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## PROPERTY INSPECTION REPORT

<b>Prepared For:</b>	SAHA	
	(Name of Client)	
<b>Concerning:</b>	1106 NW 27th St	San Antonio, TX 78228
	(Address or Other Identification of Inspected Property)	
<b>By:</b>	Jon Krauss	4255
	(Name and License Number of Inspector)	04/05/08
	(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: 20080442372	Phone Number: _____
Date of Inspection: 04/05/08	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.

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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.

**B. Grading and Drainage**  
*Comments*

Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at right of house, at front of house, at rear left. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible 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- Seal all exposed fasteners at ridge caps, flashings on roof.  
 Starter strip around perimeter edge of roof improperly installed, not sealed down.  
 Rear diverter flashing loose, falling and in need of repairs.

**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.

There are vents installed to allow airflow; however, the vents are blocked, rendering the vents inadequate at upper roof areas. Trim decking under upper vents for full air flow.

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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 8" of insulation throughout. Add properly.

- 

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

INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)-  
 Drywall.  
 OBSERVATIONS-water damage at kitchen refrigerator area wall  
 Water damage at base of cabinet master bath, hall bath areas.

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-paint, seal base of wood trim at corners, around house.  
 Soil installed too high to siding at rear left of house. Lower properly

- 

**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-rear bedroom, rear bedroom closet doors sticking in jamb.  
 Rear bedroom door dragging on carpet.

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

- 

**H. Windows**  
*Comments*

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OBSERVATIONS-swelling at interior window sills at master, at rear bedroom staining present.

Note: one master window changed to single pane glass.

Torn screen at rear bedroom window.

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-conduit pulled loose at base of electric meter, in need of repairs.

White wiring used as hot leg in panel but not properly marked as hot legs.

SUB-PANEL COMMENTS: 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- RECEPTACLE DEFICIENCIES- Ground Fault circuit Interrupter(s) were not present, not install properly, and/or do not operate as shown by use of a separate testing devise in the following location(s). --- exterior

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outlets, garage outlets.  
 LIGHTING & CEILING FAN DEFICIENCIES- light not functional at master closet,  
 at left exterior breakfast area.

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

A. Heating Equipment #1: Trane.

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

*Coverage:* Unit covers the entire Structure.

*Estimated age:* 7-8 years.

Heating System-unit not functional at time of inspection.  
 No thermostat installed.

B. Cooling Equipment #1: not determined

*Type/Energy Source:* Electric.

*Coverage:* Unit covers the entire Structure.

*Estimated age:*

Cooling System- - Central, - Split System.

Evaporator Deficiencies- Evaporator coils are dirty in need of cleaning/servicing.

Blower deficiencies - Debris observed at interior blower unit, blower housing in need  
 of full cleaning / removal.

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CONDENSER (EXTERIOR UNIT) OBSERVATIONS-unit missing, not present.  
none installed.

**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.  
System not operated at time of inspection.

**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- Appears serviceable  
EXTERIOR PLUMBING-rear hose bibb leaking at handle.

**Kitchen**

Kitchen Sink Plumbing:leaking at drainline under sink from dishwasher.

**Bathroom #1**

HALL BATHROOM:

LAVATORY Comments: No problems observed during this inspection period.

Toilet comments: Toilet tank loose from bowl, in need of repairs to prevent leakage.

Tub/shower comments: No problems observed during this inspection period.

**Bathroom #2**

MASTER BATHROOM:

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LAVATORY Comments: Stopper, missing at sink.  
 Restricted, slow drain observed at sink unit in need of repair.

Toilet comments: Toilet is loose at floor mount in need of repair.

Tub/shower comments:slow drain at tub, in need of repairs.

- B. Drains, Wastes, Vents**  
*Comments:*

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic  
 SEWER PIPE OBSERVATIONS-damaged cleanout at exterior sewer line.

- 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.

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

- D. Hydro Therapy Equipment**  
*Comments:*

**V. APPLIANCES**

- A. Dishwasher**  
*Comments:*

- B. Food Waste Disposer**  
*Comments:*  
 Deficiencies- Unit leaked during test run.  
 Hole for dishwasher drainline not capped off.

- C. Range Hood**  
*Comments:*

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

- E. Microwave Cooking Equipment**  
*Comments:*

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- F. Trash Compactor**  
*Comments:*
- G. Bathroom Exhaust Fans and/or Heaters**  
*Comments:*  
 Vent unit present. Vent unit failed to operate using normal controls at --- hall bath.
- H. Whole House Vacuum Systems**  
*Comments:*
- I. Garage Door Operators**  
*Comments:*
- J. Door Bell and Chimes**  
*Comments:*  
 No problems observed.
- K. Dryer Vents**  
*Comments:*  
 No problems noted.
- L. Other Built-in Appliances**  
*Comments:*

**VI. OPTIONAL SYSTEMS**

- A. Lawn Sprinklers**  
*Comments:*
- B. Swimming Pools and Equipment**  
*Comments:*
- C. Outbuildings**  
*Comments:*
- D. Outdoor Cooking Equipment**  
*Energy Source:*  
*Comments:*
- E. Gas Lines**  
*Comments:*

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.

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>F. Water Wells</b> (A coliform 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"/>	<b>G. Septic Systems</b>
				<i>Comments:</i>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H. Security Systems</b>
				<i>Comments:</i>
security testing is not part of this inspection				