



**STRUCSURE**  
HOME WARRANTY

### CERTIFICATE OF WARRANTY COVERAGE

April 11, 2018

Elizabeth Walker  
5537 Reiger Avenue  
Dallas, TX 75214

Re: FEA No.: 165968

On behalf of StrucSure Home Warranty, I would like to congratulate you on the completion of your foundation repair project.

I am pleased to inform you that your ten-year warranty coverage is effective as of, 12/21/2015. Your coverage limit is \$10,000 or the contract amount (whichever is less). Please reference your Foundation Enrollment Application for your foundation repair project amount.

Please file this certificate with your Warranty Coverage Booklet and Foundation Enrollment Application (FEA).

If you have any questions, please contact our customer service department at 877.806.8777.

Best of luck!

Sincerely,

Chris Macaulay, President  
StrucSure Home Warranty  
[www.sls.ustrc.com](http://www.sls.ustrc.com)

CC: Accurate Foundation Repair, LLC

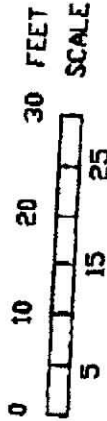


**RCP ENGINEERING, INC.**  
1708 WENTWOOD PLACE, SUITE 150 PLANO, TEXAS 75075  
PHONE (469) 487-6180 - FAX (214) 901-5824 - WWW.RCPENGINEERING.COM

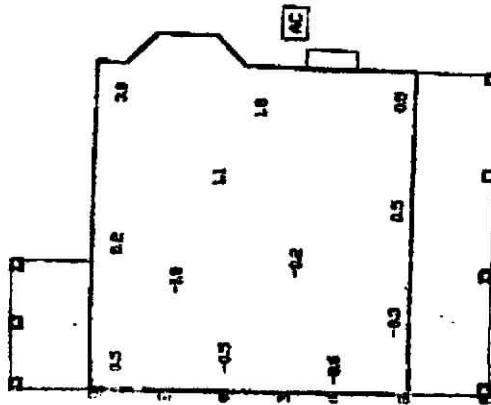
**FOUNDATION REPAIR PLAN**  
5537 Retger Avenue  
Dallas, TX 75214  
April 25, 2013



