

PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 130 Villa Grande San Antonio, TX 78228
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 10/03/07
(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: 20071040098 Phone Number: _____
Date of Inspection: 10/03.07 Fax Number: _____
Time of Inspection: 9:00am
Client Mailing Address: _____
City/State/Zip: _____

SPECIAL NOTES:

Interior repairs not complete at time of inspection including base of walls throughout house. Limited viewing, access at these areas.

Reinspection done 03/11/08. Notes are in report in bold type

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 rear of house . Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure. **Repaired 03/11/08.**

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.

GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- consider adding gutters at rear of house to control drainage.

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- Blown type insulation (either fiberglass or rock wool) present.
 As per tag in attic, minimum 9.6" required for R30 value.
 only 7 -8" of insulation is present. Add properly.

E. Walls (Interior and Exterior)
Comments

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						<p>INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall. Stored items or furnishings prevent full inspection. Interior walls of house being repaired, very limited access</p> <p>EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood. OBSERVATIONS-reseal lap siding joints , nails on exterior walls. Trim damaged at garage door frame Damaged lap siding at right, at left walls, at rear of house several areas.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p>F. Ceilings and Floors <i>Comments</i></p> <p>CEILING COVERING(S)- CEILING OBSERVATIONS-damaged ceiling at upper bath.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p>G. Doors (Interior and Exterior) <i>Comments</i></p> <p>INTERIOR DOOR OBSERVATIONS-doors removed at interior, throughout</p> <p>EXTERIOR DOOR OBSERVATIONS- nail holes, damaged front door observed. Rear door removed due to ongoing repairs <u>Reinspection 03/11/08. Door has been replaced. MIssing weatherstrip at door.</u></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p>H. Windows <i>Comments</i></p> <p>OBSERVATIONS-Cracked, damaged glazing beads on windows at left rear, at rear, all around house. No access to many areas, taped off at interior. Left rear window lower floor water damage , fungal type growth observed in need of proper repairs.</p> <p><u>Reinspection 03/11/08. New trim on exterior, indicating window repair/replacement throughout. Appears functional at reinspection.</u></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<p>I. Fireplace/Chimney <i>Comments</i></p> <p>Not Present</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p>J. Porches, Decks and Carports (Attached) <i>Comments</i></p> <p>PORCH OBSERVATIONS-stairs on exterior under repairs.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<p>K. Other <i>Comments</i></p>

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Not Present

II. ELECTRICAL SYSTEMS

- A. Service Entrance and Panels**
Comments:

SERVICE COMMENTS: Under Ground
 MAIN PANEL COMMENTS: LOCATION- Exterior of house at right side.
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS- white wires at interior of panel used for hot legs but not properly marked **Repaired 03/11/08.**
Reinspection 03/11/08. Repair gap at electric meter to conduit at base.

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

- 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- fixtures, outlets blocked and not inspected throughout

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.

Reinspection 03/11/08. Unit been replaced and is functional.

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

Cooling System- - Central, - Split System.
 Trane est 2 1/2 ton 2000 unit located at rear exterior.
 AIR TEMPERATURE DIFFERENTIAL- Temperature drop/differential observed between 15 - 20 degrees. (taken between interior return and supply air) This is considered

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a normal operating range.

EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/ servicing. Large amount of debris and fungal type growth observed at interior.

CONDENSER (EXTERIOR UNIT) OBSERVATIONS- **Condenser Deficiencies- The unit is very unlevel.**

Replace insulation on refrigerant lines to exterior.

Reinspection 03/11/08. Unit has been replaced. American Standard 3 1/2 ton 2008 unit.

Replace 40 amp breaker on exterior with maximum 35 amp as per manufacturer.

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- **Openings observed at ducts and/or at blower unit allowing air to escape from the system.**

Electrical wiring was present from water heater improperly installed in the return air duct work.

Reinspection 03/11/08. Ducts have been replaced.

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.

Note: no access to master bath, not inspected

Reinspection 03/11/08. Plastic supply piping added in attic area. Add insulation on exposed lines.

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.

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State 40 gallon 2001 unit located at hall closet.
 No problems observed during this inspection period with operation of unit.
 Clean debris out of drain pan under unit

Reinspection 03/11/08. A.O.smith 40 gallon 2008 unit located at garage
 Extend t and p drainline closer to ground on exterior.

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Hydro Therapy Equipment |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

V. APPLIANCES

- | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Dishwasher |
| <i>Comments:</i> | | | | |
| unit full of storage | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Food Waste Disposer |
| <i>Comments:</i> | | | | |
| Deficiencies- Unit failed to operate, stuck. | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Range Hood |
| <i>Comments:</i> | | | | |
| Exhaust vent is, a re-circulating type. Filter was missing or "greasy". | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Ranges/Ovens/Cooktops |
| <i>Comments:</i> | | | | |
| Unit full of storage, not operated | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Microwave Cooking Equipment |
| <i>Comments:</i> | | | | |
| Not Present | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Trash Compactor |
| <i>Comments:</i> | | | | |
| Not Present | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Bathroom Exhaust Fans and/or Heaters |
| <i>Comments:</i> | | | | |

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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:
Not Present

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

C. Outbuildings
Comments:
Not Present

D. Outdoor Cooking Equipment
Energy Source:
Comments:
Not Present

E. Gas Lines
Comments: