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### PROPERTY INSPECTION REPORT

**Prepared For:** Tony Scarnato  
(Name of Client)

**Concerning:** 1014 NW 27th San Antonio, TX  
(Address or Other Identification of Inspected Property)

**By:** Gary Armstrong 9604 09/21/07  
(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, 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: 20070940074 Phone Number: \_\_\_\_\_

Date of Inspection: 09/21/07 Fax Number: \_\_\_\_\_

Time of Inspection: \_\_\_\_\_

Client Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

#### SPECIAL NOTES:

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	Inspection Item			

**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. Smaller, fracture cracks to finished floor in garage observed, at interior flooring of house.
  
- B. Grading and Drainage**  
*Comments*

Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection.
  
- 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. Approximate age of roof. Approximate age of this roof covering is believed to be between 5 and 10 years old.  
 ROOF COVERING OBSERVATIONS- Roof covering observed showing normal wear for age.  
 Seal all exposed fasteners at ridge caps, flashings on roof.  
 Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions.  
 Large amounts of debris is observed on roof surface (tree limbs, leaves, etc). Removal of debris recommended.
  
- 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  
 ROOF STRUCTURE OBSERVATIONS- No problems observed during this inspection period.  
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 8 to 9 inches thick.

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**E. Walls (Interior and Exterior)**

*Comments*

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.

OBSERVATIONS- missing trim at side door

Patching noted at windows, doors in kitchen

Repairs noted at , unpainted at interior

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.

OBSERVATIONS-reseal lap siding joints at exterior walls.

Excessive spacing, missing weep holes at masonry siding. Add properly every 33"

Damaged vent at left exterior wall

Deteriorated wood at side door trim, in need of repairs

**F. Ceilings and Floors**

*Comments*

CEILING COVERING(S)- CEILING OBSERVATIONS- patching noted at front entry area

FLOOR COVERING(S)-finished flooring missing throughout living, sleeping areas. Holes in vinyl at kitchen.

**G. Doors (Interior and Exterior)**

*Comments*

INTERIOR DOOR OBSERVATIONS- missing door at left rear bedroom closet.

EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --side door- . Repair damage, reseal exterior and consider cover to protect from elements.

garage door damage observed.

All exterior doors sticking in jambs

overhead garage door missing spring, hard to open

**H. Windows**

*Comments*

OBSERVATIONS-Water damage, fungal type growth observed at interior sill at master, at left rear, at living room windows

Damaged glazing beads at left windows, at front windows on exterior

Missing screens most windows on house

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Heating System- The heating system was not functional at time of inspection  
No power, no filter at unit. Unit shut down

- 

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

Cooling System- - Central, - Split System.  
Trane est 2 1/2 ton 2000 unit located at rear of house.  
Missing cover at thermostat to unit  
EVAPORATOR OBSERVATIONS-debris observed , fungal type growth at interior  
blower unit and coils in need of proper removal  
CONDENSER (EXTERIOR UNIT) OBSERVATIONS-unit missing on exterior

- 

**C. Ducts and Vents**  
*Comments:*

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- **Openings observed at ducts and/or  
at blower unit allowing air to escape from the system. Seal all joints, connections of  
ducts throughout**  
**Electrical wiring was present in the return air duct work from water heater.** This was  
common in older installations.

**IV. PLUMBING SYSTEM**

- 

**A. Water Supply System and Fixtures**  
*Comments:*

The potable water supply source is- Municipal service is primary water source.  
SUPPLY PIPING TYPE- Copper  
POTABLE WATER LINE OBSERVATIONS- no water to house

- 

**Kitchen**

KITCHEN SINK PLUMBING-staining in sink cabinet at kitchen.

- 

**Bathroom #1 MASTER BATHROOM:**

LAVATORY- No water  
TOILET/BIDET PLUMBING- missing parts at unit  
TUB/SHOWER PLUMBING-corrosion at drain

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**Bathroom #2 HALL BATHROOM:**  
 LAVATORY- No water to house  
 TOILET/BIDET PLUMBING- parts missing  
 TUB/SHOWER PLUMBING-no water

**B. Drains, Wastes, Vents**  
*Comments:*  
 DRAIN/WASTE & VENT PIPING TYPE- PVC plastic  
 SEWER PIPE OBSERVATIONS- No water. Not operated

**Bathroom #1 MASTER BATHROOM:**  
 No water on to house

**Bathroom #2 HALL BATHROOM:**

**C. Water Heating Equipment #1:** (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)  
*Energy Source:* Electrically operated.  
*Comments:*  
~~Not Present~~ unit located at hall closet.  
 No water to house

**D. Hydro Therapy Equipment**  
*Comments:*  
 Not Present

**V. APPLIANCES**

**A. Dishwasher**  
*Comments:*  
 Not Present

**B. Food Waste Disposer**  
*Comments:*  
 No problems observed during limited test run of appliance

**C. Range Hood**  
*Comments:*  
 No problems observed during limited test run of appliance.

**D. Ranges/Ovens/Cooktops**  
*Comments:*

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Not Present

E. Microwave Cooking Equipment  
*Comments:*

Not Present

F. Trash Compactor  
*Comments:*

Not Present

G. Bathroom Exhaust Fans and/or Heaters  
*Comments:*

Vent unit present. No problems observed during limited test run of appliance.

H. Whole House Vacuum Systems  
*Comments:*

Not Present

I. Garage Door Operators  
*Comments:*

Not Present

J. Door Bell and Chimes  
*Comments:*

No problems observed.

K. Dryer Vents  
*Comments:*

No problems noted.

L. Other Built-in Appliances  
*Comments:*

Not Present

**VI. OPTIONAL SYSTEMS**

A. Lawn Sprinklers  
*Comments:*

Not Present

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B.	Swimming Pools and Equipment	<i>Comments:</i>		
					Not Present			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C.	Outbuildings	<i>Comments:</i>		
					Not Present			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D.	Outdoor Cooking Equipment	<i>Energy Source:</i>		
					<i>Comments:</i>			
					Not Present			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E.	Gas Lines	<i>Comments:</i>		
					Not Present			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F.	Water Wells (A coliform analysis is recommended.)	<i>Type of Pump:</i>		
					<i>Type of Storage Equipment:</i>			
					<i>Comments:</i>			
					Not Present			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G.	Septic Systems	<i>Comments:</i>		
					Not Present			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H.	Security Systems	<i>Comments:</i>		
					security testing is not part of this inspection			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I.	Fire Protection Equipment	<i>Comments:</i>		
					Not Present			

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