

## PROPERTY INSPECTION REPORT

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

**Concerning:** 123 Villa Arboles San Antonio, TX 78228  
(Address or Other Identification of Inspected Property)

**By:** Gary Armstrong 9604 08/29/07  
(Name and License Number of Inspector) (Date)

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

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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.

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### ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Report Number: 20070839726 Phone Number: \_\_\_\_\_  
Date of Inspection: 08/29/07 Fax Number: \_\_\_\_\_  
Time of Inspection: 4:00pm  
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.

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**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 front porch area.

**B. Grading and Drainage**  
*Comments*  
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front of house, at front left, at right of house . 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. Roof covering observed showing normal wear for age.  
 Missing diverter flashing at exterior over a/c unit.

**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 6 to 8" throughout.  
 As per tag in attic, minimum 9.6" is needed for R30 value. Add properly.

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

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INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.  
 OBSERVATIONS-holes, cracking at upper hall, master area  
 Signs of repairs noted at upper master doors, window areas.  
 Stored items or furnishings prevent full inspection.

EXTERIOR WALL OBSERVATIONS- 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-nails exposed on fascia around house.  
 Seal lap siding joints at perimeter of house.  
 Peeling, damaged siding at left rear, at trim left rear of house  
 Seal gap.s at front porch around electric outlet

**F. Ceilings and Floors**  
*Comments*

FLOOR COVERING(S)-loose sub flooring at entry to master bedroom  
 Unlevel flooring noted at master bedroom.

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

INTERIOR DOOR OBSERVATIONS- No problems observed during this inspection period.

EXTERIOR DOOR OBSERVATIONS-garage to house door sticking in jamb.  
 Rear exterior door exposed to elements. Keep sealed to prevent leakage.

**H. Windows**  
*Comments*

OBSERVATIONS-plastic glazing beads at exterior of windows damaged, cracking and loose at front and right windows.  
 Staining, signs of water penetration observed at master closet window, at lower right living room windows. Repair damage, repair exterior waterproofing.

**I. Fireplace/Chimney**  
*Comments*

**Not Present**

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

PORCH OBSERVATIONS- No problems observed during inspection period.

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**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 side.  
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.  
 MAIN ELECTRICAL PANEL OBSERVATIONS-white wires in panel used for hot legs but not properly marked.

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

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

Cooling System- - Central, - Split System.  
 Trane est 3 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/

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servicing. Some fungal type growth observed at interior of blower unit, need of professional, proper removal  
Rust observed at interior coils of unit.

**CONDENSER (EXTERIOR UNIT) OBSERVATIONS- Condenser Deficiencies- Insulation is damaged and/or not present on refrigerant piping.**

**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-ducts not properly sealed at joints throughout. Reseal to stop air leakage.

It is not recommended to install electric wiring or outlet from water heater in air handler return chase.

**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.

**Bathroom #1 MASTER BATHROOM:**

LAVATORY- No problems observed during this inspection period.

TOILET/BIDET PLUMBING-tank loose from bowl at toilet unit.

TUB/SHOWER PLUMBING- No problems observed during this inspection period.

**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:*

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State 40 gallon 2001 unit located at upper hall closet.  
No problems observed during this inspection period.

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <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 type="checkbox"/> | <b>A. Dishwasher</b> |
| <i>Comments:</i>   |                          |                          |                          |                      |
| No problems observed during limited test run of appliance. |                          |                          |                          |                      |

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| <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. |                          |                          |                          |                               |

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|--|--------------------------|--------------------------|--------------------------|----------------------|
| <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. |                          |                          |                          |                      |

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|---|--------------------------|--------------------------|--------------------------|---------------------------------|
| <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. |                          |                          |                          |                                 |

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| <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>       |                          |                                     |                          |                                       |

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| <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>       |                          |                                     |                          |                           |

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|---|--------------------------|--------------------------|--------------------------|--|
| <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. |                          |                          |                          |  |

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| <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>       |                          |                                     |                          |                                      |

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I.	<b>Garage Door Operators</b> <i>Comments:</i> <b>Not Present</b>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J.	<b>Door Bell and Chimes</b> <i>Comments:</i> No problems observed.
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	K.	<b>Dryer Vents</b> <i>Comments:</i> <u>Vent cap is damaged.</u>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L.	<b>Other Built-in Appliances</b> <i>Comments:</i> <b>Not Present</b>
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**VI. OPTIONAL SYSTEMS**

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A.	<b>Lawn Sprinklers</b> <i>Comments:</i> <b>Not Present</b>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B.	<b>Swimming Pools and Equipment</b> <i>Comments:</i> <b>Not Present</b>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C.	<b>Outbuildings</b> <i>Comments:</i> <b>Not Present</b>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D.	<b>Outdoor Cooking Equipment</b> <i>Energy Source:</i> <i>Comments:</i> <b>Not Present</b>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E.	<b>Gas Lines</b> <i>Comments:</i> <b>Not Present</b>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F.	<b>Water Wells</b> (A coliform analysis is recommended.) <i>Type of Pump:</i> <i>Type of Storage Equipment:</i> <i>Comments:</i>
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I	NI	NP	R	Inspection Item
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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**