

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 1515 NW 26th San Antonio, TX 78237

(Address or Other Identification of Inspected Property)

By: Jon Krauss 4255 03/03/08

(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: 20080242041 Phone Number: _____
Date of Inspection: 03/03/08 Fax Number: _____
Time of Inspection: _____
Client Mailing Address: _____
City/State/Zip: _____

SPECIAL NOTES:

Reinspection done 04/24/08. Notes are in report.
2nd reinspection 09/15/08.

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,

B. Grading and Drainage
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front left of house . Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.**Repaired 04/24/08.**
 Dry soil observed at left, at left front of house near foundation. Regular watering should be done to lessen 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- Seal all exposed fasteners at ridge caps, flashings on roof.
 Starter strip around perimeter edge of roof improperly installed, not sealed down **Repaired 09/15/08.**
 Exposed edge of roof decking at left front, at rear several areas in need of repair **Repaired 09/15/08.**
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Missing, loose, and/or gutters were present.**Repaired 09/15/08.**
 Gutter is sloped improperly and holding water.**Repaired 09/15/08.**

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
 Upper roof vents not fully trimmed out in attic. Trim for proper venting **Repaired 09/15/08.**

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08.
 ROOF STRUCTURE OBSERVATIONS- Top web member at front truss to hip trusses not properly blocked, not properly connected **Repaired 09/15/08.**
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. As per tag in attic, minimum 9.6" required for R30 value.
 The insulation layer is approximately, 4 to 6 inches thick at most areas.. Add throughout **Repaired 04/24/08.**

E. Walls (Interior and Exterior)
Comments

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

 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.
 OBSERVATIONS-paint peeling at left front eave. **Repaired 04/24/08.**
 Missing paint at base of wood trim at all corners. **Repaired 04/24/08.**

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- No problems observed during this inspection period.

 EXTERIOR DOOR OBSERVATIONS- No problems observed at this time.

H. Windows
Comments

OBSERVATIONS-Missing flashing on exterior at rear master window **Repaired 09/15/08.**

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.

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 left side.
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS-conduit under meter loose, exposed wiring in need of repair **Repaired 04/24/08.**
 White wire used as hot leg for water heater circuit but not properly marked as hot leg. **Repaired 04/24/08.**

SUB-PANEL COMMENTS: LOCATION- Garage. 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- unit not functional in emergency heat mode at time of inspection **Not Repaired 04/24/08.**

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

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Est. Size: 2 1/2 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-debris at interior blower and coils in need of cleaning/servicing **Not Repaired 04/24/08. Repaired 09/15/08.**

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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 ducts connections in attic area.**Not Repaired 04/24/08.**

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 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET PLUMBING- loose tank from bowl, in need of repair **Repaired 09/15/08.**
 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
 SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

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Bathroom #1 HALL BATHROOM:

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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. 40 gallons,
Comments:

Location/Coverage: Closet, Hallway.

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State 2000 unit.
No problems observed during this inspection period.

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Hydro Therapy Equipment |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

V. APPLIANCES

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|---|--------------------------|--------------------------|-------------------------------------|----------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Dishwasher |
| <i>Comments:</i> | | | | |
| Water not entering unit, not functional | | | | |
| <u>Unit replaced 04/24/08.</u> | | | | |

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

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|--|--------------------------|--------------------------|--------------------------|----------------------|
| <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. | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Ranges/Ovens/Cooktops |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Microwave Cooking Equipment |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Trash Compactor |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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|---|--------------------------|--------------------------|--------------------------|--|
| <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. | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Whole House Vacuum Systems |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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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

E. **Gas Lines**
Comments:

Not Present