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SONIA GUTIERREZ

1503 NW 26TH

599-3273



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PROPERTY INSPECTION REPORT

Prepared For: Lory Scamato
(Name of Client)

Concerning: 1503 NW 26th San Antonio, TX 78228
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 09/14/07
(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: 20070939955 Phone Number: _____

Date of Inspection: 09/14/07 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	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- Deficiencies- Excessive cracking observed in size and /or numbers at locations of structure. Recommend foundation company and/or engineer for review and possible repairs prior to closing.
 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, at front right of house, at left corner garage.
 Uneven surfaces observed at interior flooring.

- B. Grading and Drainage**
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left front, at front, at right. 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 ground due to height of roof
 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- 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
 ROOF STRUCTURE OBSERVATIONS- No problems observed during this inspection period.
 Cracked and repaired truss noted at two locations in attic.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 5 - 6 inches thick.
 9.6" minimum insulation required for R30 value in attic area.

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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- patching noted at kitchen , at master bath area Stored items or furnishings prevent full inspection. EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Cement Fiber type siding. Soffit(s), cave(s), and/or trim are painted wood. OBSERVATIONS-Excessive spacing of weep holes at base of brick siding. Add every 33". Cracking in mortar at front doorway Damaged lap siding above electric meter area Damaged soffit at right rear corner Damaged trim at left rear corner. Sagging soffit at front porch. Seal lap siding joints around house											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F. Ceilings and Floors <i>Comments</i> CEILING COVERING(S)- CEILING OBSERVATIONS-oversized holes at a/c vents , at smoke detectors several areas. FLOOR COVERING(S)-gap in floor at left wall master carpet and trim. Loose flooring at right front bedroom Unlevel flooring observed at living room.											
<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- master bedroom door dragging on carpet Gap at right rear bedroom door to jamb Right front bedroom closet door off track Left rear bedroom closet door out of level EXTERIOR DOOR OBSERVATIONS-front door sticking in jamb Note: rear door replaced											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H. Windows <i>Comments</i> OBSERVATIONS-damaged glazing beads at front upper windows Torn/damaged screen at left rear bedroom											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Fireplace/Chimney <i>Comments</i>											

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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.

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 in panel

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:
Comments

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Electric.

Cooling System- - Central, - Split System.
 Transist 1 1/2 ton 2000 unit located at rear of house
 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.
 EVAPORATOR OBSERVATIONS-debris and fungal type growth observed at interior blower and coils in need of proper removal.
 Rust observed at interior coils surface.

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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- Openings observed at ducts and/or at blower unit allowing air to escape from the system Reseal all joints at ducts, at plenum.
 Electrical wiring was present in the return air duct work from water heater units. This was common in older installations.

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.

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Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- Toilet is loose at the floor with the possibility of leakage, an unsanitary condition that can also cause damage to flooring. A plumber should resecure the toilet as needed.
 Tank loose from bowl at toilet
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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B. Drains, Wastes, Vents
Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic

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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 TRFC rules)

Energy Source: Electrically operated.

Comments:

State 40 gallon 2000 unit located at hall closet.

No problems observed during this inspection period.

D. Hydro Therapy Equipment

Comments:

Not Present

V. APPLIANCES

A. Dishwasher

Comments:

Unit is not properly secured in cabinet.

B. Food Waste Disposer

Comments:

No problems observed during limited test run of appliance.

C. Range Hood

Comments:

Filter missing at unit.

D. Ranges/Ovens/Cooktops

Comments:

Oven present, electric.

No problems observed during this inspection period with operation of unit.

E. Microwave Cooking Equipment

Comments:

Not Present

F. Trash Compactor

Comments:

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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:
 Not Present

C. Outbuildings
Comments:
 Not Present

D. Outdoor Cooking Equipment
Energy Source
Comments:

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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Not Present |
| <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> |

- | | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Not Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. | Septic Systems
<i>Comments:</i> |

- | | | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 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 |

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

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