

67 OF 83



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: 1515 Villa Flores San Antonio, TX
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 10/02/07
(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: 20070940217 Phone Number: _____

Date of Inspection: 10/02/07 Fax Number: _____

Time of Inspection: _____

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 : Smaller, fracture cracks to finished floor in garage observed, at rear exterior.

B. Grading and Drainage
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at right front , at left front . 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, 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.
 Tree limb(s) observed in contact and rubbing surface of roof. Trim to avoid excessive wear.
 Large amounts of debris is observed on roof surface (tree limbs, leaves, etc). Removal of debris recommended.

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.

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R			
						INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 6 to 8 inches thick. As per tag in attic, minimum 9.6" of insulation is recommended for R30 value. Add properly
<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- patching noted at interior windows.</p> <p>EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood. OBSERVATIONS-Reseal lap siding joints on exterior walls. Damaged lap siding at front right wall. Seal hole at right side siding</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<p>F. Ceilings and Floors <i>Comments</i></p> <p>CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.</p>
<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- doors not latching at front right bedroom, at rear right bedroom, at master bedroom, at master bath</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>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p>H. Windows <i>Comments</i></p> <p>OBSERVATIONS-missing screen at left rear bedroom</p>
<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>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<p>J. Porches, Decks and Carports (Attached) <i>Comments</i></p>

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R			

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

PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.

MAIN ELECTRICAL PANEL OBSERVATIONS- white wire used as hot leg in panel but not properly marked

Oversized 45 amp breaker installed in panel for a/c unit. Change to 40 amps maximum

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- WALL & APPLIANCE SWITCH

DEFICIENCIES-

LIGHTING & CEILING FAN DEFICIENCIES- fixtures missing at front of house

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.

Trane est 3 1/2 ton unit located at rear of house.

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R			

AIR TEMPERATURE DIFFERENTIAL- Air Temperature Deficiencies- 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 Chace and/or Plenum Observations- **Openings observed at ducts and/or at blower unit allowing air to escape from the system. Reseal all joints.**
Electrical wiring was present in the return air duct work from water heater unit installation

IV. PLUMBING SYSTEM

-

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

-

B. Drains, Wastes, Vents
Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 SEWER PIPE OBSERVATIONS- missing cleanout cover at lower front wall

-

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

-

D. Hydro Therapy Equipment
Comments:

Not Present

V. APPLIANCES

-

A. Dishwasher
Comments:

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R			

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | No problems observed during limited test run of appliance. |
|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--|
| <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. |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--|
- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|--|
| <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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Microwave Cooking Equipment | <i>Comments:</i>
Not Present |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------------|---------------------------------|
- | | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|---------------------------------|
| <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>
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 checked="" type="checkbox"/> | K. Dryer Vents | <i>Comments:</i> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------|------------------|

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R			

Vent cap is damaged.

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | L. Other Built-in Appliances |
| | | | | <i>Comments:</i> |
| | | | | Not Present |

VI. OPTIONAL SYSTEMS

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

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R			

<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"/>	I.	Fire Protection Equipment <i>Comments:</i> Not Present
--------------------------	--------------------------	-------------------------------------	--------------------------	----	---

I=Inspected

NI=Not Inspected

NP=Not Present

R=Not Functioning or in Need of Repair

I	NI	NP	R	Inspection Item
---	----	----	---	-----------------