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## PROPERTY INSPECTION REPORT

**Prepared For:** SAHA  
(Name of Client)

**Concerning:** 131 Villa Arboles San Antonio, TX 78228  
(Address or Other Identification of Inspected Property)

**By:** Gary Armstrong 9604 02/05/08  
(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 mode. 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: 20080241685 Phone Number: \_\_\_\_\_  
Date of Inspection: 02/05/08 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	
I	NI	NP	R	Inspection Item			

**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 garage floor, at water heater closet area, at front left exterior

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

Ponding. Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front entry area. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.  
 Dry conditions, soil gaps to foundation at perimeter. Watering should be done regularly to prevent added 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 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- Roof covering observed showing normal wear for age.  
 Starter strip around perimeter edge of roof improperly installed, not sealed down.

**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. The insulation layer is approximately, 7 - 9 inches thick.

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

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.

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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-seal lap siding joints at right, at rear walls.

Excessive spacing of weep holes in masonry siding at front porch area. Add every 33"

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**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-utility room door not latching.

EXTERIOR DOOR OBSERVATIONS- damaged door frame at front door

- 

**H. Windows**  
*Comments*

OBSERVATIONS-Cracked, damaged glazing beads at right rear windows. Staining, signs of moisture at interior of windows at right master bedroom, at rear master area.

- 

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

Not Present

- 

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

PORCH OBSERVATIONS- No problems observed during inspection period.

- 

**K. Other**  
*Comments*

Not Present

**II. ELECTRICAL SYSTEMS**

- 

**A. Service Entrance and Panels**  
*Comments:*

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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 wiring used as hot legs in panel without proper markings.

SUB-PANEL COMMENTS: LOCATION- Garage  
 SUB-ELECTRICAL PANEL OBSERVATIONS- No problem(s) noted at the time of inspection.

- |                                     |                          |                          |                                     |   |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>B. Branch Circuits - Connected Devices and Fixtures</b> (Report as in need of repair the lack of ground fault circuit protection where required.): |
|                                     |                          |                          |                                     | <i>Comments:</i>  |
|                                     |                          |                          |                                     | FEEDERS- Copper, Aluminum (220 volt OK)   |
|                                     |                          |                          |                                     | VISIBLE BRANCH WIRING TYPE- Grounded type branch wiring present. Copper   |
|                                     |                          |                          |                                     | BRANCH WIRING OBSERVATIONS- RECEPTACLE DEFICIENCIES-missing outlet covers at interior garage.   |

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

- |                                     |                          |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>A. Heating Equipment #1:</b>  |
|                                     |                          |                          |                          | <i>Type/Energy Source:</i> System Type- Electric Forced Air Heat Pump.               |
|                                     |                          |                          |                          | <i>Comments:</i>   |
|                                     |                          |                          |                          | Unit is located in, closet   |
|                                     |                          |                          |                          | Heating System- The heating system operated correctly at the time of the inspection. |

- |                                     |                          |                          |                                     |   |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>B. Cooling Equipment #1:</b>   |
|                                     |                          |                          |                                     | <i>Type/Energy Source:</i> Electric.  |
|                                     |                          |                          |                                     | <i>Comments:</i>  |
|                                     |                          |                          |                                     | Est. Size: 3 ton  |
|                                     |                          |                          |                                     | Cooling System- - Central, - Split System.  |
|                                     |                          |                          |                                     | 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, housing has debris and fungal type growth in need of proper removal.   |
|                                     |                          |                          |                                     | CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on exterior lines to unit.  |

- |                                     |                          |                          |                                     |  |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>C. Ducts and Vents</b>  |
|                                     |                          |                          |                                     | <i>Comments:</i>   |
|                                     |                          |                          |                                     | DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout. |

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Ductwork, Air Chase and/or Plenum Observations-seal all duct connections in attic area.

**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.
  
- 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.  
*Comments:*  
*Location/Coverage:* Closet, Hallway.  
 State 40 gallon 2000 unit  
 No problems observed during this inspection period.
  
- D. Hydro Therapy Equipment**  
*Comments:*  
 Not Present

**V. APPLIANCES**

- A. Dishwasher**  
*Comments:*  
 No problems observed during limited test run of appliance.
  
- B. Food Waste Disposer**  
*Comments:*  
 No problems observed during limited test run of appliance.
  
- C. Range Hood**  
*Comments:*  
 No problems observed during limited test run of appliance.
  
- D. Ranges/Ovens/Cooktops**  
*Comments:*

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Oven present, Electric. No problems observed during this inspection period.

**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:*  
**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:*

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I	NI	NP	R			

Not Present

**C. Outbuildings**  
Comments:

Not Present

**D. Outdoor Cooking Equipment**  
Energy Source:  
Comments:

Not Present

**E. Gas Lines**  
Comments:

Not Present

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

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