

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 4014 El Paso San Antonio, TX 78237

(Address or Other Identification of Inspected Property)

By: Jon Krauss 4255 02/20/08

(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: 20080241912 Phone Number: _____
Date of Inspection: 02/20/08 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.
 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.
 Dry soil observed on exterior of house in need of watering

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.
 ROOF COVERING OBSERVATIONS- Roof covering observed showing normal wear for age.
 Starter strip around perimeter edge of roof improperly installed, not sealed down.
 Edge of roof decking lifted at right front of roof.
 Seal all exposed fasteners at ridge caps, flashings on roof.

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, 8 - 9 inches thick.

E. Walls (Interior and Exterior)
Comments
 INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.

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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, seal base of wood trim at corners, around house.

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). ---breakfast exterior door . Repair damage, reseal exterior and consider cover to protect from elements.

H. Windows
Comments

OBSERVATIONS-missing screens two at bedrooms, one living room window
Water damage at interior, swelling at master window, at right bedrooms, at living area
No visible flashing at right bedroom window

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 as hot legs in panel but not properly marked as hot legs.

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 is located in, closet
 Heating System- The heating system operated correctly at the time of the inspection

- B. Cooling Equipment #1:**
Type/Energy Source: Electric.
Comments:
 Est. Size: 2 1/2 ton
 Cooling System- - Central, - Split System.
 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-extend condensate drainline away from foundation on exterior.
 EVAPORATOR OBSERVATIONS- gaps in insulation on lines in attic in need of repair
 Interior coils in need of cleaning/servicing.
 Debris and fungal type growth observed at interior blower housing in need of proper removal.

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>C. Ducts and Vents <i>Comments:</i> 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-seal all duct connections throughout attic.</p>
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IV. PLUMBING SYSTEM

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A. Water Supply System and Fixtures <i>Comments:</i> The potable water supply source is- Municipal service is primary water source. SUPPLY PIPING TYPE- Copper POTABLE WATER LINE OBSERVATIONS- Appears serviceable.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Bathroom #1 MASTER BATHROOM: LAVATORY-leaking at drainline connections under sink TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve. TUB/SHOWER PLUMBING- No problems observed during this inspection period.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>B. Drains, Wastes, Vents <i>Comments:</i> DRAIN/WASTE & VENT PIPING TYPE- PVC plastic SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.</p>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Bathroom #1 MASTER BATHROOM:</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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> Location/Coverage: Closet, Hallway. State 40 gallon 2001 unit Unit ran out of hot water quickly during inspection, in need of repair/replacement</p>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>D. Hydro Therapy Equipment <i>Comments:</i> Not Present</p>
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V. APPLIANCES

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>A. Dishwasher <i>Comments:</i></p>
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Storage at interior of unit. Unit not operated

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:

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:

Not Present

I. Garage Door Operators

Comments:

Not Present

J. Door Bell and Chimes

Comments:

No problems observed.

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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:
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

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H. **Security Systems**
Comments:

security testing is not part of this inspection

I. **Fire Protection Equipment**
Comments:

Not Present