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### PROPERTY INSPECTION REPORT

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

**Concerning:** 415 Precious San Antonio, TX  
(Address or Other Identification of Inspected Property)

**By:** Matthew Gessner 4192 08/27/07  
(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: 20070839674 Phone Number: \_\_\_\_\_

Date of Inspection: 08/27/07 Fax Number: \_\_\_\_\_

Time of Inspection: 3:30pm

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. Smaller, fracture cracks to finished floor in garage observed, at right rear bedroom

**B. Grading and Drainage**  
*Comments*  
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front entry. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.  
 Soil installed too high to siding at left of house. Lower soil properly below base of siding and maintain proper slope away from foundation.

**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- 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 as per manufacturer installation instructions.  
 Large amounts of debris is observed on roof surface (tree limbs, leaves, etc). Removal of debris recommended.

**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 partially blocked. Trim decking out under vents for air flow.  
 ROOF STRUCTURE OBSERVATIONS- No problems observed during this inspection period.

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INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 8 to 9 inches thick.

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**E. Walls (Interior and Exterior)**  
*Comments*

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.

OBSERVATIONS- Hole in wall at dining room observed  
Damaged cabinet at left of oven, wet at time of inspection  
Stored items or furnishings prevent full inspection.

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 fascia at left side at diverter flashing from roof

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

CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.

FLOOR COVERING(S)-Vinyl flooring loose at kitchen seams

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

INTERIOR DOOR OBSERVATIONS- master bedroom door and jamb broken

EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). -- left side door- Repair damage, reseal exterior and consider cover to protect from elements.  
Hole at interior front door

overhead garage door missing spring, hard to open

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**H. Windows**  
*Comments*

OBSERVATIONS-Water damage staining from leakage at interior master bedroom, right rear living area windows in need of repairs

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**I. Fireplace/Chimney**  
*Comments*

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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:

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 without proper marking

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- LIGHTING & CEILING FAN DEFICIENCIES- unbalanced ceiling fan at living room

RECEPTACLE DEFICIENCIES-low battery, chirping one smoke detector in 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 hall closet.

Heating System- The heating system operated correctly at the time of the inspection.

- B. Cooling Equipment #1:  
Type/Energy Source:  
Comments:

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Electric.

Cooling System- - Central, - Split System.  
 Trane est 2 1/2 ton 2000 unit located at rear of house.  
 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-debris observed , fungal type growth at interior blower unit and coils in need of proper removal  
 Loose fiberglass panels observed at interior of blower housing 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- **Openings observed at ducts and/or at blower unit allowing air to escape from the system. Seal all joints, connections of ducts throughout**

**Electrical wiring was present in the return air duct work from water heater.** This was common in older installations.

FILTER OBSERVATIONS- Filters are very dirty

**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-leaking at right rear hose bibb handle when on.

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**Kitchen**

KITCHEN SINK PLUMBING-staining, water damage in sink cabinet at kitchen.

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**Bathroom #1 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.**

Toilet running constantly, in need of repairs

TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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**Bathroom #2 HALL BATHROOM:**

LAVATORY- missing stopper at sink  
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.  
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

**B. Drains, Wastes, Vents**

*Comments:*

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic  
 SEWER PIPE OBSERVATIONS- 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:**

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 unit located at hall closet.  
 Unit ran out of hot water quickly, in need of repairs

**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:*

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Deficiencies- Splash guard is damaged/missing.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C.	<b>Range Hood</b>			
<i>Comments:</i>								
light not functional at unit.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D.	<b>Ranges/Ovens/Cooktops</b>			
<i>Comments:</i>								
Oven present, Electric.								
Missing one burner at top of unit								
No problems observed during this inspection period with operation of oven.								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E.	<b>Microwave Cooking Equipment</b>			
<i>Comments:</i>								
Not Present								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F.	<b>Trash Compactor</b>			
<i>Comments:</i>								
Not Present								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.	<b>Bathroom Exhaust Fans and/or Heaters</b>			
<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.	<b>Whole House Vacuum Systems</b>			
<i>Comments:</i>								
Not Present								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I.	<b>Garage Door Operators</b>			
<i>Comments:</i>								
Not Present								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J.	<b>Door Bell and Chimes</b>			
<i>Comments:</i>								
No problems observed.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K.	<b>Dryer Vents</b>			
<i>Comments:</i>								
No problems noted.								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L.	<b>Other Built-in Appliances</b>			
<i>Comments:</i>								
Not Present								

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**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:*  
 security testing is not part of this inspection
  
- I. Fire Protection Equipment**  
*Comments:*

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Not Present