

## PROPERTY INSPECTION REPORT

**Prepared For:** SAHA  
\_\_\_\_\_  
(Name of Client)

**Concerning:** 519 Precious San Antonio, TX 78237  
\_\_\_\_\_  
(Address or Other Identification of Inspected Property)

**By:** Jon Krauss 4255 02/28/08  
\_\_\_\_\_  
(Name and License Number of Inspector) (Date)

\_\_\_\_\_  
(Name, License Number and Signature of Sponsoring Inspector, if required)

The inspection of the property listed above must be performed in compliance with the rules of the Texas Real Estate Commission (TREC).

The inspection is of conditions which are present and visible at the time of the inspection, and all of the equipment is operated in normal modes. The inspector must indicate which items are in need of repair or are not functioning and will report on all applicable items required by TREC rules.

This report is intended to provide you with information concerning the condition of the property at the time of inspection. Please read the report carefully. If any item is unclear, you should request the inspector to provide clarification.

It is recommended that you obtain as much history as is available concerning this property. This historical information may include copies of any seller's disclosures, previous inspection or engineering reports, reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should attempt to determine whether repairs, renovation, remodeling, additions or other such activities have taken place at this property.

Property conditions change with time and use. Since this report is provided for the specific benefit of the client(s), secondary readers of this information should hire a licensed inspector to perform an inspection to meet their specific needs and to obtain current information concerning this property.

### ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Report Number: 20080242069 Phone Number: \_\_\_\_\_  
Date of Inspection: 02/28/08 Fax Number: \_\_\_\_\_  
Time of Inspection: \_\_\_\_\_  
Client Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### SPECIAL NOTES:

Reinspection done 08/28/08 by Jon Krauss. Notes are in report.

The purpose of this reinspection is identify if repairs have been performed. It is not within the scope of this inspection to determine quality of repairs or extent of repairs as this is a visual only examination. Receipts or repair documents should be requested from those who performed the repairs for details and warranty information.

Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachments. If an item is present in the property but is not inspected, the "NI" column will be checked and an explanation is necessary. Comments may be provided by the inspector whether or not an item is deemed in need of repair.

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I	NI	NP	R			

**I. STRUCTURAL SYSTEMS**

**A. Foundations** (If all crawl space areas are not inspected, provide an explanation.)  
*Comments (An opinion on performance is mandatory.):*

FOUNDATION TYPE- Concrete slab on grade.  
 CONCRETE FOUNDATION OBSERVATIONS- Foundation appears to be functioning normally at time of inspection.  
 Minor signs of past settlement observed in the form of hair line type cracking to finished surfaces at right exterior, at garage floor.

**B. Grading and Drainage**  
*Comments*  
 Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection.  
 Dry soil conditions observed on exterior at right, at rear, at left of house. Regular watering should be done to prevent added stress to structure.

**C. Roof Covering** (If the roof is inaccessible, report the method used to inspect.)  
*Comments*  
 METHOD USED TO INSPECT ROOF- The following was observed upon walking on the roof.  
 DESCRIPTION OF MATERIALS- Composition and/or fiberglass shingles. Note: Average life expectancy under normal installation/conditions is between 10 -14 years.  
 ROOF COVERING OBSERVATIONS- Roof covering observed showing normal wear for age.  
 Starter strip around perimeter edge of roof improperly installed, not sealed down.  
Repaired 08/28/08.  
 Seal all exposed fasteners at ridge caps, flashings on roof. Repaired 08/28/08.  
 4" sewer vent "boot" pulled down on roof. Repaired 08/28/08.  
 Patching noted at rear slope on roof.

**D. Roof Structure and Attic** (If the attic is inaccessible, report the method used to inspect.)  
*Comments*  
 ACCESS METHOD/LIMITATIONS- Full access  
 ATTIC OBSERVATIONS- Truss framing  
 Old staining observed in attic at garage to house joint.  
 ROOF STRUCTURE OBSERVATIONS-Trusses at front patio need blocking at joint to house trusses Repaired 08/28/08.  
 Add blocking under decking at garage to house joint in attic. Repaired 08/28/08.  
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 8 - 9 inches thick.