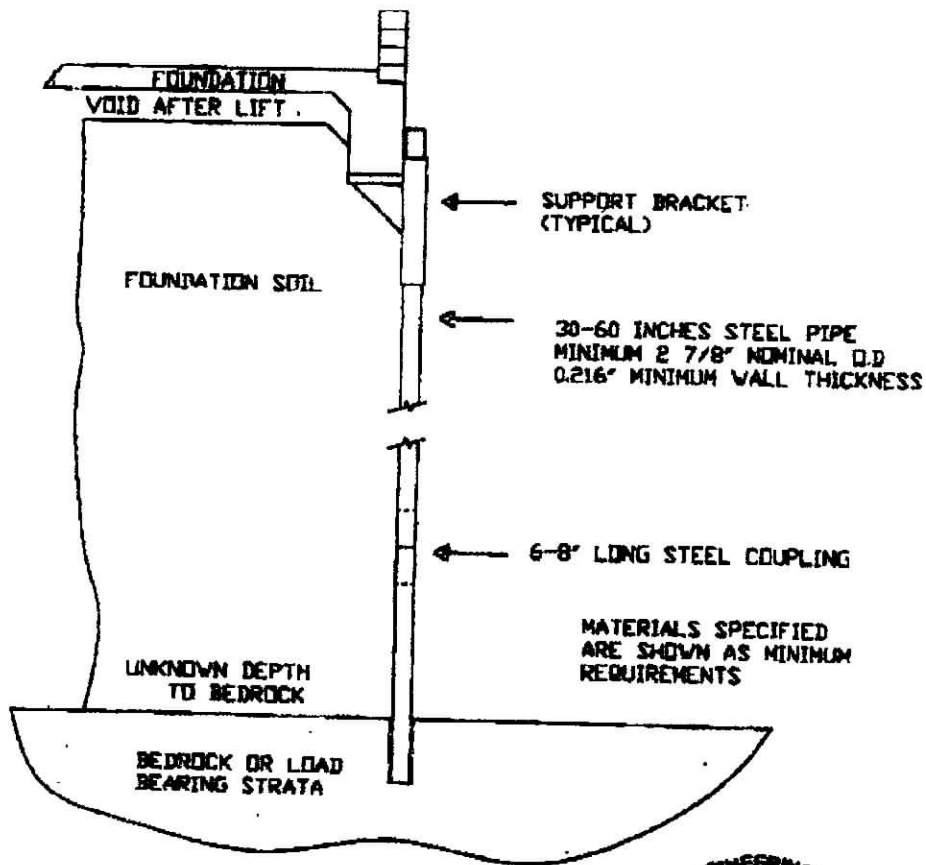
PIERS = 7



Note: Dimensions are approximate



# ACCURATE FOUNDATION REPAIR STEEL PIER



5537 Reiger Avenue  
Dallas, TX 75214

April 25, 2013



# DAL-WORTH PLUMBING & SPRINKLER SERVICE

"The Foundation Leak Professionals"

P.O. Box 506 Bedford, TX 76095

817-268-7711

Email: dalworthplumbing@att.net

## Diagnostic Plumbing Test Report

Homeowner Information-Invoice # \_\_\_\_\_  
 Name: Gregory Walker  
 Address: 105 E. South St  
 City/ Zip Code: Walls, TX 75087  
 Foundation Co.: Rescrete

Tested By: Bill  
 Test Date: 1/15/04  
 Start Time: 10:00 Finish Time: 11:00  
 Pre-Test \_\_\_\_\_ Post Test \_\_\_\_\_

### Test Performed

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Domestic Water | <input type="checkbox"/> Water Leak Isolation | <input checked="" type="checkbox"/> Static Head Test |
| <input type="checkbox"/> Measured Flow Test        | <input type="checkbox"/> Sewer Leak Isolation | <input type="checkbox"/> Shower Pan Test             |

### Plumbing Materials

|       |  |   |                               |
|-------|--|---|-------------------------------|
| Water | <input checked="" type="checkbox"/> Copper | <input type="checkbox"/> Galvanized           | <input type="checkbox"/> Cast |
| Sewer | <input type="checkbox"/> PVC               | <input checked="" type="checkbox"/> Cast Iron | <input type="checkbox"/> AES  |

### Domestic Water Test

|                 |                                |                               |                               |                                |                                  |                              |
|-----------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|----------------------------------|------------------------------|
| Gauge Location: | <input type="checkbox"/> Front | <input type="checkbox"/> Back | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Utility | <input type="checkbox"/> C/O |
| Initial PSI     | Ending PSI                     | Loss                          | Length Test                   | Minutes                        |                                  |                              |

Hydro-Static Test on water service system. Results: \_\_\_\_\_ Passed \_\_\_\_\_ Failed

Comments: Water level dropped

### Static Head Test

|                |                                 |  |                                     |                                  |                                       |
|----------------|---------------------------------|--|-------------------------------------|----------------------------------|---------------------------------------|
| Foundation     | <input type="checkbox"/> Slab   | <input type="checkbox"/> Pier and Beam | <input type="checkbox"/> Clean outs | <input type="checkbox"/> Yes     | <input type="checkbox"/> No           |
| Location:      | <input type="checkbox"/> Front  | <input type="checkbox"/> Back          | <input type="checkbox"/> Left       | <input type="checkbox"/> Right   | <input type="checkbox"/> Other        |
| Test Observed: | <input type="checkbox"/> Master | <input type="checkbox"/> Hall          | <input type="checkbox"/> Powder     | <input type="checkbox"/> Utility | <input type="checkbox"/> Clean-Out    |
|                |                                 |  |                                     |                                  | <input type="checkbox"/> Water Closet |
|                |                                 |  |                                     |                                  | <input type="checkbox"/> Shower       |
|                |                                 |  |                                     |                                  | <input type="checkbox"/> Tub          |
|                |                                 |  |                                     |                                  | <input type="checkbox"/> Other        |

