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### PROPERTY INSPECTION REPORT

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

**Concerning:** 426 Precious San Antonio, TX  
(Address or Other Identification of Inspected Property)

**By:** Matthew Gessner 4192 09/18/07  
(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: 20070939986 Phone Number: \_\_\_\_\_

Date of Inspection: 09/18/07 Fax Number: \_\_\_\_\_

Time of Inspection: 1:00pm

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- Deficiencies- Excessive slope observed at interior flooring at front left of structure . Recommend foundation company and/or engineer for review and possible repairs prior to closing.  
 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 front porch, at interior areas.

- B. Grading and Drainage**  
*Comments*  
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at right side, at left front . 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- 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 decking lifting, uneven at right edge of roof in need of repair  
 one torn shingle at right rear slope 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  
 Upper vents in attic not fully cut out for air flow

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Note: front porch soffit vents blocked with storage  
 ROOF STRUCTURE OBSERVATIONS- truss in attic over a/c unit excessively out of vertical, in need of repair  
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. 6 to 7 inches thick. 9.6" minimum required for R30 value. Add throughout

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

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.  
 OBSERVATIONS- 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 fascia trim at left side. Replace all deteriorated wood  
 Termite tube noted at front porch to garage area

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

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

FLOOR COVERING(S)-torn vinyl floor at hall bath.

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

INTERIOR DOOR OBSERVATIONS- missing knob at laundry door  
 Hall bath loose top hinge at door

EXTERIOR DOOR OBSERVATIONS- Deteriorated wood bottom trim at overhead garage door  
 Right exterior door lock sticking  
 Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- breakfast area door . Repair damage, reseal exterior and consider cover to protect from elements.

**H. Windows**  
*Comments*

OBSERVATIONS- light staining at interior left bedroom windows from leakage.

**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 but not properly marked

Conduit loose at bottom of meter, in need of repair

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-missing GFCI protection for 3 kitchen counter outlets

Broken outlet cover at front porch exterior

LIGHTING & CEILING FAN DEFICIENCIES- master bedroom unbalanced ceiling fan and light kit loose

Missing cover at laundry light fixture.

## III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

A. Heating Equipment #1:

Type/Energy Source: System Type- Electric Forced Air Heat Pump.

Comments:

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Unit located at hall closet.  
 Heating System- The heating system operated correctly at the time of the inspection.

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

Cooling System- - Central, - Split System.  
 Trane est 2 1/2 ton unit located at rear of house.  
**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 unit and coils in need of proper cleaning/removal  
 Loose fiberglass panels at interior blower unit in need of repair

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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. Reseal all joints.**  
**Electrical wiring was present in the return air duct work from water heater unit installation**

**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- low flow dial at meter spinning, indicating leakage

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Kitchen</b> KITCHEN SINK PLUMBING-cracked nut at drainline under sink.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Bathroom #1 HALL BATHROOM:</b> LAVATORY-leaking at faucet handles observed TOILET/BIDET PLUMBING- <b>Water closet fill valve leaking in tank when flushed. Repair/replace valve.</b> TUB/SHOWER PLUMBING- No problems observed during this inspection period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Bathroom #2 MASTER BATHROOM:</b> LAVATORY- No problems observed during this inspection period. TOILET/BIDET PLUMBING- No problems observed during this inspection period. TUB/SHOWER PLUMBING-diverter tub to shower not fully diverting water.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>B. Drains, Wastes, Vents</b> <i>Comments:</i> DRAIN/WASTE & VENT PIPING TYPE- PVC plastic SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>Kitchen</b> KITCHEN DRAIN PLUMBING- No problems observed during this inspection period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Bathroom #1 HALL BATHROOM:</b> LAVATORY- <b>Restricted/Slow drainage was noted.</b> TOILET/BIDET PLUMBING- No problems observed during this inspection period. TUB/SHOWER PLUMBING- No problems observed during this inspection period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>Bathroom #2 MASTER BATHROOM:</b> LAVATORY- No problems observed during this inspection period. TOILET/BIDET PLUMBING- No problems observed during this inspection period. TUB/SHOWER PLUMBING- <b>Restricted/Slow drainage was noted.</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<b>C. Water Heating Equipment #1:</b> (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.

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Hot water ran out quickly during inspection  
 Covers for elements are off of unit at time of inspection

- |                          |                          |                                     |                          |                                   |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>D. Hydro Therapy Equipment</b> |
| <i>Comments:</i>         |                          |                                     |                          |                                   |
| Not Present              |                          |                                     |                          |                                   |

**V. APPLIANCES**

- |   |                          |                                     |                                     |  |
|---|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>A. Dishwasher</b>                           |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| 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>                  |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| 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>                           |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| 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>                |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| Oven present, 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>          |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| Not Present   |                          |                                     |                                     |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>F. Trash Compactor</b>                      |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| Not Present   |                          |                                     |                                     |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>G. Bathroom Exhaust Fans and/or Heaters</b> |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| vent loose from ceiling at hall bath.                                       |                          |                                     |                                     |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>H. Whole House Vacuum Systems</b>           |
| <i>Comments:</i>  |                          |                                     |                                     |  |
| Not Present   |                          |                                     |                                     |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>I. Garage Door Operators</b>                |
| <i>Comments:</i>  |                          |                                     |                                     |  |

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Not Present

J. **Door Bell and Chimes**  
*Comments:*  
 No problems observed.

K. **Dryer Vents**  
*Comments:*  
 No problems noted.

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

**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:*

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**G. Septic Systems**  
*Comments:*

Not Present

**H. Security Systems**  
*Comments:*

Not Present

security testing is not part of this inspection

**I. Fire Protection Equipment**  
*Comments:*

Not Present