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### PROPERTY INSPECTION REPORT

**Prepared For:** Tony Scarnato  
(Name of Client)

**Concerning:** 410 Precious San Antonio, TX 78237  
(Address or Other Identification of Inspected Property)

**By:** John Van De Walle 6035 08/23/07  
(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: 20070939602 Phone Number: \_\_\_\_\_

Date of Inspection: 08/23/07 Fax Number: \_\_\_\_\_

Time of Inspection: 9:00am

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.

| I=Inspected | NI=Not Inspected | NP=Not Present | R=Not Functioning or in Need of Repair | Inspection Item |
|-------------|------------------|----------------|--|-----------------|
| 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 left 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 from either eave level and/or ground level using binoculars due to height of eaves  
 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.  
 Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions.  
 Roof covering observed showing normal wear for age.

**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, 5-9 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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OBSERVATIONS-railing loose at interior stairs at top

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  
 OBSERVATIONS- damaged trim at right rear corner.  
 Reseal hardie siding joints at right, at rear, at left.

**F. Ceilings and Floors**  
*Comments*

CEILING COVERING(S)- CEILING OBSERVATIONS-cracking noted at entry near smoke detector

FLOOR COVERING(S)-flooring damaged at master bath toilet area  
 Cuts noted in flooring at kitchen area.  
 Staining on kitchen flooring near sink.

**G. Doors (Interior and Exterior)**  
*Comments*

INTERIOR DOOR OBSERVATIONS- No problems observed during this inspection period.

EXTERIOR DOOR OBSERVATIONS- rear door to house exposed to elements. Keep sealed, consider cover to protect from elements.

**H. Windows**  
*Comments*

OBSERVATIONS- No problems observed during this inspection period.

**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 entrance and Panels*

SERVICE COMMENTS: Under Ground  
 MAIN PANEL COMMENTS: LOCATION- Exterior of house at left side.  
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.  
 MAIN ELECTRICAL PANEL OBSERVATIONS-restrap conduit under electric 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-open ground on outlet at front exterior  
 LIGHTING & CEILING FAN DEFICIENCIES- unbalanced ceiling fan at family room  
 Light missing cover at utility room.

Smoke detectors, are not present and/or failed to operate. Smoke detectors should be installed in all sleeping areas & levels of the structure. Missing unit at master bedroom.

**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 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- Air Temperature Deficiencies- **Temperature drop/differential observed to be over 20 degrees. This may indicate dirty evaporator coils, dirty air filter, or air flow restriction. Contact a licensed service company for further evaluation and/or cleaning.**  
 EVAPORATOR OBSERVATIONS-debris and fungal type growth observed at interior blower, coils in need of professional cleaning/removal

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CONDENSER (EXTERIOR UNIT) OBSERVATIONS- exterior coils in need of cleaning/ servicing.

- 

**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- **Openings observed at ducts and/or at blower unit allowing air to escape from the system. Seal all joints throughout attic. Electrical wiring was present in the return air duct work from water heater unit installation.**

**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, Galvanized  
POTABLE WATER LINE OBSERVATIONS- Appears serviceable.

- 

**Kitchen**

KITCHEN SINK PLUMBING- NOTE: Moisture stain(s) and/or damage to cabinet shelf are observed. This is a signs of previous leakage. Mold/mildew may be present.  
Leaking at base of faucet unit.

- 

**Bathroom #1 MASTER BATHROOM:**

LAVATORY- No problems observed during this inspection period.  
TOILET/BIDET 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.**  
TUB/SHOWER PLUMBING-missing stopper at tub  
Leaking at shower head connection.

- 

**Bathroom #2 HALL BATHROOM: SECOND FLOOR.**

LAVATORY- No problems observed during this inspection period.  
TOILET/BIDET PLUMBING- No problems observed during this inspection period.  
TUB/SHOWER PLUMBING-base trim damaged outside of tub from splash out both sides.

- 

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

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

- 

**Kitchen**

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

- 

**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.

- 

**Bathroom #2 HALL BATHROOM: SECOND FLOOR.**

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 2000 unit located at closet.  
No problems observed during this inspection period.

- 

**D. Hydro Therapy Equipment**

*Comments:*  
**Not Present**

**V. APPLIANCES**

- 

**A. Dishwasher**

*Comments:*  
No problems observed during limited test run of appliance.

- 

**B. Food Waste Disposer**

*Comments:*  
No problems observed during limited test run of appliance.

- 

**C. Range Hood**

*Comments:*

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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.

**K. Dryer Vents**  
*Comments:*  
Vent cap is damaged.

**L. Other Built-in Appliances**  
*Comments:*  
 Not Present

**VI. OPTIONAL SYSTEMS**

**A. Lawn Sprinklers**  
*Comments:*

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| I | NI | NP | R | Inspection Item |
|---|----|----|---|-----------------|
|---|----|----|---|-----------------|

**Not Present**

|                          |                          |                                     |                          |  |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>B. Swimming Pools and Equipment</b> |
| <i>Comments:</i>         |                          |                                     |                          |  |

**Not Present**

|                          |                          |                                     |                          |                        |
|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>C. Outbuildings</b> |
| <i>Comments:</i>         |                          |                                     |                          |                        |

**Not Present**

|                          |                          |                                     |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>D. Outdoor Cooking Equipment</b> |
| <i>Energy Source:</i>    |                          |                                     |                          |                                     |
| <i>Comments:</i>         |                          |                                     |                          |                                     |

**Not Present**

|                          |                          |                                     |                          |                     |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>E. Gas Lines</b> |
| <i>Comments:</i>         |                          |                                     |                          |                     |

**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**