<input type="checkbox"/> Attic					Type Floor Covering _____		