Amount Of Loss: \_\_\_\_\_ System Held \_\_\_\_\_  
 System would not fill Dropped \_\_\_\_\_ Inches in \_\_\_\_\_ Minutes

Static Head Test on the sewer service system. Results: \_\_\_\_\_ Passed \_\_\_\_\_ Failed

Comments: Sewer installed

Informed customer of all testing procedures and test results: \_\_\_\_\_ Yes \_\_\_\_\_ No

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5537 Roger Ave.  
Inspected Address

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Dallas  
City

75214  
Zip Code Page 1 of 2

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Streets, driveways, garages, porches, fences, gravel basins or any other structures will not be included in this inspection report unless specifically noted in Section 8 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, ceilings, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate crawling or climbing any part of the structure(s) including the surface appearance of the structure. Inspections done not cover any condition or damage which was not visible to or on the structure(s) at the time of inspection but which may be revealed in the course of repair or replacement work.
- C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without delimiting or removing parts of the structure being inspected. Precaution damage to tiles, wall sections, etc., is frequently required prior to the inspection with duly warning, tags or other descriptive devices. Damage that has been concealed or repaired may not be visible except by delimiting the surface appearance. The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the property healthy.
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspection of the inspection company is only an estimate and is not an engineering or building qualified to give an opinion regarding the degree of structural damage. Identification of damage and any correction should be performed by a qualified expert.
- F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.
- G. If termites or tunnel (including psyllids, beetles or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, to list of positions to be listed and complete details of remedy if any. As a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, chemical options and equipment by a certified applicator or the fumigation category. Information regarding treatment and any such alternatives to fumigation should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has a duty to provide such information to any person other than the contracting party.
- H. There are a variety of fumigation and other options offered by pest control companies. These options will vary in cost, efficacy, area treated, duration, treatment techniques and removal options.
- I. There are many specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of active infestation in or on the structure, (2) there is visible evidence of a previous infestation with an evidence of a past treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a prescriptive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive conditions. These strategies may use one or a very greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by other non-chemical means or other structural changes. Mechanical alterations may be in some instances the most successful method to correct conducive conditions. If the inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector himself, another licensed pest control operator for a second opinion, or call the Structural Pest Control Service of the Texas Department of Agriculture.

1A. Certified Pest Management Co. is 11639  
Name of Inspection Company  
BPCB District/ License Number

10. 202 Red Bluff Dr. Hickory Creek, Texas 75065 (214) 513-8134  
Address of Inspection Company City State Zip Telephone No.

10. Brandon L. Laughlin  
Name of Inspector (P# see P#16) Certified Applicator/ Technician (check one)

2. 11/13/2015  
Date Number (NARS#XXXX) Inspection Date

4A. Seller [ ] Agent [ ] Buyer [ ] Management Co. [ ] Other [ ]  
Name of Person Requesting Inspection

4C. Seller  
Contract/Seller

4C REPORT FORWARDED TO: Title Company or Mortgage [ ] Purchaser of Record [ ] Seller [ ] Agent [ ] Buyer [ ]  
(Under the Structural Pest Control regulations only the purchaser of the residence is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

List structure(s) inspected that may include evidence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

6A. Were any areas of the property obstructed or inaccessible? Yes [ ] No [ ]  
(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B

6B. The obstructed or inaccessible areas include but are not limited to the following:  
 ABC Insulated area of attic [ ] Plumbing Areas [ ] Plywood floor sheathing structure [ ]  
 Deck [ ] Sub Floors [ ] Sub Joists [ ] Coat. Spruce [ ]  
 Wall/Guard Too High [ ] Heavy Foliage [ ] Eaves [ ] Weaplines [ ]  
 Other [ ] Specify: \_\_\_\_\_

7A. Conditions conducive to wood destroying insect infestation: Yes [ ] No [ ]  
(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

