



**PROPERTY INSPECTION REPORT**

**Prepared For:** SAHA. \_\_\_\_\_  
(Name of Client)

**Concerning:** 1607 NW 26th. San Antonio, TX. \_\_\_\_\_  
(Address or Other Identification of Inspected Property)

**By:** Jon Bueche. 7223. 06/12/07. \_\_\_\_\_  
(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 visible and present 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 meet their needs and to obtain current information concerning this property.

**ADDITIONAL INFORMATION PROVIDED BY INSPECTOR**

**Report Number:** 20070638454. \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Date of Inspection:** 06/12/07. \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Time of Inspection:** \_\_\_\_\_

**Client Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**SPECIAL NOTES:** REINSPECTION PERFORMED 4-7-08.

Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachment. 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 |  |
|-------------|----|------------------|---|----------------|--|--|--|
| I           | NI | NP               | R |                |  |  |  |

**I. STRUCTURAL SYSTEMS**

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <p><b>A. Foundations</b> (If all crawl space areas are not inspected, provide and explanation.)<br/> <i>Comments</i> (An opinion on performance is mandatory.):<br/>                     Foundation Type- Concrete slab on grade.<br/>                     Foundation appears to be functioning normally.<br/>                     OBSERVATIONS- Minor signs of past settlement observed in the form of hair line type fracture cracks to finish surfaces throughout garage floor.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <p><b>B. Grading and Drainage</b><br/> <i>Comments</i><br/>                     Home is built on a slightly sloped lot. Grade at foundation appears inadequate at left of house, at front of house. Add, adjust soil at these areas to properly slope away from foundation, to prevent water accumulation and possible stress to structure. REPAIRED 4-7-08.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <p><b>C. Roof Covering</b> (If the roof is inaccessible, report the method used to inspect.)<br/> <i>Comments</i><br/>                     METHOD USED TO INSPECT ROOF- The following was observed upon walking on the roof.<br/>                     DESCRIPTION OF MATERIALS- Composition and/or fiberglass shingles. Note: Average life expectancy under normal installation/conditions is between 10 -14 years.<br/>                     Approximate age of this roof covering is believed between 5 to 10 years old.<br/>                     OBSERVATIONS- Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions. NOT REPAIRED 4-7-08.<br/>                     Nails loose, backing out of shingles at rear center edge, at right rear upper roof in need of repairs. REPAIRED 4-7-08.<br/>                     Impact, hail type damage observed on shingles of roof several areas in need of repairs. NOT REPAIRED 4-7-08.<br/>                     GUTTER DAMAGE/DEFECTS NOTED- Debris in gutter needs removal to restore good drainage. Debris may have restricted full viewing at some areas.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <p><b>D. Roof Structure and Attic</b> (If the attic is inaccessible, report the method used to inspect.)<br/> <i>Comments</i><br/>                     ACCESS METHOD/LIMITATIONS- Full access<br/>                     OBSERVATIONS- Truss framing<br/>                     Ventilation blocked/minimal at upper vents. Trim decking out for full air flow from attic. NOT REPAIRED 4-7-08.<br/>                     INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) insulation observed.<br/>                     As per tag in attic, minimum insulation thickness should be 9.6" for R30 value.<br/>                     Only 5 to 7" of insulation present throughout. Add for proper R value. REPAIRED BUT WORKERS IN ATTIC HAVE COMPACTED INSULATION AS OF 04/07/08.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <p><b>E. Walls (Interior and Exterior)</b><br/> <i>Comments</i><br/>                     INTERIOR WALLS- INTERIOR WALLS ARE A COMBINATION OF THE FOLLOWING MATERIALS- Drywall</p> |
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OBSERVATIONS-gaps in drywall at garage door blocking, at corner of wall. REPAIRED 4-7-08.  
 Hall bath, master bath drywall does not appear to be proper type recommended for wet locations.  
 Texture noted peeling at hall bath wall. REPAIRED 4-7-08.  
 EXTERIOR WALLS- Brick and/or block (stone) veneer over wood framing.  
 Cement fiber plank type siding. Wood trim(s) and overhangs (soffits).  
 OBSERVATIONS-gaps in hardie siding joints not sealed.  
 Wall loose at front door, excessive flex when door is closed. REPAIRED 4-7-08.  
 Wall loose at side exterior door, excessive flex when door is closed. Recommend secure wall properly. REPAIRED 4-7-08.

       

**F. Ceillings and Floors**  
*Comments*

Repairs noted on wall at closet near front entry.  
 No problems observed during this inspection period.

       

**G. Doors (Interior and Exterior)**  
*Comments*

INTERIOR DOORS- No problems observed during this inspection period.  
 EXTERIOR DOORS-side exterior door excessive flex, shaking when door is closed.  
 REPAIRED 4-7-08.

       

**H. Windows**  
*Comments*

Exterior trim has been removed from around windows. REPAIRED 4-7-08.  
 Framing, mounting of windows visible at these locations. Windows that are visible are not properly sealed, not properly installed to prevent leakage. Proper sealant/flashing should be installed around perimeter of all windows to prevent leakage.  
 Glazing beads cracked, damaged at right windows on house. NOT REPAIRED 4-7-08.  
 Water staining, fungal type staining observed at family room windows. Appears to be leakage from exterior at these areas. REPAIRED 04/07/08

       

**I. Fireplace/Chimney**  
*Comments*

       

**J. Porches, Decks and Carprts (Attached)**  
*Comments*

PORCH/DECKS-Rear deck boards weathered, curling observed on wood. Decking material needs cleaning/washing and weather sealing to protect from materials from elements.  
 Railing spacing at deck is wider than current standards recommend at 4" maximum opening.  
 Front porch posts wood directly in contact with concrete surface. This increases the risk of

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damage over time at these locations. NOT REPAIRED 4-7-08.

