



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:** 315 Villa Rosa San Antonio, TX 78237  
 (Address or Other Identification of Inspected Property)

**By:** Gary Armstrong 9604 09/07/07  
 (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: 20070839844 Phone Number: \_\_\_\_\_  
 Date of Inspection: 09/07/07 Fax Number: \_\_\_\_\_  
 Time of Inspection: 4:30pm  
 Client Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

### SPECIAL NOTES:

Report Identification 315 Villa Rosa

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. 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 right exterior

**B. Grading and Drainage**  
*Comments*  
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front right, at right 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 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. Seal all exposed fasteners at ridge caps, flashings on roof.  
 Missing shingles on roof at rear a/c flashing area  
 Torn/damaged shingle on roof at rear upper vent cover.

GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter is sloped improperly and holding water at front entry.

**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- A combination of fiberglass (and/or rock wool) batt

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type and blown in insulation were present. The insulation layer is approximately, 10 - 16 inches thick.

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

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.  
OBSERVATIONS- water damage, fungal type growth observed at master bath walls in need of repair  
Holes at kitchen door area wall  
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- reseal lap siding joints at sides, at rear of house  
Soffit missing at right front corner of house  
Damaged lap siding at rear , at trim left rear of house  
Staining, discolored wood at front entry soffit from worn paint

**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-door sticking in frame at bath, at left rear bedroom.

EXTERIOR DOOR OBSERVATIONS- side door sticking in jamb.

**H. Windows**  
*Comments*

OBSERVATIONS-staining, signs of water leakage at master bedroom window. Repair, reseal exterior all windows properly

**I. Fireplace/Chimney**  
*Comments*

Not Present

**J. Porches, Decks and Garports (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 at right of house  
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.  
 MAIN ELECTRICAL PANEL OBSERVATIONS- white wiring used at hot circuit, not properly marked in panel.

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- RECEPTACLE DEFICIENCIES-loose outlet at family room wall.

## 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 exterior.  
 AIR TEMPERATURE DIFFERENTIAL- Temperature drop/differential observed between 15 - 20 degrees. (taken between interior return and supply air) This is considered

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a normal operating range.  
 EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/  
 servicing.  
 Debris and fungal type growth observed at interior blower unit in need of proper removal.  
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS- **Condenser Deficiencies-**  
 replace exterior insulation on refrigerant piping to unit  
**The unit is very unlevel.**

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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-all duct joints in need of sealing to**  
 prevent leakage  
**It is not recommended to install cord or outlet for water heater in return chase.**

**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, Galvanized  
 POTABLE WATER LINE OBSERVATIONS- Appears serviceable.  
 EXTERIOR PLUMBING-corrosion from leakage at right exterior hose bibb connections.

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**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.

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**B. Drains, Wastes, Vents**  
*Comments:*

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic  
 SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

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**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.

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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:*  
*Comments:*

Report Identification 315 Villa Rosa

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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:*  
 Unit filled with storage, not operated

- B. Food Waste Disposer**  
*Comments:*  
 Deficiencies- Unit failed to operate.

- C. Range Hood**  
*Comments:*  
 No problems observed during limited test run of appliance.

- D. Ranges/Ovens/Cooktops**  
*Comments:*

Unit filled, not operated

- 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:*

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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---------------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <b>I. Garage Door Operators</b> | Not Present |
| <i>Comments:</i>         |                          |                                     |                          |  |                                 |             |
  
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|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------------|-------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <b>J. Door Bell and Chimes</b> | Not Present |
| <i>Comments:</i>                    |                          |                          |                          |  |                                |             |
| No problems observed.               |                          |                          |                          |  |                                |             |
  
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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|-----------------------|-------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <b>K. Dryer Vents</b> | Not Present |
| <i>Comments:</i>                    |                          |                          |                                     |  |                       |             |
| <u>Vent cap is damaged.</u>         |                          |                          |                                     |  |                       |             |
  
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|-------------------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <b>L. Other Built-in Appliances</b> | Not Present |
| <i>Comments:</i>         |                          |                                     |                          |  |                                     |             |

**VI. OPTIONAL SYSTEMS**

- |                          |                          |                                     |                          |  |                           |             |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <b>A. Lawn Sprinklers</b> | Not Present |
| <i>Comments:</i>         |                          |                                     |                          |  |                           |             |
  
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <b>B. Swimming Pools and Equipment</b> | Not Present |
| <i>Comments:</i>         |                          |                                     |                          |  |  |             |
  
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <b>C. Outbuildings</b> | Not Present |
| <i>Comments:</i>         |                          |                                     |                          |  |                        |             |
  
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|-------------------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <b>D. Outdoor Cooking Equipment</b> | Not Present |
| <i>Energy Source:</i>    |                          |                                     |                          |  |                                     |             |
| <i>Comments:</i>         |                          |                                     |                          |  |                                     |             |
  
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <b>E. Gas Lines</b> | Not Present |
| <i>Comments:</i>         |                          |                                     |                          |  |                     |             |

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|--------------------------|-------------------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>F. Water Wells</b> (A coliform analysis is recommended.)<br><i>Type of Pump:</i><br><i>Type of Storage Equipment:</i><br><i>Comments:</i><br>Not Present |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>G. Septic Systems</b><br><i>Comments:</i><br>Not Present   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>H. Security Systems</b><br><i>Comments:</i><br>security testing is not part of this inspection   |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>I. Fire Protection Equipment</b><br><i>Comments:</i><br>Not Present  |