7B. Conducive Conditions include but are not limited to:  
 Debris under or around structure (D) [ ] Wood in Contact with Ground (G) [ ] Porchboards left in place (P) [ ] Excessive Moisture (M) [ ]  
 Plywood floor sheathing structure (C) [ ] Fencing too low or soil less than 1/2" high (L) [ ] Wood Rot (R) [ ] Heavy Foliage (F) [ ]  
 Inadequate ventilation (V) [ ] Wood Pile in Contact with Structure (S) [ ] Windows (and/or) in Contact with the Structure (W) [ ]  
 Other (O) [ ] Specify: \_\_\_\_\_

8. Inspectors Reveals Visible Evidence in or on the structure:

|                                   | Active Infestation | Previous Infestation | Previous Treatment |
|-----------------------------------|--------------------|----------------------|--------------------|
| 8A. Subterranean Termites         | Yes [ ] No [ ]     | Yes [ ] No [ ]       | Yes [ ] No [ ]     |
| 8B. Drywood Termites              | Yes [ ] No [ ]     | Yes [ ] No [ ]       | Yes [ ] No [ ]     |
| 8C. Formosan Termites             | Yes [ ] No [ ]     | Yes [ ] No [ ]       | Yes [ ] No [ ]     |
| 8D. Carpenter Ants                | Yes [ ] No [ ]     | Yes [ ] No [ ]       | Yes [ ] No [ ]     |
| 8E. Other Wood Destroying Insects | Yes [ ] No [ ]     | Yes [ ] No [ ]       | Yes [ ] No [ ]     |

Specify: \_\_\_\_\_

9. Inspection of signs of previous treatment (including pesticides, baits, baiting treatment stickers or other methods) identified: \_\_\_\_\_

10. Visible evidence of \_\_\_\_\_ has been observed in the following area(s): \_\_\_\_\_

If there is visible evidence of active or previous infestation, it must be noted. The type of (insect) must be listed in the last block and all identified infested areas of the property inspected must be listed on the second block. (Ref to Part D, E & F, Scope of Inspection)

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

The conditions outlined in items information reported in 7A & 7B:  
 (1) Will be or has been satisfactorily corrected by inspecting company:  
 If "Yes," specify correction:

Yes  No  PI

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H, and I, Scope of Inspection)

Yes  No   
 Yes  No

9B. Preventive treatment under conditions of conductive conditions as identified in 7A & 7B is recommended as follows:  
 Specify name: Conductive Conditions  
 Refer to Scope of Inspection Part J

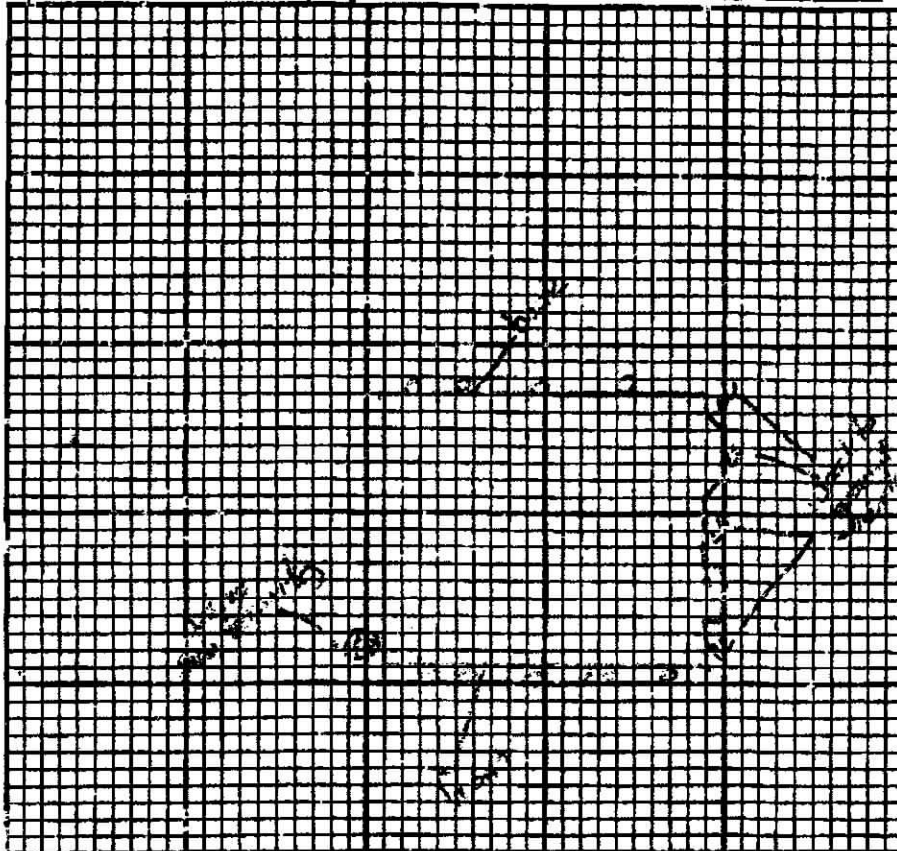
10A. This company has treated or is treating the structure for the following wood destroying insects:

