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PROPERTY INSPECTION REPORT

Prepared For:	SAHA		
		(Name of Client)	
Concerning:	1611 NW 26th St	San Antonio, TX 78228	
	(Address or Other Identification of Inspected Property)		
By:	Gary Armstrong	9604	02/26/08
	(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: <u>20080242035</u>	Phone Number: _____
Date of Inspection: <u>02/26/08</u>	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.

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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 at living area, at garage floor areas, front entry area.
- B. Grading and Drainage**
Comments
 Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection.
- 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- 10 to 15 shingles damaged at right, at rear roof
 Seal all exposed fasteners at ridge caps, flashings on roof.
 Starter strip around perimeter edge of roof improperly installed, not sealed down.
 leaking at diverter flashing edge of roof over side doorway
 Tree limb(s) observed in contact and rubbing surface of roof. Trim to avoid excessive wear.
- 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 vents not fully cut out in attic. Trim for proper air flow.
 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 to 10 inches thick.
- E. Walls (Interior and Exterior)**
Comments

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

OBSERVATIONS- fixtures, doors, vents removed for painting at interior
Hole in hall bath for cabinet observed.

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.
OBSERVATIONS-paint, seal base of wood trim at corners, around house.

damaged lap siding at left, at right wall
Damaged vent at right exterior.
Deteriorated wood at side door
Deteriorated wood fascia at left of house, at right side.
Reseal lap siding joints on exterior

F. Ceilings and Floors
Comments

CEILING COVERING(S)- CEILING OBSERVATIONS-nail pop on ceiling at master bedroom.

FLOOR COVERING(S)-finished flooring removed.

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS- doors removed throughout

EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- side door . Repair damage, reseal exterior and consider cover to protect from elements.

H. Windows
Comments

OBSERVATIONS-cracked glass at right rear, at left rear windows.
Damaged glazing beads on windows at right, at front
Missing screens at right rear, at left rear.
springs out , windows not supported at front windows.

I. Fireplace/Chimney
Comments

Not Present

J. Porches, Decks and Carports (Attached)
Comments

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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 as hot leg.

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- WIRING DEFICIENCIES-fixtures removed throughout for painting.

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 was under repair, not operated

- B. **Cooling Equipment #1:**
Type/Energy Source: Electric.
Comments:
Est. Size: 2 1/2 ton
Cooling System- - Central, - Split System.
AIR TEMPERATURE DIFFERENTIAL- unit not operated.

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EVAPORATOR OBSERVATIONS-interior coils in need of cleaning, servicing.
 Debris, fungal type growth observed at blower housing in need of proper removal.
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on exterior lines to unit.

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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 all duct connections in attic area.
 Vents removed throughout house

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- No water on to house at time of inspection.

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Kitchen

KITCHEN SINK PLUMBING-drainline not connected at kitchen sink and at disposal, not operated.

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-

Bathroom #1 MASTER BATHROOM:

TOILET PLUMBING-seat missing at toilet.

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-
-

Bathroom #2 HALL BATHROOM:

TOILET PLUMBING-seat missing at toilet.

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-
-
-

B. Drains, Wastes, Vents
Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 SEWER PIPE OBSERVATIONS-water off, not operated

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-
-
-

Bathroom #1 MASTER BATHROOM:

-
-
-
-

Bathroom #2 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:
Comments:

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Electrically operated.

Location/Coverage: Closet.

State 40 gallon 2001 unit.
Water off at time of inspection

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <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> | | | | |
| water off, not operated | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Food Waste Disposer |
| <i>Comments:</i> | | | | |
| Deficiencies- Unit failed to operate. | | | | |
| <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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Ranges/Ovens/Cooktops |
| <i>Comments:</i> | | | | |
| Not Present | | | | |
| <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. Failed to operate at master bath. | | | | |

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H. Whole House Vacuum Systems
Comments:

Not Present

I. Garage Door Operators
Comments:

Not Present

J. Door Bell and Chimes
Comments:

No problems observed.

K. Dryer Vents
Comments:

Vent cap is damaged.

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:

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Not Present

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|-----------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| <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

- | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|----------------------------|
| <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 | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Fire Protection Equipment |
| <i>Comments:</i> | | | | |

Not Present