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210-344-1344 S.A.
713-923-2133 Houston
512-804-2637 Austin
888-390-5692 Toll Free
mgessner@amerispec.net
www.amerispec.net/gessner

PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 147 Villa Arboles San Antonio, TX
(Address or Other Identification of Inspected Property)

By: Jon Bueche 7223 08/25/07
(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: 20070839673 Phone Number: _____

Date of Inspection: 08/25/07 Fax Number: _____

Time of Inspection: 1:00pm

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. Slopes in floor(s) observed at interior

B. Grading and Drainage
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left rear near porch area . 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 upon walking on the roof at lower area. Upper roof areas observed from eaves, from ground.
 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.

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
 Gaps in insulation on a/c lines in attic over upper left rear bedroom in need of repairs
 Missing firestop at a/c chase at upper floor ceiling near hall, at attic access doorway area. Cover and insulate properly.
 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 4 to 7" is installed throughout. Add properly.

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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-animal damage to door trim at master bath.
Missing cabinet cover at kitchen sink area. Laminate separating at drawers
Water damage at base trim observed
Cracking observed at utility room near doorway.

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. Aluminum/ vinyl siding at eaves
OBSERVATIONS-deteriorated wood, termite damage at rear door jamb and trim.
Soffit at front upper roof left side loose, in need of repair. |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | F. Ceilings and Floors
<i>Comments</i>

CEILING COVERING(S)-water damage at upper left rear bedroom

FLOOR COVERING(S)-joint separating at upper hallway and hole in carpet at master bedroom door area. |
| <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-missing utility room bifold door.

EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- rear exterior door . Repair damage, reseal exterior and consider cover to protect from elements.
Animal type damage observed at rear door to house. |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | H. Windows
<i>Comments</i>

OBSERVATIONS-glazing beads cracked, damaged at right windows.
Water staining, signs of leakage observed at corners of windows at upper left, right rear bedroom areas. Recommend full and proper repairs on exterior of windows of house to prevent future leakage. |
| <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | I. Fireplace/Chimney
<i>Comments</i>

Not Present |

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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:
 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- No problem(s) noted at the time of inspection.

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- LIGHTING & CEILING FAN DEFICIENCIES- missing cover on light at kitchen pantry.
 Rear porch light missing cover
 Upper hall light missing cover.

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

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

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Cooling System- - Central, - Split System.
 Trane est 3 1/2 ton 2000 unit located at rear exterior.
 AIR TEMPERATURE DIFFERENTIAL- Air Temperature Deficiencies- **Temperature drop/differential observed to be over 20 degrees. This may indicate dirty evaporator coils, dirty air filter, or air flow restriction. Contact a licensed service company for further evaluation and/or cleaning.**
CONDENSER (EXTERIOR UNIT) OBSERVATIONS-extend condensate drainline away from foundation on exterior
 EVAPORATOR OBSERVATIONS-interior coils in need of cleaning/full servicing.
 Water dripping at front left side of primary condensate drainline. Secondary drain pan has water from overflow, in need of repairs.

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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-seal all joints of ducts throughout attic to prevent air leakage.
Vents pinched off at upper bedrooms.

IV. PLUMBING SYSTEM

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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
 EXTERIOR PLUMBING-rear right hose bibb leaking at handle when on.

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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-leaking at shower head connections.

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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.

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Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.

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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 2001 unit located at upper hall closet.
 Water observed in drain pan under unit and rusting at base of unit.

D. **Hydro Therapy Equipment**
Comments:
Not Present

V. APPLIANCES

A. **Dishwasher**
Comments:
 Soap dish not properly closing at door
 Unusual coating noted at interior of heating element.

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:
 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:

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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

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

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Fire Protection Equipment | <i>Comments:</i> |
| | | | | | Not Present |