

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 1526 Villa Flores San Antonio, TX 78237

(Address or Other Identification of Inspected Property)

By: Jon Krauss 4255 02/18/08

(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: 20080241581 Phone Number: _____
Date of Inspection: 02/18/08 Fax Number: _____
Time of Inspection: 1:00pm
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.

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.

- B. Grading and Drainage**
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left front, at right front, at left 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.
 ROOF COVERING OBSERVATIONS- Seal all exposed fasteners at ridge caps, flashings on roof.
 Tree limb(s) observed in contact and rubbing surface of roof. Trim to avoid excessive wear.
 Adjust rubber "boot" at one pvc vent penetration on roof to prevent leakage.
 Starter strip around perimeter edge of roof improperly installed, not sealed down.
 Front left corner of roof add, extend flashing at edge of roof to siding 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
 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, 8 - 9 inches thick.

- E. Walls (Interior and Exterior)**
Comments
 INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.

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

EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Brick and/or block (stone) veneer over wood framing. Cement Fiber type siding. Aluminum/vinyl siding. Soffit(s), eave(s), and/or trim are painted wood.

OBSERVATIONS-paint, seal base of wood trim at corners, around house
Seal siding joints, seams at walls on front, right, sides
Seal corners of eaves, fascia around house.

Note: garage has been enclosed. Siding improperly installed directly to concrete driveway and over expansion joints.

-

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- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- breakfast exterior door . Repair damage, reseal exterior and consider cover to protect from elements. **Signs of moisture penetration observed at exterior door.**

-

H. Windows
Comments

OBSERVATIONS-Missing screens two at rear bedroom.
Seal gaps at exterior trim at all windows, to stop/prevent leakage. Check for proper waterproofing of windows.

-

I. Fireplace/Chimney
Comments
Not Present

-

J. Porches, Decks and Carports (Attached)
Comments

PORCH OBSERVATIONS- No problems observed during inspection period.

-

K. Other
Comments
Not Present

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

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-missing screws at cover.
 White wire used as hot leg in panel but not properly marked as hot leg

SUB-PANEL COMMENTS: LOCATION- Garage
 SUB-ELECTRICAL PANEL OBSERVATIONS- adjust wiring at interior of panel to prevent damage from screws on cover.

-

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- LIGHTING & CEILING FAN DEFICIENCIES- light fixture loose and missing cover at laundry area.
 Missing light cover at left exterior.

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: 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-interior coils in need of cleaning/servicing.
 Debris, fungal type growth observed at interior blower housing in need of proper removal
 Garage addition is served by a/c that was likely not designed for this area. Unit may be undersized.

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

CONDENSER (EXTERIOR UNIT) OBSERVATIONS-missing cover at electric disconnect for unit.

-

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 all duct connections throughout attic properly

Clean debris out of return chase to air handler.

FILTER OBSERVATIONS- Filters are very dirty and sized wrong at unit.

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.

-

Kitchen

KITCHEN SINK PLUMBING-valve reversed hot/cold at fixture.

-

Bathroom #1 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.

TOILET PLUMBING- No problems observed during this inspection period.

TUB/SHOWER PLUMBING-stopper removed at tub.

-

B. Drains, Wastes, Vents

Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic

SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

-

Bathroom #1 HALL BATHROOM:

-

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:

Location/Coverage: Closet, Hallway.

State 40 gallon 2001 unit.

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

No problems observed during this inspection period.

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

V. APPLIANCES

- | | | | | |
|---|--------------------------|--------------------------|-------------------------------------|----------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Dishwasher |
| <i>Comments:</i> | | | | |
| Pump unit not functional, not pumping water out | | | | |

- | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Food Waste Disposer |
| <i>Comments:</i> | | | | |
| Deficiencies- Splash guard is damaged/missing. | | | | |

- | | | | | |
|---|--------------------------|--------------------------|-------------------------------------|----------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Range Hood |
| <i>Comments:</i> | | | | |
| Unit melted/heat damaged and not functional | | | | |

- | | | | | |
|---|--------------------------|--------------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | D. Ranges/Ovens/Cooktops |
| <i>Comments:</i> | | | | |
| Range present, Electric. Rear right burner not functional. | | | | |
| 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> | | | | |
| 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> | | | | |

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

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

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

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

Not Present

G. Septic Systems
Comments:

Not Present

H. Security Systems
Comments:

security testing is not part of this inspection

I. Fire Protection Equipment
Comments:

Not Present