

82 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: 1615 NW 26th St San Antonio, TX 78228
(Address or Other Identification of Inspected Property)

By: Matthew Gessner 4192 09/14/07
(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: 20070939937 Phone Number: _____
Date of Inspection: 09/14/07 Fax Number: _____
Time of Inspection: 4:30pm
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 front flowerbed, at right side. 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- 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 damage observed on roof at front right of house
 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
 ROOF STRUCTURE OBSERVATIONS- No problems observed during this inspection period.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present.
 As per tag in attic, minimum 9.6" required for R30 value.
 Only 4 to 7" observed throughout. Add properly

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			E. Walls (Interior and Exterior) <i>Comments</i> INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall. 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-hole in siding at right wall of house
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			F. Ceilings and Floors <i>Comments</i> CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period. FLOOR COVERING(S)-seams loose on flooring at kitchen, entry, garage door area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			G. Doors (Interior and Exterior) <i>Comments</i> 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). --- left exterior door . Repair damage, reseal exterior and consider cover to protect from elements.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			H. Windows <i>Comments</i> OBSERVATIONS-staining, signs of leakage at two right bedroom, one master bedroom windows in need of repairs throughout
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			I. Fireplace/Chimney <i>Comments</i> Not Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			J. Porches, Decks and Carports (Attached) <i>Comments</i> PORCH OBSERVATIONS-seal. trim at base of front porch posts
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			K. Other <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					

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- No problem(s) noted at the time of inspection.

 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- LIGHTING & CEILING FAN DEFICIENCIES- unbalanced ceiling fan at master bedroom.
 Missing bulbs at fans two right bedrooms.
 RECEPTACLE DEFICIENCIES- loose outlets at kitchen counter, at exterior porch.

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 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.**
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS- extend condensate drainline away

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

from foundation on exterior
 Replace insulation on exterior refrigerant piping to unit.
 EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/
 servicing. Debris and fungal type growth observed at interior blower housing, coils
 Gaps in insulation at a/c lines in attic in need of repairs

-

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.** Reseal all joints at ducts, at plenum.
 Clean debris out of return chase under unit
 Vent cover missing at garage addition

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.

-

Bathroom #1 MASTER BATHROOM:

LAVATORY-leaking at handle on faucets.
 TOILET/BIDET PLUMBING- **Water closet fill valve leaking in tank when flushed. Repair/replace valve.**
 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.

-

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.

-

C. Water Heating Equipment #1: (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)
Energy Source:
Comments:

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

Electrically operated.

State 40 gallon 2000 unit located at hall closet.
No problems observed during this inspection period.

- D. **Hydro Therapy Equipment**
Comments:
Not Present

V. APPLIANCES

- A. **Dishwasher**
Comments:
No problems observed during limited test run of appliance.
- B. **Food Waste Disposer**
Comments:
No problems observed during limited test run of appliance.
- C. **Range Hood**
Comments:
No problems observed during limited test run of appliance.
- D. **Ranges/Ovens/Cooktops**
Comments:
Oven present, Electric.
No problems observed during this inspection period with operation of unit.
- E. **Microwave Cooking Equipment**
Comments:
Not Present
- F. **Trash Compactor**
Comments:
Not Present
- G. **Bathroom Exhaust Fans and/or Heaters**
Comments:
Vent unit present. No problems observed during limited test run of appliance.
- H. **Whole House Vacuum Systems**
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

I. **Garage Door Operators**
Comments:

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

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

- 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. Fire Protection Equipment**
Comments:
Not Present

Report Identification 1615 NW 26th St

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