If treating for subterranean termites, the treatment used: Partial  Spot  Full  Other   
 If treating for drywood termites or related insects, the treatment used: Full  Spot  Other

10B. Date of Treatment by Inspecting Company: \_\_\_\_\_  
 This company has a contract or warranty in effect for removal of the following wood destroying insects:  
 Yes  No  List insects: \_\_\_\_\_  
 If "Yes," copy(ies) of warranty and treatment diagram must be attached

Diagram of Structure(s) Inspected

The inspector shall draw a diagram including approximate to particular measurements and include active or previous infestation and type of insect by using the following codes: B-Substance of Infestation, A-Active; P-Presence; D-Drywood; T-Termites; S-Subterranean Termites; F-Forensic Termites; C-Conductive Conditions; B-Wood Boring Insects; H- Carpenter Ants; Other(s) - specify: 1-19-2013



Additional Comments: Active sub-termites marked 93. Treatment recommended  
Lead to ground contact correction recommended

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

Signature: [Handwritten Signature]  
 11A. Inspector

Notice of Inspection Was Posted At or Near:  
 12A. Electric Breaker Box   
 Water Heater Closet   
 Bath Trap Access   
 Beneath the Kitchen Sink   
 12B. Date Posted: 1-19-2013

Approval: Brandon Leighton 40134PTW  
 11B. Certified Applicator and Certified Applicator License Number

I have received the original or a legible copy of this form. I have read and understood any recommendations made. I have also read and understood the "Scope of Inspection." I understand that my inspector may provide additional information on an addendum to this report. If additional information is attached, list number of pages: \_\_\_\_\_

Signature of Purchaser of Property or their Designee: \_\_\_\_\_  
 Date: \_\_\_\_\_

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

The conditions conducive to insect infestation reported in 7A & 7B:  
 & 7B1 are or has been or is being corrected by treating company:  
 If "Yes," specify correction:

Yes  No

8A. Corrective treatment recommended for active infestation or reduction of previous infestation with no prior treatment  
 as identified in Section 8. (Refer to Part G, H, and I, Scope of Inspection)

Yes  No   
 Yes  No

8B. A preventive treatment under conditions of conducive conditions as identified in 7A & 7B is recommended as follows:  
 Specify reason: could lead to hidden termite activity  
 Refer to Scope of Inspection Part J

10A. This company is or is not or is testing the structure for the following wood destroying insects:

For termites: Full  Spot  Bait  Other   
 For wood boring insects: Full  Spot  Bait  Other

