

PROPERTY INSPECTION REPORT

Prepared For:	SAHA	
		(Name of Client)
Concerning:	4031 San Luis	San Antonio, TX 78237
	(Address or Other Identification of Inspected Property)	
By:	Jon Krauss	4255 01/30/08
	(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>20080141584</u>	Phone Number: _____
Date of Inspection: <u>01/30/08</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
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at rear of house. 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.
 ROOF COVERING OBSERVATIONS- starter strip around perimeter edge of roof improperly installed, not sealed down.
 Erosion, wear noted on roof shingles at left garage, at ridge area.
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter(s) are filled with debris. (Leaves, sticks, and/or aggregate.) Debris may have restricted full viewing at some areas.

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
 Old staining in attic at dryer vent penetration. Reseal from roof
 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.
 EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF

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THE FOLLOWING MATERIALS- Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood.
OBSERVATIONS-missing paint at base of trim at corners.

F. Ceilings and Floors
Comments

CEILING COVERING(S)-nail pops on ceiling at hall bath
Staining at laundry ceiling.

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). ---left exterior door . Repair damage, reseal exterior and consider cover to protect from elements.
Left exterior door not fully sealed when closed.

H. Windows
Comments

OBSERVATIONS- Thermal pane window(s) deficiencies- Some windows observed have lost thermal seals and may have become clouded and/or have moisture between the glass panes Seal failure may not be visible at all times. (depends on outside/inside temperatures-humidity) 1 pane at master bedroom
Staining at interior sill at living room, at right bedroom, at master bedroom. Repair leakage
Missing flashing two right windows.
Note: one breakfast window has single pane glass only

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 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.

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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> |
| | | | | 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

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Heating Equipment #1: |
| | | | | <i>Type/Energy Source:</i> System Type- Electric Forced Air Heat Pump. |
| | | | | <i>Comments:</i> |
| | | | | Unit is located in, closet |
| | | | | Heating System- The heating system operated correctly at the time of the inspection. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Cooling Equipment #1: |
| | | | | <i>Type/Energy Source:</i> Electric. |
| | | | | <i>Comments:</i> |
| | | | | 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. |
| | | | | EVAPORATOR OBSERVATIONS-interior coils in need of cleaning/servicing |
| | | | | Gaps in insulation on lines in attic, in need of repair. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Ducts and Vents |
| | | | | <i>Comments:</i> |
| | | | | DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used |

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for distribution/return system throughout.

Ductwork, Air Chase and/or Plenum Observations-clean debris out of return chase to air handler

Seal all duct connections in attic

FILTER OBSERVATIONS- Filters are very dirty.

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 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.

Water closet fill valve leaking in tank when flushed. Repair/replace valve.

TUB/SHOWER PLUMBING- Restricted/Slow drainage was noted.

Stopper disconnected at tub.

Bathroom #2 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.

TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.

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:

Bathroom #2 MASTER BATHROOM:

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.

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- | | | | | |
|--------------------------|-------------------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Water Wells (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"/> | G. Septic Systems
<i>Comments:</i>
Not Present |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Security Systems
<i>Comments:</i>
security testing is not part of this inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Fire Protection Equipment
<i>Comments:</i>
Not Present |