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PROPERTY INSPECTION REPORT

Prepared For: SAHA. _____
 (Name of Client)

Concerning: 126 Villa Grande. San Antonio, TX. _____
 (Address or Other Identification of Inspected Property)

By: Jon Bueche. 7223. 06/12/07. _____
 (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 visible and present 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 meet their needs and to obtain current information concerning this property.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Report Number: 20070638453. _____ **Fax Number:** _____

Date of Inspection: 06/12/07. _____ **Fax Number:** _____

Time of Inspection: _____

Client Mailing Address: _____

City/State/Zip: _____

SPECIAL NOTES: Reinspection done - 3/10/08

Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachment. 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
I	NI	NP	R

I. STRUCTURAL SYSTEMS

- A. Foundations** (If all crawl space areas are not inspected, provide and explanation.)
Comments (An opinion on performance is mandatory.):
 Foundation Type- Concrete slab on grade.
 Foundation appears to be functioning normally.

- B. Grading and Drainage**
Comments
 Home is built on a slightly sloped lot. Grade at foundation appears inadequate at rear around a/c unit, at rear right of house, at left side of house. Add, adjust soil at these areas to properly slope away from foundation, to prevent water accumulation and possible stress to structure.
Not Repaired - left side

- 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. Not Repaired
 Approximate age of this roof covering is believed between 5 to 10 years old.
 OBSERVATIONS- Roof covering observed showing normal wear for age.
 Seal all exposed fasteners on roof at ridge caps, flashings properly. Not Repaired
 Starter strip around perimeter edge of roof not properly sealed down, not properly installed as per manufacturer instructions.

- D. Roof Structure and Attic** (If the attic is inaccessible, report the method used to inspect.)
Comments
 ACCESS METHOD/LIMITATIONS- Full access
 OBSERVATIONS- Truss framing
 Ventilation blocked/minimal at upper vents in attic. Trim decking out under upper vents to properly vent air. Not Repaired
 Gable vent at front attic not properly sealed/flushed on exterior. Repaired
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) insulation observed
 As per tag in attic, minimum 9.6" required for R30 value throughout.
 Only 7 to 8" of insulation observed throughout. Repaired

- E. Walls (Interior and Exterior)**
Comments
 INTERIOR WALLS- INTERIOR WALLS ARE A COMBINATION OF THE FOLLOWING MATERIALS- Drywall
 OBSERVATIONS-drywall has been removed for mold remediation at kitchen, at hall bath areas, at master bedroom window areas of house.

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EXTERIOR WALLS- Brick and/or block (stone) veneer over wood framing.
 Cement fiber plank type siding. Wood trim(s) and overhangs (soffits).
 OBSERVATIONS- No problems observed during this inspection period.

F. Ceilings and Floors
Comments

No problems observed during this inspection period.

G. Doors (Interior and Exterior)
Comments

INTERIOR DOORS- No problems observed during this inspection period.
 EXTERIOR DOORS- exterior side door from kitchen has been removed.
Replaced door but interior trim not finished.

H. Windows
Comments

Water staining, fungal type staining observed at master bedroom window interior.
 Signs of water leakage present at this location.
 Recommend professional for repairs of interior damage.
 Recommend professional for repairs of exterior to prevent future leakage.

Repairs have been done on exterior of all windows.

I. Fireplace/Chimney
Comments

J. Porches, Decks and Carptrs (Attached)
Comments

PORCH/DECKS- No problems observed during inspection period.

K. Other
Comments

II. ELECTRICAL SYSTEMS

A. Service Entrance and Panels
Comments:

SERVICE- Underground, 110/220 Volt, Aluminum (220 volt OK)
 FEEDERS- Copper, Aluminum (220 volt OK)
 Main panel located at exterior.

B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.):
Comments:

PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided
 VISIBLE WIRING TYPE- Copper
 SUB PANEL OBSERVATIONS- Circuit and wire sizing correct so far as visible
 SWITCH/OUTLET OBSERVATIONS- No significant problems were noted during the

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course of the inspection
 DEVICE/FIXTURE OBSERVATIONS- No significant problems were noted during the
 course of the inspection.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>A. Heating Equipment
 <i>Type and Energy Source:</i> Electric - Forced air type heat pump system.
 <i>Comments:</i> Unit located at hall closet.
 Return air chase to unit has been sealed off.
 System not operated.
 <u>New unit installed at hall closet. Appears functional.</u></p> |
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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>B. Cooling Equipment:
 <i>Type and Energy Source:</i> Central, "Split System" -Electric.
 <i>Comments:</i> viewkind4Trane est 2 1/2 ton 2000 unit located at rear exterior.
 Unit not operated at time of inspection. Return chase sealed off at interior due to ongoing repairs.
 <u>American standard est 2.1/2ton 2008 unit installed and is working, Change breaker from 30 amps to 20 amps on exterior unit as per Manufacturer.</u></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> DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.
 OBSERVATIONS-all duct connections, joints in attic in need of proper sealant to prevent leakage.
 Return chase sealed off, not inspected.
 <u>Ducts in attic have been replaced and sealed at connections.</u></p> |
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IV. PLUMBING SYSTEM

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>A. Water Supply System and Fixtures
 <i>Comments:</i>
 SUPPLY PIPING TYPE- Copper, Municipal service is primary water source.
 OBSERVATIONS-excessive water pressure to house measured at 100 psi. Recommend plumber for repairs.
 SINK OBSERVATIONS-kitchen and hall bath fixtures not inspected,
 TOILET OBSERVATIONS- No problems noted during the inspection at master bath
 TUB/SHOWER OBSERVATIONS- No problems noted during the inspection at master bath.</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|

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|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>B. Drains, Wastes, Vents
 <i>Comments:</i>
 DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 OBSERVATIONS- No problems observed during this inspection period.
 note: limited inspection from master bath only.</p> |
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|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>C. Water Heating Equipment (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)
 <i>Energy Source:</i> -Electrically operated.
 <i>Comments:</i>
 <u>Unit has been removed, not present. New A.O Simth 40 gallon unit installed in garage functional at reinspection.</u></p> |
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>D. Hydro-Therapy Equipment
 <i>Comments:</i></p> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|

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V. APPLIANCES

- A. Dishwasher**
Comments:

- B. Food Waste Disposer**
Comments:

- C. Range Hood**
Comments:

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

- 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.

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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:

F. Water Wells (A coliform analysis is recommended.)
Type of Pump:
Type of Storage Equipment:
Comments:

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G. Septic Systems
Comments:

H. Security Systems
Comments:
security systems inspection not part of this inspection.

I. Fire Protection Equipment
Comments:
no fire sprinkler system present.