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p><b>E. Walls (Interior and Exterior)</b>  <i>Comments</i></p> <p>INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.</p> <p>EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS-                      Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood. Aluminum/vinyl siding.                      OBSERVATIONS-Paint, seal base of wood trim at corners, around house. <b><u>Repaired 08/28/08.</u></b></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<p><b>F. Ceilings and Floors</b>  <i>Comments</i></p> <p>CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<p><b>G. Doors (Interior and Exterior)</b>  <i>Comments</i></p> <p>INTERIOR DOOR OBSERVATIONS- No problems observed during this inspection period.</p> <p>EXTERIOR DOOR OBSERVATIONS- No problems observed at this time.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p><b>H. Windows</b>  <i>Comments</i></p> <p>OBSERVATIONS-new paint noted at interior all windows.                      No visible flashing over rear window <b><u>Repaired 08/28/08.</u></b></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<p><b>I. Fireplace/Chimney</b>  <i>Comments</i></p> <p><b>Not Present</b></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p><b>J. Porches, Decks and Carports (Attached)</b>  <i>Comments</i></p> <p>PORCH OBSERVATIONS-inadequate slope at walkway to house at front garage areas.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<p><b>K. Other</b>  <i>Comments</i></p> <p><b>Not Present</b></p>

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**II. ELECTRICAL SYSTEMS**

- A. Service Entrance and Panels**  
*Comments:*

SERVICE COMMENTS: Under Ground  
 MAIN PANEL COMMENTS: LOCATION- Exterior of house  
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.  
 MAIN ELECTRICAL PANEL OBSERVATIONS- exposed wiring under meter, at separation in conduit. **Repaired 08/28/08.**

SUB-PANEL COMMENTS: LOCATION- Garage  
 SUB-ELECTRICAL PANEL OBSERVATIONS- No problem(s) noted at the time of inspection.

- B. Branch Circuits - Connected Devices and Fixtures** (Report as in need of repair the lack of ground fault circuit protection where required.)  
*Comments:*

FEEDERS- Copper, Aluminum (220 volt OK)  
 VISIBLE BRANCH WIRING TYPE- Grounded type branch wiring present. Copper  
 BRANCH WIRING OBSERVATIONS- No problems observed during this inspection period.

**III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS**

- A. Heating Equipment #1:**  
*Type/Energy Source:* System Type- Electric Forced Air Heat Pump.  
*Comments:*

Unit is located in, closet  
 Heating System- The heating system operated correctly at the time of the inspection  
 Trane unit installed at interior and Goodman at exterior. Most manufacturers do not recommend mixing equipment on heat pump units. Refer to manufacturer specs.

- B. Cooling Equipment #1:**  
*Type/Energy Source:* Electric.  
*Comments:*

Est. Size: 2 1/2 ton  
 Cooling System- - Central, - Split System.  
 AIR TEMPERATURE DIFFERENTIAL- Temperature drop/differential observed between 15 - 20 degrees. (taken between interior return and supply air) This is considered a normal operating range.  
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-oversized 30 amp breaker installed in panel. Change to 20 amps as per manufacturer.

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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p><b>C. Ducts and Vents</b>  <i>Comments:</i></p> <p>DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.                  Ductwork, Air Chase and/or Plenum Observations-seal all duct connections throughout attic. <b><u>Repaired 08/28/08.</u></b>                  Electrical wiring was present in the return air duct work for water heater connections. <b><u>Repaired 08/28/08.</u></b></p>
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**IV. PLUMBING SYSTEM**

