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PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
 (Name of Client)

Concerning: 1122 NW 27th San Antonio, TX 78237
 (Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 09/13/07
 (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(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: 200708399 Phone Number: _____
 Date of Inspection: 09/13/07 Fax Number: _____
 Time of Inspection: 2:00pm
 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.
 Minor signs of past settlement observed in the form of hair line type cracking to finished surfaces at front porch, at garage floor areas, at front porch area, at left front corner.
- B. Grading and Drainage**
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at rear areas. 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
 METHOD USED TO INSPECT ROOF- The following was observed from either eave level and/or ground level using binoculars.
 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- Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions. Seal all exposed fasteners at ridge caps, flashings on roof.
 Tree limb(s) observed in contact and rubbing surface of roof. Trim to avoid excessive wear.
- 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- A combination of fiberglass (and/or rock wool) batt type and blown in insulation were present. The insulation layer is approximately. 5 - 9 inches thick.

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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	E. Walls (Interior and Exterior) <i>Comments</i> INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall. OBSERVATIONS- nail pops at living room wall, at master bedroom, at front left bedroom. Staining, signs of water penetration at front door area Cracking at right rear bedroom window Moisture damage from leakage around rear door EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Aluminum/vinyl siding. Brick and/or block (stone) veneer over wood framing. Cement fiber type siding. Soffit(s), eave(s), and/or trim are painted wood. OBSERVATIONS-damaged soffit at front of house Seal lap siding joints at sides, at rear Exposed nails at fascia around house Excessive spacing of weep holes in masonry siding. Add every 33".
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F. Ceilings and Floors <i>Comments</i> CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period. FLOOR COVERING(S)-no finished flooring noted at master bath, at entry area.
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	G. Doors (Interior and Exterior) <i>Comments</i> INTERIOR DOOR OBSERVATIONS- left front bedroom door sticking in jamb. Master bedroom door not latching EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). ---rear door . Repair damage, reseal exterior and consider cover to protect from elements. Replace weatherstrip at front door. Side door sticking in jamb.
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	H. Windows <i>Comments</i> OBSERVATIONS- cracked glass at front window Torn screen at right living room window
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note: all windows must be kept sealed on exterior to prevent leakage

I. **Fireplace/Chimney**
Comments
Not Present

J. **Porches, Decks and Carports (Attached)**
Comments

PORCH OBSERVATIONS-deteriorated wood at base of posts at front porch area

K. **Other**
Comments
Not Present

II. ELECTRICAL SYSTEMS

A. **Service Entrance and Panels**
Comments

SERVICE COMMENTS: Under Ground
 MAIN PANEL COMMENTS: LOCATION- Exterior of house at left of house
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS- white wire used as hot leg of panel but not properly marked

SUB-PANEL COMMENTS: LOCATION- Garage
 SUB-ELECTRICAL PANEL OBSERVATIONS- No access due to storage

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

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>B. Cooling Equipment #1: <i>Type/Energy Source.</i> Electric. <i>Comments</i></p> <p>Cooling System- - Central, - Split System. Trane est 2 1/2 ton 2000 unit located at exterior. 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. EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/ servicing. Debris and fungal type growth observed at interior blower unit in need of proper removal. CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on refrigerant lines to unit</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>C. Ducts and Vents <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-all duct joints in need of sealing to prevent leakage It is not recommended to install cord or outlet for water heater in return chase. FILTER OBSERVATIONS- Filters missing at unit</p>
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IV. PLUMBING SYSTEM

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A. Water Supply System and Fixtures <i>Comments:</i></p> <p>The potable water supply source is- Municipal service is primary water source. SUPPLY PIPING TYPE- Copper, Galvanized POTABLE WATER LINE OBSERVATIONS- Appears serviceable. EXTERIOR PLUMBING-hose bibbs leaking at handles when on</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Bathroom #1 MASTER BATHROOM:</p> <p>LAVATORY- No problems observed during this inspection period. TOILET/BIDET PLUMBING- No problems observed during this inspection period. TUB/SHOWER PLUMBING- water hammer observed in piping when fixtures are operated</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Bathroom #2</p>
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B. Drains, Wastes, Vents
Comments:
 DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

Bathroom #1 MASTER BATHROOM:
 LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- 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
Comments:
 State 40 gallon unit located at hall closet.
 No problems observed during this inspection period.

D. Hydro Therapy Equipment
Comments:
 Not Present

V. APPLIANCES

A. Dishwasher
Comments:
 Unit is not properly secured in cabinet.

B. Food Waste Disposer
Comments:
 Deficiencies- Noise and or vibration was present when operated.

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

D. Ranges/Ovens/Cooktops
Comments:
 Oven present. Electric.

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Storage in unit. Not operated

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:
 No problems observed during limited test run of appliance.

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

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

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|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| <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 |