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K. Other  
Comments

## II. ELECTRICAL SYSTEMS

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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A. Service Entrance and Panels  
Comments:

SERVICE- Underground, 110/220 Volt, Aluminum (220 volt OK)  
FEEDERS- Copper, Aluminum (220 volt OK)  
Main panel located at right exterior.

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B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.):

Comments:  
PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided  
VISIBLE WIRING TYPE- Copper  
SUB PANEL OBSERVATIONS- Circuit and wire sizing correct so far as visible  
SWITCH/OUTLET OBSERVATIONS- No significant problems were noted during the course of the inspection  
DEVICE/FIXTURE OBSERVATIONS- No significant problems were noted during the course of the inspection.

## III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

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A. Heating Equipment  
Type and Energy Source: Electric - Forced air type heat pump system.  
Comments: Trane unit located at hall closet.

Unit was operated in emergency heat mode, heat pump mode at time of inspection.

Unit was functional at time of inspection.

REINSPECTION 04/07/08. New American Standard unit installed. No power to thermostat at time of reinspection, not operated.

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B. Cooling Equipment:  
Type and Energy Source: Central, "Split System" -Electric.

Comments: Trane est 2 1/2 ton 2000 unit located at rear exterior.

AIR TEMPERATURE DIFFERENTIAL- Temperature drop/differential observed to be over 20 degrees. This may indicate a dirty evaporator coils, dirty air filter, or air flow restriction. Contact a licensed service company for further evaluation and/or cleaning.

EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/servicing.

REINSPECTION 04/07/08. NEW UNIT INSTALLED. NO POWER TO THERMOSTAT, NOT OPERATED.

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BREAKER FOR EXTERIOR UNIT OVERSIZED

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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.  
 OBSERVATIONS-All duct connections, joints in attic in need of sealant to prevent air leakage, loss. REINSPECTION 04/07/08--DUCTS HAVE BEEN REPLACED AND ARE SEALED.  
 FILTER OBSERVATIONS- Filters are dirty and need cleaning or changing.

**IV. PLUMBING SYSTEM**

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**A. Water Supply System and Fixtures**

*Comments:* SUPPLY PIPING TYPE- Copper, Municipal service is primary water source.  
 OBSERVATIONS- Appears serviceable  
 SINK OBSERVATIONS-master bath sink missing stopper. NOT REPAIRED 4-7-08.  
 TOILET OBSERVATIONS- No problems observed during this inspection period  
 TUB/SHOWER OBSERVATIONS-hall bath shower head spraying to side, possibly restricted. REPAIRED 4-7-08.  
 Master bath top edge of shower floor damaged- viewed from hole in drywall. REPAIRED 4-7-08.

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**B. Drains, Wastes, Vents**

*Comments:* DRAIN/WASTE & VENT PIPING TYPE- PVC plastic  
 OBSERVATIONS- No problems observed during this inspection period.

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**C. Water Heating Equipment** (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)

*Energy Source:* -Electrically operated.  
*Comments:* State 40 gallon 2000 unit located at hall closet.  
 No problems observed during this inspection period.  
 REINSPECTION 04/07/08. NEW STATE 40 GALLON 2007 UNIT INSTALLED IN GARAGE FUNCTIONAL AT REINSPECTION.

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**D. Hydro-Therapy Equipment**

*Comments:*

**V. APPLIANCES**

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**A. Dishwasher**

*Comments:* No problems observed during limited test run of appliance.

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>B. Food Waste Disposer</b><br><i>Comments:</i><br>Splash guard is defective or missing - Items/Water could be kicked back out of unit when operated. NOT REPAIRED 4-7-08.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>C. Range Hood</b><br><i>Comments:</i><br>Light is missing or inoperative. Check bulb. REPAIRED 4-7-08.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>D. Ranges/Ovens/Cooktops</b><br><i>Comments:</i><br>Range/Oven is electric.<br>Thermostat temperature is not within 25 degrees of control setting when set at 350 degrees.<br>Unit registered 414 degrees.<br>NO UNIT PRESENT AT REINSPECTION 04/07/08. |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>E. Microwave Cooking Equipment</b><br><i>Comments:</i>  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>F. Trash Compactor</b><br><i>Comments:</i>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>G. Bathroom Exhaust Fans and/or Heaters</b><br><i>Comments:</i><br>No problems observed during limited test run of appliance.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>H. Whole House Vacuum Systems</b><br><i>Comments:</i>   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>I. Garage Door Operators</b><br><i>Comments:</i>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>J. Door Bell and Chimes</b><br><i>Comments:</i><br>No problems observed.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>K. Dryer Vents</b><br><i>Comments:</i><br>Vent cap is damaged and needs repair/replacement.   |

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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | L. Other Built-in Appliances<br>Comments: |

**VI. OPTIONAL SYSTEMS**

- A. Lawn Sprinklers  
Comments:
  
- B. Swimming Pools and Equipment  
Comments:
  
- C. Outbuildings  
Comments:
  
- D. Outdoor Cooking Equipment  
Energy Source:  
Comments:
  
- E. Gas Lines  
Comments:
  
- F. Water Wells (A coliform analysis is recommended.)  
Type of Pump:  
Type of Storage Equipment:  
Comments:
  
- G. Septic Systems  
Comments:

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. <b>Security Systems</b><br><i>Comments:</i><br>security systems not part of this inspection. |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. <b>Fire Protection Equipment</b><br><i>Comments:</i><br>No fire sprinkler system installed. |
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