



210-344-1344 S.A.
 713-923-2133 Houston
 512-804-2637 Austin
 888-390-5692 Toll Free
 mgessner@amertspec.net
 www.amertspec.net/gessner

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client) 4142 El Paso San Antonio, TX 78237

Concerning: (Address or Other Identification of Inspected Property)

By: Jon Krauss 4255 02/25/08
 (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 disclosure, 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: 20080241980
 Date of Inspection: 02/25/08
 Phone Number: _____
 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.

I=Inspected	NI	NP	R	Inspection Item
				R=Not Functioning or In Need of Repair
				NP=Not Present
				NI=Not Inspected

I. STRUCTURAL SYSTEMS

A. Foundations (If all crawl space areas are not inspected, provide an explanation.) I NI NP R

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 I NI NP R

Comments
 Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection.
 Dry soil observed on exterior at left, at rear. Regular watering should be done to lessen stress.

C. Roof Covering (If the roof is inaccessible, report the method used to inspect.) I NI NP R

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.
 Seal all exposed fasteners at ridge caps, flashings on roof.
 Starter strip around perimeter edge of roof improperly installed, not sealed down.
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter is sloped improperly and holding water

D. Roof Structure and Attic (If the attic is inaccessible, report the method used to inspect.) I NI NP R

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.
 As per tag, minimum 9.6" of insulation is needed for R30 value.
 The insulation layer is approximately 0 to 4 inches at perimeter of attic and 4 to 6" at center of attic

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Add insulation in attic for R30 value.

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 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- No problems observed at this time.

H. Windows
Comments

OBSERVATIONS-staining observed at interior windows at master, at rear bedroom. Note: glass has been changed to single pane only at breakfast and master bedroom windows.

I. Fireplace/Chimney
Comments

Not Present

J. Porches, Decks and Carports (Attached)
Comments

PORCH OBSERVATIONS- No problems observed during inspection period.

K. Other
Comments

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Not Present

II. ELECTRICAL SYSTEMS

A. Service Entrance and Panels

Comments:

SERVICE COMMENTS: Under Ground

MAIN PANEL COMMENTS: LOCATION- Exterior of house.

PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are

provided.

MAIN ELECTRICAL PANEL OBSERVATIONS- white wire used as hot leg in panel but not properly marked as hot leg.

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.

EVAPORATOR OBSERVATIONS-

Interior blower unit in need of cleaning/servicing

CONDENSER (EXTERIOR UNIT) OBSERVATIONS-extend condensate drainline away

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C. Ducts and Vents

Comments:
 from foundation on exterior
 Repair, replace insulation on lines to exterior unit.

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 in attic area.
 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- tank loose from bowl, in need of repair
 TUB/SHOWER PLUMBING- Restricted/Slow drainage was noted.

Bathroom #2 MASTER BATHROOM:

LAVATORY- missing stopper at sink
 TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.
 Tank loose from bowl, in need of repair
 TUB/SHOWER PLUMBING- diverter control stuck on shower setting.

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:
 Comments:

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Electrically operated.

Location/Coverage: Closet.

State 40 gallon 2001 unit.

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 with operation of unit.

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:

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:

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Vent unit present. No problems observed during limited test run of appliance.

H.	Whole House Vacuum Systems	Not Present	Comments:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Garage Door Operators	Not Present	Comments:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Door Bell and Chimes	Not Present	Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K.	Dryer Vents	No problems observed.	Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L.	Other Built-In Appliances	No problems noted.	Comments:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. OPTIONAL SYSTEMS							
A.	Lawn Sprinklers	Not Present	Comments:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Swimming Pools and Equipment	Not Present	Comments:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Outbuildings	Not Present	Comments:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Outdoor Cooking Equipment	Not Present	Energy Source: Comments:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Gas Lines	Not Present	Comments:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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:

security testing is not part of this inspection

I. Fire Protection Equipment

Comments:

Not Present