



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:	SAHA
	(Name of Client)
Concerning:	4011 San Luis San Antonio, TX 78237
	(Address or Other Identification of Inspected Property)
By:	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.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Report Number: <u>20080141550</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. STRUCTURAL SYSTEMS

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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. Smaller, fracture cracks to finished floor in garage observed.

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B. Grading and Drainage
Comments

Structure is built on a slightly sloped lot. Grade at foundation appears inadequate, eroded at right, at rear. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.

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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- Seal all exposed fasteners at ridge caps, flashings on roof.
 Overexposed shingles during installation at left and right slopes on roof.
 Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions.
 Tree limb(s) observed in contact and rubbing surface of roof. Trim to avoid excessive wear.

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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 in attic partially blocked. Trim decking out 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, 10 - 16 inches thick.

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			E. Walls (Interior and Exterior) <i>Comments</i> INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall. OBSERVATIONS-patching noted master rear under window new paint noted at interior areas. 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. Aluminum/vinyl siding. OBSERVATIONS-paint base of trim at rear right and left corners. Damaged lap siding at rear several areas.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			F. Ceilings and Floors <i>Comments</i> CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			G. Doors (Interior and Exterior) <i>Comments</i> INTERIOR DOOR OBSERVATIONS- No problems observed during this inspection period. EXTERIOR DOOR OBSERVATIONS-overhead garage door damaged and loose from track at top left Loose trim at base of overhead garage door.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			H. Windows <i>Comments</i> OBSERVATIONS-old staining observed at interior sill at master right window from leakage No visible flashing over exterior of windows at left 2 windows. Note; double pane windows changed to single pane at master, one at rear bedroom.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			I. Fireplace/Chimney <i>Comments</i> Not Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			J. Porches, Decks and Carports (Attached) <i>Comments</i>

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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 side.
 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.

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- No problems observed during this inspection period.

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 2004 unit located at rear 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.

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CONDENSER (EXTERIOR UNIT) OBSERVATIONS-oversized 30 amp breaker installed to unit. Change to maximum 25 amps
 Extend condensate drainline away from foundation at right of house.
 EVAPORATOR OBSERVATIONS-missing screws at air handler closet
 Interior blower and coils in need of cleaning/servicing
 Damaged insulation and gaps at line in attic, in need of repairs.

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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 ducts need to be sealed at joints in attic.

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
 POTABLE WATER LINE OBSERVATIONS- Appears serviceable
 EXTERIOR PLUMBING- No anti-siphon protection observed on one left exterior hose bib/faucets. This is a basic safety attachment to the end of faucets that will protect from a cross connection or back-flow of water into the house.

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Kitchen

KITCHEN SINK PLUMBING- No problems observed during this inspection period.

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Bathroom #1 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- **Water closet fill valve leaking in tank when flushed. Repair/replace valve.**
 Tank loose from bowl, in need of repair
 TUB/SHOWER PLUMBING-old staining noted on wall outside of tub enclosure.

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Bathroom #2 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- **Water closet fill valve leaking in tank when flushed. Repair/replace valve.**
 TUB/SHOWER PLUMBING-missing stopper at tub.

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B. Drains, Wastes, Vents

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DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
SEWER PIPE OBSERVATIONS-missing 4" sewer cleanout cap at exterior.

Kitchen

KITCHEN DRAIN PLUMBING- **Leakage/drip is noted under the kitchen sink at connection to disposal.**
Old damage observed at sink cabinet.

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: Electrically operated.
Comments:

State 40 gallon 1991 unit located at hall closet.
Corrosion at supply connections top of unit from possible leakage, in need of repair

D. Hydro Therapy Equipment
Comments:
Not Present

V. APPLIANCES

A. Dishwasher
Comments:

Loose spring at door, not functional
Soap door at unit not opening

B. Food Waste Disposer
Comments:

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Deficiencies- Splash guard is damaged/missing.
Noise and or vibration was present when operated.

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Range Hood
<i>Comments:</i>
Exhaust vent -missing bulb at unit.
Fan slow, not properly functional at vent |
| <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. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Microwave Cooking Equipment
<i>Comments:</i>
Not Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Trash Compactor
<i>Comments:</i>
Not Present |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Bathroom Exhaust Fans and/or Heaters
<i>Comments:</i>
Vent unit present. No problems observed during limited test run of appliance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Whole House Vacuum Systems
<i>Comments:</i>
Not Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Garage Door Operators
<i>Comments:</i>
Not Present |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Door Bell and Chimes
<i>Comments:</i>
No problems observed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K. Dryer Vents
<i>Comments:</i>
No problems noted. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | L. Other Built-in Appliances
<i>Comments:</i> |

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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:

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:

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security testing is not part of this inspection

I. **Fire Protection Equipment**

Comments:

Not Present