Date of Treatment by Inspecting Company: \_\_\_\_\_

Current Name of Insect: \_\_\_\_\_

Name of Pesticide/Bait or Other Method: \_\_\_\_\_

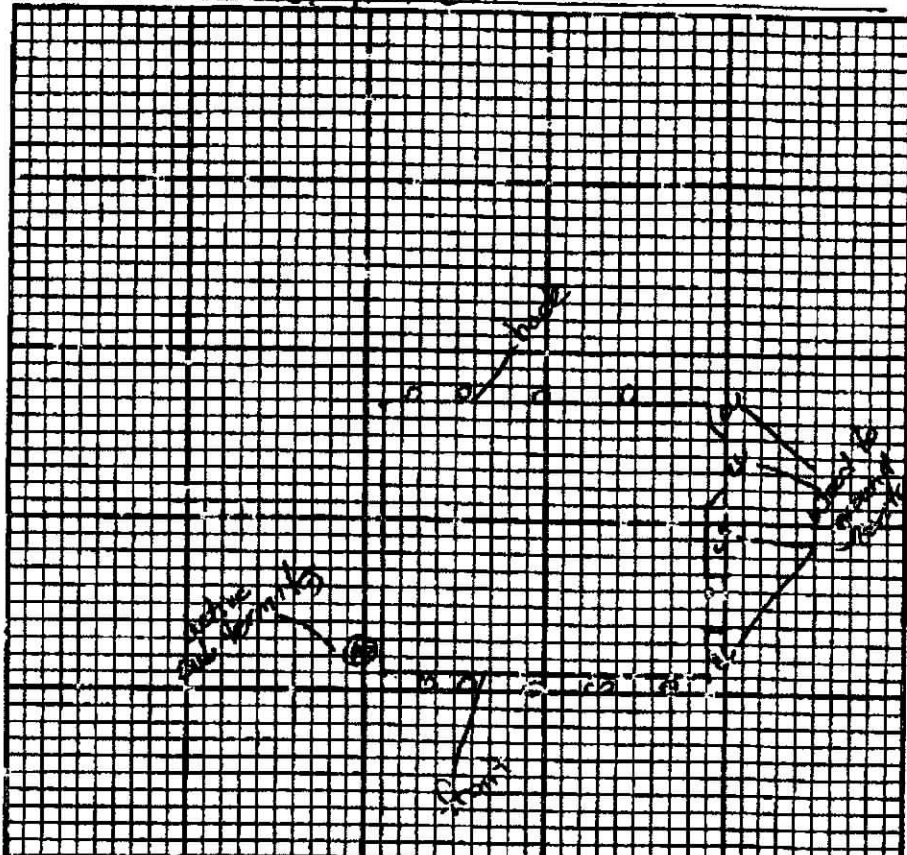
This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes  No

If "Yes," copy (ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: F- Evidence of Infestation; A-Active; P-Presence; D-Drywood Termites; S-Subterranean Termites; F-Ferrous Termites; C-Conductive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify: \_\_\_\_\_



Additional Comments: Active sub termites marked AS. Treatment recommended  
Wood to ground contact correction recommended

