

PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 2631 Villa Norte San Antonio, TX 78228
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 08/28/07
(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: 20070839649 Phone Number: _____
Date of Inspection: 08/28/07 Fax Number: _____
Time of Inspection: 1:30pm
Client Mailing Address: _____
City/State/Zip: _____

SPECIAL NOTES:

Reinspection done 08/28/08 by Jon Krauss. Notes are in report.

The purpose of this reinspection is identify if repairs have been performed. It is not within the scope of this inspection to determine quality of repairs or extent of repairs as this is a visual only examination. Receipts or repair documents should be requested from those who performed the repairs for details and warranty information.

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	Inspection Item		

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 built on a slightly sloped lot. Grade at foundation appears inadequate at front of house, at left of house. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure. Repaired 08/28/08.

- 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- Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions. Repaired 08/28/08.
 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
Reinspection 08/28/08- Structure and insulation appears adequate.

 Vehicle blocking access in garage. No access to attic

- E. Walls (Interior and Exterior)**
Comments

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INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.
 OBSERVATIONS-Termite damage at kitchen, at master bath
 Stored items or furnishings prevent full inspection.

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-seal exterior siding at main panel. Repaired 08/28/08.
 Deteriorated wood trim at right window, at right garage. Replace all deteriorated wood. Repaired 08/28/08.
 Worn, weathered eave at exterior paint coatings.

F. Ceilings and Floors
Comments

FLOOR COVERING(S)-uneven flooring at kitchen area.

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-right rear bedroom door sticking in jamb. Repaired 08/28/08.

EXTERIOR DOOR OBSERVATIONS- No problems observed at this time.
 Note: side door appears repaired recently.

H. Windows
Comments

OBSERVATIONS- No problems observed during this inspection period.

I. Fireplace/Chimney
Comments

Not Present

J. Porches, Decks and Carports (Attached)
Comments

PORCH OBSERVATIONS- No problems observed during inspection period.

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-white wiring used for hot legs in panel and not marked properly. **Repaired 08/28/08.**

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

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|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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- No problems observed during this inspection period.</p> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 hall closet.
 Heating System- The heating system operated correctly at the time of the inspection.</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.
 Trane est 2 1/2 ton 2000 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.
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS- Condenser Deficiencies- The unit is very unlevel. Repaired 08/28/08.
 Heat transfer fins were dirty/clogged. Repaired 08/28/08.
 Insulation is damaged and/or not present on refrigerant piping to unit Repaired 08/28/08.
 EVAPORATOR OBSERVATIONS-debris, fungal type growth observed at interior of blower unit in need of proper removal. Repaired 08/28/08.</p> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>C. Ducts and Vents
 <i>Comments:</i></p> |

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Ductwork, Air Chase and/or Plenum Observations-it is not recommended to install cord or outlet for water heater in return chase Repaired 08/28/08.

No access to attic.

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.

Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 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. Repaired 08/28/08.
 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.

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- 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- Restricted/Slow drainage was noted. Repaired 08/28/08.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.

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TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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|---|--------------------------|--------------------------|--------------------------|---------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Water Heating Equipment #1: | (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.) |
| <i>Energy Source:</i> Electrically operated. | | | | | |
| <i>Comments:</i> | | | | | |
| State 40 gallon 2001 unit located at hall closet. | | | | | |
| No problems observed during this inspection period. | | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <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 type="checkbox"/> | A. Dishwasher |
| <i>Comments:</i> | | | | |
| No problems observed during limited test run of appliance. | | | | |

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|--|--------------------------|--------------------------|--------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Food Waste Disposer |
| <i>Comments:</i> | | | | |
| No problems observed during limited test run of appliance. | | | | |

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|--|--------------------------|--------------------------|--------------------------|----------------------|
| <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. | | | | |

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|---|--------------------------|--------------------------|--------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Ranges/Ovens/Cooktops |
| <i>Comments:</i> | | | | |
| Oven present, Electric. | | | | |
| No problems observed during this inspection period. | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Microwave Cooking Equipment |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Trash Compactor |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

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|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Bathroom Exhaust Fans and/or Heaters |
| <i>Comments:</i> | | | | |

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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:
Vent cap is damaged. Repaired 08/28/08.

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