

PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 1511 NW 26th San Antonio, TX 78237
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 08/24/07
(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: 20070939644 Phone Number: _____
Date of Inspection: 08/24/07 Fax Number: _____
Time of Inspection: 11:30am
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 at garage floor areas.

B. Grading and Drainage
Comments

Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left side, at right rear areas. . 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 either eave level and/or ground level using binoculars due to height of eaves
 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- Seal all exposed fasteners at ridge caps, flashings on roof.
 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.
 Paint all exposed pvc vent pipes on roof

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 to 9 inches thick.

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>E. Walls (Interior and Exterior)
<i>Comments</i></p> <p>INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.
OBSERVATIONS- bow observed at upper hall left wall
Hole at water heater closet wall
Stored items or furnishings prevent full inspection.</p> <p>EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Brick and/or block (stone) veneer over wood framing.</p> <p>Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood
OBSERVATIONS- seal exterior siding at right main panel and meter
Seal hole at left siding
Deteriorated wood trim at rear, at rear doorway.</p> | |
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| <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-gaps at ceiling at upper floor wall and ceiling. Patching noted with caulking</p> <p>FLOOR COVERING(S)-upper bath missing threshold at doorway.</p> | |
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| <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-left front bedroom closet door out of track.</p> <p>EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). ---rear door . Repair damage, reseal exterior and consider cover to protect from elements.</p> | |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>H. Windows
<i>Comments</i></p> <p>OBSERVATIONS-staining, signs of leakage at front of house. Repair, reseal exterior of windows properly.</p> | |
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| <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> | |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>J. Porches, Decks and Carports (Attached)
<i>Comments</i></p> | |
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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 wiring used as hot legs , not properly marked in panel
 Two or more circuits which are improperly connected to a single pole breaker for dryer circuit.

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, -
 WIRING DEFICIENCIES- missing covers on junction boxes in attic area. Add properly.
 Wiring modified improperly at garage door opener unit.

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: Electric.
Comments:

Cooling System- - Central, - Split System.

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Trane est 3 1/2 ton 2000 unit located at exterior
 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.

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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.** Seal all joints throughout attic.
Electrical wiring was present in the return air duct work from water heater unit installation.

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, Galvanized
 POTABLE WATER LINE OBSERVATIONS- Appears serviceable.

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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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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 2002 unit located at closet.
 No problems observed during this inspection period.

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D. Hydro Therapy Equipment
Comments:

Not Present

V. APPLIANCES

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A. Dishwasher
Comments:

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No problems observed during limited test run of appliance.

B. Food Waste Disposer
Comments:

Deficiencies- Splash guard is damaged/missing. Noise and or vibration was present when operated.

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:

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:

Deficiency in garage door opener. Ultra Violet Detector safety reversing mechanism is present. Electronic sensors are mounted to high above the garage floor grade. Lower to within 6" of floor properly.

Unit is powered by the use of an extension cord. This is not recommended.

J. Door Bell and Chimes
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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:

Not Present

F. Water Wells (A coliform analysis is recommended.)
Type of Pump:

Type of Storage Equipment:

Comments:

Not Present

G. Septic Systems
Comments:

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Not Present

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H. **Security Systems**
Comments:

security testing is not part of this inspection

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I. **Fire Protection Equipment**
Comments:

Not Present