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PROPERTY INSPECTION REPORT

Prepared For:	SAHA		
	(Name of Client)		
Concerning:	1018 NW27th St	San Antonio, TX 78228	
	(Address or Other Identification of Inspected Property)		
By:	Jon Krauss	4255	03/24/08
	(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:	20080342377	Phone Number:	_____
Date of Inspection:	03/24/08	Fax Number:	_____
Time of Inspection:	9:00am		_____
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.

I=Inspected	NI=Not Inspected	NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
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.

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 at rear, at right sides. 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

Est. Age: 6-10 years.

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-overexposed shingles at right front, at left rear areas.
 Starter strip around perimeter edge of roof improperly installed, not sealed down
 Seal all exposed fasteners at ridge caps, flashings on roof.
 Damaged shingles on roof at right, at rear left areas.
 Patching noted at rear several shingles at diverter flashing.

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.

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INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present.
 As per tag in attic, minimum 9.6" required for R30 value. Only 4 to 7" of insulation observed throughout. Add properly.

E. Walls (Interior and Exterior)
Comments

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

EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS-
 Brick and/or block (stone) veneer over wood framing. Cement Fiber type siding.
 Soffit(s), eave(s), and/or trim are painted wood.
 OBSERVATIONS-seal exterior seams at lap siding
 Paint, seal base of wood trim at corners of house, at perimeter of house
 Deteriorated wood trim at front center, in need of repairs
 Inadequate slope at ledge on brick siding on exterior wall.

F. Ceilings and Floors
Comments

CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-damaged master closet bifold door. Door off track
 Missing door at left front bedroom.

EXTERIOR DOOR OBSERVATIONS-front door not fully sealed when closed
 Breakfast door not fully sealed when closed.
 Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- breakfast door . Repair damage, reseal exterior and consider cover to protect from elements.

H. Windows
Comments

OBSERVATIONS-staining at interior windows at master, at rear bedroom
 Damaged, loose, missing glazing beads at master exterior
 Torn screen at right front bedroom
 Secure and seal trim at exterior windows.

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I. Fireplace/Chimney
Comments

J. Porches, Decks and Carports (Attached)
Comments

PORCH OBSERVATIONS- No problems observed during inspection period.

K. Other
Comments

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- No problem(s) noted at the time of inspection.

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.

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III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

A. Heating Equipment #1: Goodman.

Type/Energy Source: System Type- Electric Forced Air Heat
Pump

Coverage: Unit covers the entire Structure.

Estimated age: 1-2 years.

Heating System- The heating system operated correctly at the time of the inspection.

B. Cooling Equipment #1: Goodman.

Type/Energy Source: Electric.

Coverage: Unit covers the entire Structure.

Estimated age: 1-2 years.

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.

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C. Ducts and Vents

Comments:

DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.
No problems observed during this inspection period.

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
Plastic
POTABLE WATER LINE OBSERVATIONS- Appears serviceable

B. Drains, Wastes, Vents

Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

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.

Location: Closet, Hallway.

State 40 gallon 2001 unit
No problems observed during this inspection period.

D. Hydro Therapy Equipment

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V. APPLIANCES

A. Dishwasher
Comments:

No problems observed during limited test run of appliance.

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:

Oven present, Electric. No problems observed during this inspection period.

E. Microwave Cooking Equipment
Comments:

F. Trash Compactor
Comments:

G. Bathroom Exhaust Fans and/or Heaters
Comments:

No problems observed during limited test run of appliance.

H. Whole House Vacuum Systems
Comments:

I. Garage Door Operators
Comments:

J. Door Bell and Chimes
Comments:

No problems observed.

K. Dryer Vents
Comments:

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clean out vent to exterior and reseal joints properly

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | L. Other Built-in Appliances
<i>Comments:</i> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|

VI. OPTIONAL SYSTEMS

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A. Lawn Sprinklers
<i>Comments:</i> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. Swimming Pools and Equipment
<i>Comments:</i> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C. Outbuildings
<i>Comments:</i> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Outdoor Cooking Equipment
<i>Energy Source:</i>
<i>Comments:</i> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|

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|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Gas Lines
<i>Comments:</i> |
|--------------------------|-------------------------------------|--------------------------|--------------------------|---|

Pressure testing of the gas lines is not part of this inspection. If the client would like the system pressure tested, a licensed plumber is recommended.

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Water Wells (A colliform analysis is recommended.)
<i>Type of Pump:</i>
<i>Type of Storage Equipment:</i>
<i>Comments:</i> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Septic Systems
<i>Comments:</i> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Security Systems
<i>Comments:</i> |
|--------------------------|--------------------------|--------------------------|--------------------------|--|

security testing is not part of this inspection