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

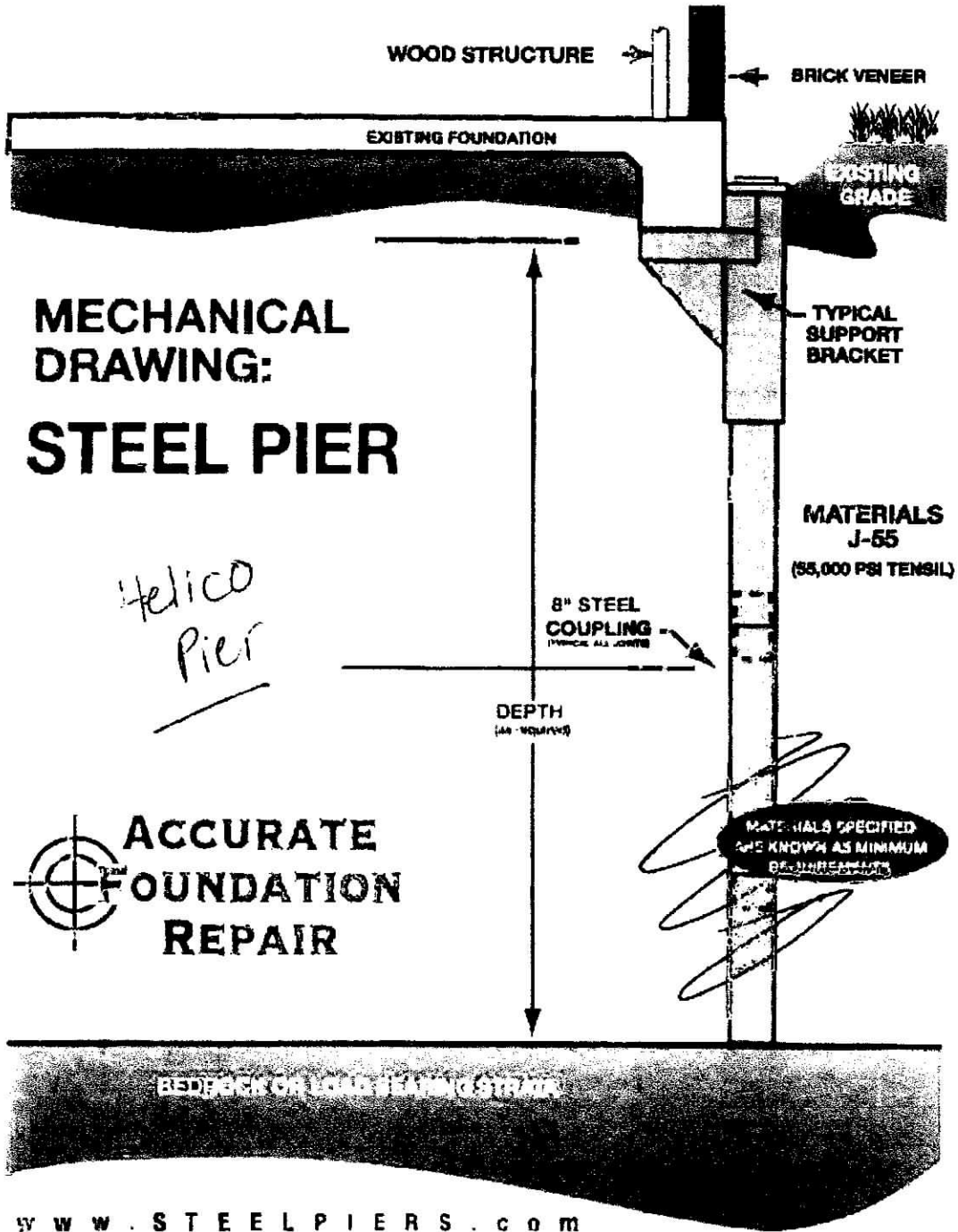
Signature: Brandon L. Lytle  
 11A. Inspector

Notice of Inspection Was Posted At or Near:  
 12A. Electric Breaker Box   
 Water Heater Closet   
 Bath Trap Access   
 Beneath the Kitchen Sink   
 12B. Date Posted: \_\_\_\_\_ Date: 1-12-2013

Approved:  
 11B. Brandon Laurilla 40134FTW  
 Certified Applicator and Certified Applicator License Number

I have reviewed the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may gather additional information as an addendum to this report.  
 If additional information is obtained, list number of pages: \_\_\_\_\_

Signature of Purchaser or their Designee: \_\_\_\_\_ Date: \_\_\_\_\_





# ACCURATE FOUNDATION REPAIR

## 1 Year Warranty

This certificate confirms that the owner of 5537 Reiger Avenue, in Dallas, TX 75214 has had foundation repairs completed by Accurate Foundation Repair. If any adjustments to helical piers are required during the warranty period, due to settling, our company will re-raise areas we have previously underpinned.

This warranty is completely transferable to any and all future owners provided that the Warranty Transfer has taken place.