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>A. Water Supply System and Fixtures</b>  <i>Comments:</i></p> <p>The potable water supply source is- Municipal service is primary water source.                  SUPPLY PIPING TYPE- Copper                  POTABLE WATER LINE OBSERVATIONS- Appears serviceable.</p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p><b>Bathroom #1 HALL BATHROOM:</b></p> <p>LAVATORY-fixture loose at sink <b><u>Repaired 08/28/08.</u></b>                  TOILET PLUMBING- tank loose from toilet, in need of repairs <b><u>Repaired 08/28/08.</u></b>                  TUB/SHOWER PLUMBING- No problems observed during this inspection period.</p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p><b>Bathroom #2 MASTER BATHROOM:</b></p> <p>LAVATORY-faucet loose at sink <b><u>Repaired 08/28/08.</u></b>                  TOILET PLUMBING- No problems observed during this inspection period.                  TUB/SHOWER PLUMBING- No problems observed during this inspection period.</p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>B. Drains, Wastes, Vents</b>  <i>Comments:</i></p> <p>DRAIN/WASTE &amp; VENT PIPING TYPE- PVC plastic                  SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.</p>
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>Bathroom #1 HALL BATHROOM:</b></p>
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>Bathroom #2 MASTER BATHROOM:</b></p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>C. Water Heating Equipment #1:</b> (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)  <i>Energy Source:</i> Electrically operated.  <i>Comments:</i></p> <p><i>Location/Coverage:</i> Closet, Hallway.</p>
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State 40 gallon unit.  
No problems observed during this inspection period.

- |                          |                          |                                     |                          |                                   |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>D. Hydro Therapy Equipment</b> |
| <i>Comments:</i>         |                          |                                     |                          |                                   |
| <b>Not Present</b>       |                          |                                     |                          |                                   |

**V. APPLIANCES**

- |   |                          |                                     |                                     |  |
|---|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>A. Dishwasher</b>                           |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| Soap dish at door not opening <b><u>Repaired 08/28/08.</u></b>                |                          |                                     |                                     |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>B. Food Waste Disposer</b>                  |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| No problems observed during limited test run of appliance.                    |                          |                                     |                                     |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>C. Range Hood</b>                           |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| No problems observed during limited test run of appliance.                    |                          |                                     |                                     |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>D. Ranges/Ovens/Cooktops</b>                |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| Oven present, Electric. No problems observed during this inspection period.   |                          |                                     |                                     |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>E. Microwave Cooking Equipment</b>          |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| <b>Not Present</b>  |                          |                                     |                                     |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>F. Trash Compactor</b>                      |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| <b>Not Present</b>  |                          |                                     |                                     |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>G. Bathroom Exhaust Fans and/or Heaters</b> |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| Vent unit present. No problems observed during limited test run of appliance. |                          |                                     |                                     |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>H. Whole House Vacuum Systems</b>           |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| <b>Not Present</b>  |                          |                                     |                                     |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>I. Garage Door Operators</b>                |
| <i>Comments:</i>  |                          |                                     |                                     |  |

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**Not Present**

**J. Door Bell and Chimes**  
*Comments:*  
 Doorbell failed to operate. Repaired 08/28/08.

**K. Dryer Vents**  
*Comments:*  
 No problems noted.

**L. Other Built-in Appliances**  
*Comments:*  
**Not Present**

**VI. OPTIONAL SYSTEMS**

**A. Lawn Sprinklers**  
*Comments:*  
**Not Present**

**B. Swimming Pools and Equipment**  
*Comments:*  
**Not Present**

**C. Outbuildings**  
*Comments:*  
**Not Present**

**D. Outdoor Cooking Equipment**  
*Energy Source:*  
*Comments:*  
**Not Present**

**E. Gas Lines**  
*Comments:*  
**Not Present**

**F. Water Wells** (A coliform analysis is recommended.)  
*Type of Pump:*  
*Type of Storage Equipment:*  
*Comments:*

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**Not Present**

**G. Septic Systems**  
*Comments:*

**Not Present**

**H. Security Systems**  
*Comments:*

security testing is not part of this inspection

**I. Fire Protection Equipment**  
*Comments:*

**Not Present**