MAY SUPPLY Plumbing & Water Systems

1775 Erickson Avenue
Harrisonburg, VA
22801
Phone: (540) 433-2611
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STATE CERTIFIED IN BACTERIAL ANALYSIS OF DRINKING WATER

David Drumheller - Lab Supervisor

VA Lab ID # 00206

Order Number: 502613

SAMPLE OWNER INFORMATION*

Name: Quintin Farber

Street Address: 6260 Kaiser Ford Rd

City: Mt. Crawford | State: VA | Zip: 22841

Phone: (540) 421-6627 | Fax: (optional) ( ) -

SAMPLE COLLECTION LOCATION*

Street Address or Legal Description: 6260 Kaiser Ford Rd

Zip: 22841 | County: Rockingham

Does this well serve the public? Yes (No)

If yes, PWSID #: _____

WELL CONSTRUCTION

Date Constructed: 1991 | Permit #:

Tax ID #:

Construction Method: ☒ Drilled ☐ Driven Point ☐ Other: _____

SAMPLER INFORMATION

Company: Kevin Miller | Contact: Kevin

Street Address: 4381 Mt. Clinton Pike

City: Harrisonburg | State: VA. | Zip: 22802

Phone: (540) 383-3937 | Fax: ( ) -

COMMENTS / ADDITIONAL INFORMATION

CALL KEVIN M.

WITH RESULTS

SAMPLE COLLECTION INFORMATION*

Date:	Time:	Collected by:	Cl Residual:
3-30-16	10:30 (AM) PM	Kevin Miller	mg/l

CHAIN OF CUSTODY*

Relinquished by:	Received by:	Date:	Time:
NM	Jeremy J.	3.30.16	10:53 (AM) PM
Relinquished by:	Received by:	Date:	Time: AM PM
Relinquished by:	Received by:	Date:	Time: AM PM

TEST(S) REQUESTED*

☒ Bacteria - Sample must be collected in IDEXX 100 mL bottle

☐ Standard Chemical Analysis – any *clean* bottle acceptable

☐ Other: _____

LABORATORY RESULTS

Colisure – Presence / Absence Method (SM 9223)

☒ Safe (Coliform Absent)

☐ Unsafe (Total Coliform)

☐ Unsafe (*E. coli*)

☐ Invalid (Submit another sample)

Chemical Analysis

Hardness: _____ gpg

TDS: _____ mg/l

Iron: _____ mg/l

Manganese: _____ mg/l

Nitrates: _____ mg/l

pH: _____

Other: _____

Other: _____

Cl Res @ Lab: 0 | **Lab Use Only** | 1 2 3 F: 5

Test Rec'd	Initial	Test Start	Initial
Date: 3/30/16 Time: 2:30 AM PM		Date: 3/30/16 Time: 4:00 AM PM	
Test Read	**Initial**	**Test Disposal**	**Initial**
Date: 3/31/16 Time: 4:10 AM PM		Date: 3/31/16 Time: 4:10 AM PM	

* Indicates required field

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on **page 2.**

Section I. General Information

Inspection Company, Address & Phone

Affordable Pest Control
3047 Shen Lake DR
Harrisonburg VA 22801
(540) 432-9500

Company's Business Lic. No.: 94003753

Date of Inspection: 3/30/16

Address of Property Inspected: 6260 Koiner Ford Rd, Mt Crawford VA 22841

Inspector's Name, Signature & Certification, Registration, or Lic. #: Jimmy Crislip 30299-C

Structure(s) Inspected: Dwelling

Section II. Inspection Findings

This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. **Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:**

- [X] A. **No Visible** evidence of wood destroying insects was observed.
- [ ] B. **Visible** evidence of wood destroying insects was observed as follows:
  - [ ] 1. Live insects (description & location): _____
  - [ ] 2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____
  - [ ] 3. **Visible** damage from wood destroying insects was noted as follows (description and location): _____

NOTE: This is not a structural damage report. **If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present.** If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes [ ] No [X] It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment: _____

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

- [X] No treatment recommended: (Explain if Box B in Section II is checked) _____
- [ ] Recommend treatment for the control of: _____

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

- [X] Basement #1, #3, #4, #5, #6, #7, #11, #12, #24
- [ ] Crawlspace
- [ ] Main Level
- [ ] Attic
- [X] Garage #1, #3, #12
- [ ] Exterior
- [X] Porch Front porch #12
- [ ] Addition
- [ ] Other

The inspector may write out obstructions or use the following optional key:

1. Fixed ceiling	13. Only visual access
2. Suspended ceiling	14. Cluttered condition
3. Fixed wall covering	15. Standing water
4. Floor covering	16. Dense vegetation
5. Insulation	17. Exterior siding
6. Cabinets or shelving	18. Window well covers
7. Stored items	19. Wood pile
8. Furnishings	20. Snow
9. Appliances	21. Unsafe conditions
10. No access or entry	22. Rigid foam board
11. Limited access	23. Synthetic stucco
12. No access beneath	24. Duct work, plumbing, and/or wiring

Section V. Additional Comments and Attachments

(these are an integral part of the report) _____

Attachments _____

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

X _____

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

X _____

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