

45 OF 83



210-344-1344 S.A.
713-923-2133 Houston
512-304-2037 Austin
888-390-5692 Toll Free
mgassner@amerispec.net
www.amerispec.net/gassner

PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 1523 Villa Flores San Antonio, TX
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 09/20/07
(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 utility 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: 20070940042 Phone Number: _____
 Date of Inspection: 09/20/07 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. Smaller, fracture cracks to finished floor in garage observed, at front porch

B. Grading and Drainage
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left side of house. 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 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. 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.
 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.
 Large amounts of debris is observed on roof surface (tree limbs, leaves, etc). Removal of debris recommended at front valley.

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, 5 - 9 inches thick.

E. Walls (Interior and Exterior)
Comments

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

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.
 OBSERVATIONS- Seal trim at front right bedroom
 Nail pops at left wall garage
 Cracking at window/door corners kitchen area
 Damaged corners at kitchen, living, hall areas
 Stored items or furnishings prevent full inspection.

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-Excessive spacing, missing weep holes in masonry siding walls. Add every 33".
 Reseal lap siding joints on exterior walls.
 Trim damaged at right front corner of house
 Exposed, loose nails at front peak over garage, at porch left side

-

F. Ceilings and Floors
Comments

CEILING COVERING(S)- CEILING OBSERVATIONS-hole at garage ceiling.
 FLOOR COVERING(S)-loose flooring seams at entry, at kitchen

-

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-utility room closet or level
 Master bedroom door delaminated, damaged.

EXTERIOR DOOR OBSERVATIONS-garage door off track, stuck and not functional.
 Damaged door at garage to house and damaged weatherstrip

-

H. Windows
Comments

OBSERVATIONS-spring out at living room window in need of repair
 Staining, fungal type growth observed at windows at right of house, throughout

-

I. Fireplace/Chimney
Comments

Not Present

-

J. Porches, Decks and Carports (Attached)
Comments

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 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- RECEPTACLE DEFICIENCIES-loose outlets at kitchen

Missing outlet cover at front right bedroom.

Missing smoke detector at hall, at kitchen area.

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.

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

Trane est 2 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.
 Water dripping from a/c lines in closet, in need of repairs
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-insulation on exterior refrigerant piping to unit in need of replacement.
 Exterior unit needs to be leveled

-

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, connections of ducts throughout
 Electrical wiring was present in the return air duct work from water heater. This was common in older installations.
 FILTER OBSERVATIONS- Filters are very dirty.

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.
 EXTERIOR PLUMBING-rear hose bibb leaking.

-

Kitchen

KITCHEN SINK PLUMBING-faucet installed backwards at sink

-

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.

-

Bathroom #2 HALL BATHROOM:

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

LAVATORY-aerator stopped up at faucet.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

B. Drains, Wastes, Vents
Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

Kitchen

KITCHEN DRAIN PLUMBING- No problems observed during this inspection period.

Bathroom #1 MASTER BATHROOM:

LAVATORY- **Restricted/Slow drainage was noted.**
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

Bathroom #2 HALL 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 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:

Unit is not properly secured in cabinet.
 Unit not operated due to storage inside

B. Food Waste Disposer
Comments:

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

Deficiencies- Noise and or vibration was present when operated.

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| <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 checked="" type="checkbox"/> | D. Ranges/Ovens/Cooktops
<i>Comments:</i>
Oven present, Electric. No problems observed during this inspection period with operation of unit.
Unit out of level, in need of adjustment |
| <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>
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> |

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

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:

Not Present

H. Security Systems
Comments:

security testing is not part of this inspection

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