

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 1511 Villa Flores San Antonio, TX 78237

(Address or Other Identification of Inspected Property)

By: Jon Krauss 4255 02/09/08

(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 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: 20080241745 Phone Number: _____
Date of Inspection: 02/09/08 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.

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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.

B. Grading and Drainage
Comments

Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection.

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-right rear edge of roof shingles lifted, in need of repair
 Seal all exposed fasteners at ridge caps, flashings on roof.
 Add proper kickout type flashing extension at front patio to house roof joint.

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
 Trim out under upper vents in attic for full air flow.
 ROOF STRUCTURE OBSERVATIONS-Rear attic truss member damaged, not properly repaired.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 8 - 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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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-paint, seal base of wood trim at corners, around house. Seal left dryer vent penetration to siding. Uneven seams at rear, at right siding on house. Termite tubes observed at left exterior.

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F. Ceilings and Floors
Comments

CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.

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G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS- No problems observed during this inspection period.

EXTERIOR DOOR OBSERVATIONS-front door adjust to lock
Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- rear of house . Repair damage, reseal exterior and consider cover to protect from elements.

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H. Windows
Comments

OBSERVATIONS-paint , seal trim at rear upper windows exterior.
Note: windows changed to single pane at front left bedroom, at breakfast.

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I. Fireplace/Chimney
Comments

Not Present

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J. Porches, Decks and Carports (Attached)
Comments

PORCH OBSERVATIONS- No problems observed during inspection period.

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K. Other
Comments

Not Present

II. ELECTRICAL SYSTEMS

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A. Service Entrance and Panels
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SERVICE COMMENTS: Under Ground
 MAIN PANEL COMMENTS: LOCATION- Exterior of house
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS- white wiring used as hot leg for water heater circuit but not properly marked in panel as hot leg.

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 is located in, closet
 Heating System- The heating system operated correctly at the time of the inspection.
- B. Cooling Equipment #1:**
Type/Energy Source: Electric.
Comments:
 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.
- 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-clean debris out of return chase.
 Seal all duct connections in attic area.

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IV. PLUMBING SYSTEM

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>A. Water Supply System and Fixtures
 <i>Comments:</i>
 The potable water supply source is- Municipal service is primary water source.
 SUPPLY PIPING TYPE- Copper
 POTABLE WATER LINE OBSERVATIONS- Appears serviceable.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>Bathroom #1 MASTER BATHROOM:
 LAVATORY- Restricted/Slow drainage was noted.
 TOILET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- Restricted/Slow drainage was noted.</p> |
| <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
 SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Bathroom #1 MASTER BATHROOM:</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>C. Water Heating Equipment #1: (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>
 Location/Coverage: Closet, Hallway.
 State 40 gallon 2001 unit.
 Rust noted at base of unit.
 No problems observed during this inspection period.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>D. Hydro Therapy Equipment
 <i>Comments:</i>
 Not Present</p> |

V. APPLIANCES

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>A. Dishwasher
 <i>Comments:</i>
 No problems observed during limited test run of appliance.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>B. Food Waste Disposer
 <i>Comments:</i></p> |

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								No problems observed during limited test run of appliance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					C. Range Hood <i>Comments:</i> No problems observed during limited test run of appliance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					D. Ranges/Ovens/Cooktops <i>Comments:</i> Oven present, Electric. No problems observed during this inspection period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					E. Microwave Cooking Equipment <i>Comments:</i> No problems observed during this inspection period. Note: No microwave leak detection and/or output testing was done during this inspection period.
<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> Vent unit present. No problems observed during limited test run of appliance.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					H. Whole House Vacuum Systems <i>Comments:</i> Not Present
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					I. Garage Door Operators <i>Comments:</i> Not Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					J. Door Bell and Chimes <i>Comments:</i> No problems observed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					K. Dryer Vents <i>Comments:</i> No problems noted.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					L. Other Built-in Appliances <i>Comments:</i>

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Not Present

VI. OPTIONAL SYSTEMS

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A. Lawn Sprinklers |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. Swimming Pools and Equipment |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C. Outbuildings |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Outdoor Cooking Equipment |
| <i>Energy Source:</i> | | | | |
| <i>Comments:</i> | | | | |
| 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 | | | | |

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

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

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|---|-------------------------------------|--------------------------|--------------------------|----------------------------|
| <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> | | | | |

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Not Present