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### PROPERTY INSPECTION REPORT

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

**Concerning:** 419 Precious San Antonio, TX 78237  
(Address or Other Identification of Inspected Property)

**By:** Gary Armstrong 9604 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: 20070839706 Phone Number: \_\_\_\_\_

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

Time of Inspection: 4:30pm

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. 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.

- B. Grading and Drainage**  
*Comments*  
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front left of house, at left, at rear 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 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- Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions. Seal all exposed fasteners at ridge caps, flashings on roof.  
 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- A combination of fiberglass (and/or rock wool) batt type and blown in insulation were present. The insulation layer is approximately, 10 - 16 inches thick.

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

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INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.  
 OBSERVATIONS- fresh paint noted at interior areas of house  
 Loose railing at upper stairs  
 Stored items or furnishings prevent full inspection.

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.  
 OBSERVATIONS-deteriorated wood trim at right front corner  
 deteriorated base of wood at base of garage door frame. Replace all deteriorated wood.  
 Cracked hardie siding at left of house  
 Seal corners at fascia around house  
 Seal lap siding joints around sides, rear walls of house.

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

FLOOR COVERING(S)-loose flooring at left front bedroom entry area.

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

INTERIOR DOOR OBSERVATIONS-front right bedroom closet door sticking in jamb.

EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). ---rear door . Repair damage, reseal exterior and consider cover to protect from elements.  
 garage to house door sticking in jamb

**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-deteriorated base of post at front porch.

**K. Other**  
*Comments*

Not Present

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**II. ELECTRICAL SYSTEMS**

- A. Service Entrance and Panels**  
*Comments:*

SERVICE COMMENTS: Under Ground  
 MAIN PANEL COMMENTS: LOCATION- Exterior of house at left of house  
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.  
 MAIN ELECTRICAL PANEL OBSERVATIONS- white wiring used at hot circuit, not properly marked in 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- 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 located at hall 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 3 ton 2000 unit located at exterior.  
 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 and coils in need of cleaning/ servicing.  
 Debris and fungal type growth observed at interior blower unit in need of proper removal.  
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS- **Condenser Deficiencies- Heat**

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transfer fins were dirty/clogged.

**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-all duct joints in need of sealing to prevent leakage

It is not recommended to install cord or outlet for water heater in return chase.

**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.

**Bathroom #1 HALL BATHROOM: SECOND FLOOR.**

LAVATORY- No problems observed during this inspection period.

TOILET/BIDET PLUMBING-tank loose from bowl at toilet.

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 HALL BATHROOM: SECOND FLOOR.**

LAVATORY- **Leakage/drip is noted under the lavatory**

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 upper hall closet.

Rust observed at base of unit

**D. Hydro Therapy Equipment**

*Comments:*

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Not Present

**V. APPLIANCES**

- |                                     |                          |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>A. Dishwasher</b><br><i>Comments:</i><br>No problems observed during limited test run of appliance. |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
  
- |                                     |                          |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>B. Food Waste Disposer</b><br><i>Comments:</i><br>No problems observed during limited test run of appliance. |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
  
- |                                     |                          |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>C. Range Hood</b><br><i>Comments:</i><br>No problems observed during limited test run of appliance. |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
  
- |                                     |                          |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>D. Ranges/Ovens/Cooktops</b><br><i>Comments:</i><br>Oven present,<br>Electric. No problems observed during this inspection period. |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
  
- |                          |                          |                                     |                          |  |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>E. Microwave Cooking Equipment</b><br><i>Comments:</i><br>Not Present |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
  
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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>F. Trash Compactor</b><br><i>Comments:</i><br>Not Present |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
  
- |                                     |                          |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>G. Bathroom Exhaust Fans and/or Heaters</b><br><i>Comments:</i><br>Vent unit present. No problems observed during limited test run of appliance. |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
  
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|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>H. Whole House Vacuum Systems</b><br><i>Comments:</i><br>Not Present |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
  
- |                          |                          |                                     |                          |  |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>I. Garage Door Operators</b><br><i>Comments:</i><br>Not Present |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
  
- |                                     |                          |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>J. Door Bell and Chimes</b><br><i>Comments:</i> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|

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No problems observed.

- |                                     |                          |                                     |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>K. Dryer Vents</b><br><i>Comments:</i><br><u>Vent cap is damaged.</u>      |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>L. Other Built-in Appliances</b><br><i>Comments:</i><br><b>Not Present</b> |

**VI. OPTIONAL SYSTEMS**

- |                          |                          |                                     |                          |  |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>A. Lawn Sprinklers</b><br><i>Comments:</i><br><b>Not Present</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>B. Swimming Pools and Equipment</b><br><i>Comments:</i><br><b>Not Present</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>C. Outbuildings</b><br><i>Comments:</i><br><b>Not Present</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>D. Outdoor Cooking Equipment</b><br><i>Energy Source:</i><br><i>Comments:</i><br><b>Not Present</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>E. Gas Lines</b><br><i>Comments:</i><br><b>Not Present</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>F. Water Wells</b> (A coliform analysis is recommended.)<br><i>Type of Pump:</i><br><i>Type of Storage Equipment:</i><br><i>Comments:</i><br><b>Not Present</b> |

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<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									