*Richard Robinson*

Company Representative

May 13, 2013

# DAL-WORTH PLUMBING & SPRINKLER SERVICE

\* The Foundation Leak Professionals \*  
 P.O. Box 306 Bedford, 76095  
 817-268-7711  
 Fax 817-282-0733  
 Email: dalworthplumbing@att.net

## Diagnostic Plumbing Test Report

**Homeowner Information - Invoice #**  
**Name:** 142067076  
**Address:** 5537  
**City/Zip Code:** 1105  
**Foundation Co.:** 1105

**Tested By:** MS  
**Test Date:** 5-23-15  
**Start Time:** 11:15 **Finish Time:** 11:45  
**Pre-Test**    **Post Test**   

### Test Performed

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Domestic Water | <input type="checkbox"/> Water Leak Isolation | <input checked="" type="checkbox"/> Static Head Test |
| <input type="checkbox"/> Measured Flow Test        | <input type="checkbox"/> Sewer Leak Isolation | <input type="checkbox"/> Shower Pan Test             |

### Plumbing Materials

|       |        |            |       |
|-------|--------|------------|-------|
| Water | Copper | Galvanized | Quest |
| Sewer | FVC    | Cast Iron  | ABS   |

### Domestic Water Test

|                |            |      |                               |       |         |     |
|----------------|------------|------|-------------------------------|-------|---------|-----|
| Gauge Location | Front      | Back | Left                          | Right | Utility | C/O |
| Initial PSI    | Ending PSI | Loss | Length Test <u>10</u> Minutes |       |         |     |

Hydro-Static Test on water service system. Results:  Passed  Failed

Comments: Hydrostatic Test (24 hrs) (1105) P15081

### Static Head Test

|                    |              |               |            |         |       |
|--------------------|--------------|---------------|------------|---------|-------|
| Foundation         | Slab         | Pier and Beam | Clean outs | Yes     | No    |
| Cleanout Location: | Front        | Back          | Left       | Right   | Other |
| Test Observed:     | Master       | Ball          | Powder     | Utility | Other |
| Clean-Outs:        | Water Closet | Shower        | Tub        | Other   |       |

Amount Of Loss:  System Held  
 System would not fill     Dropped \_\_\_\_\_ Inches in \_\_\_\_\_ Minutes

Static Head Test on the sewer service system. Results:  Passed  Failed

Comments: Set floor level water table showing 12.00

Informed customer of all testing procedures and test results:  Yes  No

Customer Signature: \_\_\_\_\_ Date: 5-23-15

**RCP ENGINEERING, INC.**1705 WENTWORTH PLACE, SUITE 150 PLANO, TEXAS 75075  
PHONE (469) 427-5168 - FAX (972) 985-0959 • [WWW.RCPENGINEERING.COM](http://WWW.RCPENGINEERING.COM)

July 5, 2013

Accurate Foundation Repair, L.L.C.  
6001 Sun Valley Drive  
Ft. Worth, TX 76118

Attn: Mr. Bill Thomas

Re: Foundation Repair Review  
5537 Reigar Ave.  
Dallas, TX 75214

Dear Mr. Thomas:

The above referenced residence was visited on May 30, 2013 after work was completed to inspect the completed foundation repairs. At the time of the final inspection all work was complete, and the deflection of the foundation was addressed. Steel piers were installed as shown in the repair plan according to Accurate Foundation Repair construction documents.

The piers appear to have been properly installed in accordance with a method typical to the industry.

This site survey was not intended to be all-inclusive but was limited in scope to a visual examination of the items called to attention in the foundation repair plan. It is the responsibility of the foundation repair contractor, Accurate Foundation Repair to furnish the homeowner a valid warranty.

In conclusion, it should be understood that no foundation could be made risk-free from future movement. This work was to address foundation corrections only in the location where the repairs were conducted. There are many variables that can negatively impact the stability of a foundation. Some of these items are tree roots, environmental/climate factors, plumbing leaks, inadequate drainage conditions around a foundation, inadequate site preparation by the builder, original foundation design and construction, inadequate moisture maintenance by the homeowner, etc.

Sincerely,

  
Robert C. Paddock, M.Eng., P.E.

7-5-13