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PROPERTY INSPECTION REPORT

Prepared For: SAHA
(Name of Client)

Concerning: 2611 Villa Norte San Antonio, TX 78228
(Address or Other Identification of Inspected Property)

By: Jon Krauss 4255 01/26/08
(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: 20080141542 Phone Number: _____
Date of Inspection: 01/26/08 Fax Number: _____
Time of Inspection: 2:00pm
Client Mailing Address: _____
City/State/Zip: _____

SPECIAL NOTES:

Report Identification 2611 Villa Norte

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.

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. Approximate age of roof. Approximate age of this roof covering is believed to be between 3 and 8 years old.
 ROOF COVERING OBSERVATIONS- Roof covering observed showing normal wear for age.

GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Extend gutter downspouts properly away from foundation around house. It is recommended to extend 3 to 5 feet away from foundation.

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 partially blocked in attic. Trim decking for full 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 - 9 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- water damage, fungal type growth observed at wall top over hall bath tub enclosure.

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 wood base of trim at rear left, at rear right corners.

-

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-Cables not supporting overhead garage door. Adjust/repair.

-

H. Windows
Comments

OBSERVATIONS-cracked glass one at rear right window.

-

I. Fireplace/Chimney
Comments

Not Present

-

J. Porches, Decks and Carports (Attached)
Comments

PORCH OBSERVATIONS- No problems observed during inspection period.

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K. Other
Comments

Not Present

II. ELECTRICAL SYSTEMS

-

A. Service Entrance and Panels
Comments:

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SERVICE COMMENTS: Under Ground
 MAIN PANEL COMMENTS: LOCATION- Exterior of house
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS- **Knockout(s) are missing** at base of panel.
 Conduit loose from meter to panel and wiring exposed.
Wire(s) rub unprotected metal edges, missing bushing at wiring penetration to box.
 SUB-PANEL COMMENTS: LOCATION- Garage
 SUB-ELECTRICAL PANEL OBSERVATIONS- **adjust wiring at interior of panel to prevent damage from screws on cover.**

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.):
 <i>Comments:</i></p> <p>FEEDERS- Copper, Aluminum (220 volt OK)
 VISIBLE BRANCH WIRING TYPE- Grounded type branch wiring present. Copper
 BRANCH WIRING OBSERVATIONS- WIRING DEFICIENCIES-exposed romex at right rear exterior in need of conduit/cover</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>A. Heating Equipment #1:
 <i>Type/Energy Source:</i> System Type- Electric Forced Air Heat Pump.
 <i>Comments:</i></p> <p>Unit located at closet.
 Appears to be wrong thermostat used for heat pump unit. No emergency heat setting observed.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>B. Cooling Equipment #1:
 <i>Type/Energy Source:</i> Electric.
 <i>Comments:</i></p> <p>Cooling System- - Central, - Split System.
 Carrier est 2 1/2 ton 2006 unit located at exterior.
 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-debris observed at interior blower, coil unit in need of cleaning/servicing.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>C. Ducts and Vents
 <i>Comments:</i></p> |

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DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.
No problems observed during this inspection period.

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 HALL BATHROOM:

LAVATORY-missing stopper at sink
TOILET/BIDET PLUMBING- **Toilet is loose at the floor with the possibility of leakage, an unsanitary condition that can also cause damage to flooring. A plumber should resecure the toilet as needed.**
TUB/SHOWER PLUMBING-missing stopper at tub.
Water damage, fungal type growth on drywall at top of enclosure wall in need of repair.

Bathroom #2 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.

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:

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 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.

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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 2001 unit located at closet.
 Leaking at supply valve connection for unit, in need of repair

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.

E. Microwave Cooking Equipment
Comments:
 No problems observed during this inspection period. Note: No microwave leak detection and/or output testing was done during this inspection period.

F. Trash Compactor
Comments:
 Not Present

G. Bathroom Exhaust Fans and/or Heaters
Comments:

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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:
 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:

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Not Present

- 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