



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

<b>Prepared For:</b>	SAHA			
		(Name of Client)		
<b>Concerning:</b>	4007 San Luis		San Antonio, TX 78237	
	(Address or Other Identification of Inspected Property)			
<b>By:</b>	Jon Krauss	4255	01/28/08	
	(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.

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### ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Report Number: <u>20080141549</u>	Phone Number: _____
Date of Inspection: <u>01/28/08</u>	Fax Number: _____
Time of Inspection: _____	
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.

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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*  
 Soil installed too high to siding at left of house. Lower soil properly below base of siding and maintain proper slope away from foundation.
  
- 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-damaged, missing shingle at front left  
 Adjust one rubber "boot" on sewer vent to prevent leakage.  
  
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- damaged gutter downspout elbow on exterior front.
  
- 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, 10 - 16 inches thick.
  
- E. Walls (Interior and Exterior)**  
*Comments*  
 INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.  
 Stored items or furnishings prevent full inspection.

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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.  
 Aluminum/vinyl siding.  
 OBSERVATIONS- paint base of wood trim at front, at rear 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- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- right exterior door . Repair damage, reseal exterior and consider cover to protect from elements.  
 Right exterior door not fully sealed when closed. Past termite type damage at door opening.

**H. Windows**  
*Comments*

OBSERVATIONS-water staining at interior of windows at living area, at left master area from leakage  
 Missing screens two master area, two living area.  
 Note: glass changed from double pane to single at master, one living area.

**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- 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.

- |                                     |                          |                          |                                     |   |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>B. Branch Circuits - Connected Devices and Fixtures</b> (Report as in need of repair the lack of ground fault circuit protection where required.):<br/> <i>Comments:</i></p> <p>FEEDERS- Copper, Aluminum (220 volt OK)<br/>                 VISIBLE BRANCH WIRING TYPE- Grounded type branch wiring present. Copper<br/>                 BRANCH WIRING OBSERVATIONS- LIGHTING &amp; CEILING FAN DEFICIENCIES- light not functional at left exterior.</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|

**III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS**

- |                                     |                          |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p><b>A. Heating Equipment #1:</b><br/> <i>Type/Energy Source:</i> System Type- Electric Forced Air Heat Pump.<br/> <i>Comments:</i></p> <p>Unit located at closet.<br/>                 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>B. Cooling Equipment #1:</b><br/> <i>Type/Energy Source:</i> Electric.<br/> <i>Comments:</i></p> <p>Cooling System- - Central, - Split System.<br/>                 Trane est 2 1/2 ton 2001 unit located at rear exterior.<br/>                 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.<br/>                 EVAPORATOR OBSERVATIONS-gaps at refrigerant lines insulation throughout attic in need of repairs.<br/>                 Interior blower and coils in need of full cleaning/servicing.</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|

- |                                     |                          |                          |                                     |  |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>C. Ducts and Vents</b><br/> <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.

Ductwork, Air Chase and/or Plenum Observations-missing sealant at joints of ducts in 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  
 POTABLE WATER LINE OBSERVATIONS- Appears serviceable.

**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-missing stopper at tub.

**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.

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

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Electrically operated.

State 40 gallon 2001 unit located at hall closet.  
No problems observed during this inspection period.

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

**V. APPLIANCES**

- A. Dishwasher**  
*Comments:*  
 Discharge hose is, **installed without an air gap.** The drain line should be raised to the underside of the counter top.

- B. Food Waste Disposer**  
*Comments:*  
**Deficiencies- Noise and or vibration was present when operated.**

- 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:*  
**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.

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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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I	NI	NP	R	Inspection Item
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Not Present

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>F. Water Wells</b> (A coliform analysis is recommended.)
<i>Type of Pump:</i>				
<i>Type of Storage Equipment:</i>				
<i>Comments:</i>				

Not Present

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>G. Septic Systems</b>
<i>Comments:</i>				

Not Present

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H. Security Systems</b>
<i>Comments:</i>				
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>
<i>Comments:</i>				

Not Present