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PROPERTY INSPECTION REPORT

Prepared For:	Tony Scarnato	
	(Name of Client)	
Concerning:	1623 NW 26th	San Antonio, TX 78237
	(Address or Other Identification of Inspected Property)	
By:	Gary Armstrong	9604 08/26/07
	(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: <u>20070939817</u>	Phone Number: _____
Date of Inspection: <u>08/26/07</u>	Fax Number: _____
Time of Inspection: <u>11:30am</u>	
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 at front porch area

B. Grading and Drainage
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front, at left of house areas. . 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 from either eave level and/or ground level using binoculars due to height of 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.
 Roof covering observed showing normal wear for age.
 Leaking observed at flashing to right of front door.

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, 5-6 inches thick.
 Minimum should be 9.6" for R30 value. Add throughout

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- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>E. Walls (Interior and Exterior)
 <i>Comments</i></p> <p>INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.
 OBSERVATIONS- No problems observed during this inspection period.
 Fresh paint noted at interior</p> <p>EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Brick and/or block (stone) veneer over wood framing.</p> <p>Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood
 OBSERVATIONS- soffit sagging at front left porch
 Deteriorated wood at base of posts at front of house
 Reseal lap siding joints around house</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>F. Ceilings and Floors
 <i>Comments</i></p> <p>CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.</p> <p>FLOOR COVERING(S)-loose carpeting at upper floor.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>G. Doors (Interior and Exterior)
 <i>Comments</i></p> <p>INTERIOR DOOR OBSERVATIONS-missing knob at upper bedroom. Deadbolt only installed</p> <p>EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). ---rear door . Repair damage, reseal exterior and consider cover to protect from elements.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>H. Windows
 <i>Comments</i></p> <p>OBSERVATIONS- exposed windows at rear, signs of some leakage.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>I. Fireplace/Chimney
 <i>Comments</i></p> <p>Not Present</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>J. Porches, Decks and Carports (Attached)
 <i>Comments</i></p> <p>PORCH OBSERVATIONS-deteriorated wood at front porch posts.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>K. Other
 <i>Comments</i></p> |

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Not Present

II. ELECTRICAL SYSTEMS

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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 wiring used as hot legs , not properly marked in panel

SUB-PANEL COMMENTS: LOCATION- Garage

SUB-ELECTRICAL PANEL OBSERVATIONS- No problem(s) noted at the time of inspection.

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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:

FEEDERS- Copper, Aluminum (220 volt OK)

VISIBLE BRANCH WIRING TYPE- Grounded type branch wiring present. Copper

BRANCH WIRING OBSERVATIONS, - LIGHTING & CEILING FAN DEFICIENCIES- missing light cover at kitchen

Missing covers at right front bedroom.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

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A. Heating Equipment #1:

Type/Energy Source: System Type- Electric Forced Air Heat Pump.

Comments:

Unit located at upper hall closet.

Heating System- The heating system operated correctly at the time of the inspection.

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B. Cooling Equipment #1:

Type/Energy Source: Electric.

Comments:

Cooling System- - Central, - Split System.

Trane est 3 ton 1999 unit located at exterior

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**

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further evaluation and/or cleaning.

EVAPORATOR OBSERVATIONS-debris and fungal type growth observed at interior blower, coils in need of professional cleaning/removal

CONDENSER (EXTERIOR UNIT) OBSERVATIONS- **Condenser Deficiencies- The unit is very unlevel.**

Replace insulation at refrigerant piping to 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- **Openings observed at ducts and/or at blower unit allowing air to escape from the system.** Seal all joints throughout attic. **Electrical wiring was present in the return air duct work** from water heater unit installation.

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, Galvanized

POTABLE WATER LINE OBSERVATIONS- Appears serviceable.

Kitchen

KITCHEN SINK PLUMBING-water not getting adequately hot at kitchen fixture.

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- missing stopper at tub.

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- missing stopper at tub.

B. Drains, Wastes, Vents

Comments:

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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- 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:

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 2000 unit located at closet.
Corrosion noted at supply connections from possible leakage, in need of repairs

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:

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Oven present, Electric. No problems observed during this inspection period.

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:
 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:

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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <p>C. Outbuildings
 <i>Comments:</i>
 Not Present</p> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <p>D. Outdoor Cooking Equipment
 <i>Energy Source:</i>
 <i>Comments:</i>
 Not Present</p> |
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <p>E. Gas Lines
 <i>Comments:</i>
 Not Present</p> |
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <p>F. Water Wells (A coliform analysis is recommended.)
 <i>Type of Pump:</i>
 <i>Type of Storage Equipment:</i>
 <i>Comments:</i>
 Not Present</p> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <p>G. Septic Systems
 <i>Comments:</i>
 Not Present</p> |
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|--------------------------|-------------------------------------|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <p>H. Security Systems
 <i>Comments:</i>
 security testing is not part of this inspection</p> |
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <p>I. Fire Protection Equipment
 <i>Comments:</i>
 Not Present</p> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---|