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PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 427 Precious San Antonio, TX
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 09/25/07
(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: 20070940131 Phone Number: _____

Date of Inspection: 09/25/07 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.

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I	NI	NP	R	Inspection Item	

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 hallway, at front right bedroom, living area

B. Grading and Drainage
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front left of house . 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.
 Large amounts of debris is observed on roof surface (tree limbs, leaves, etc). Removal of debris recommended.
 - Diverter flashing over a/c unit on exterior too short to divert water properly
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter is sloped improperly and holding water.
 Gutter(s) are filled with debris. (Leaves, sticks, and/or aggregate.) Debris may have restricted full viewing at some areas.
 Add downspout at front left exterior.

D. Roof Structure and Attic (If the attic is inaccessible, report the method used to inspect.)
Comments

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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. 5 - 9 inches thick. As per tag in attic, minimum 9.6" 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-new paint noted at interior areas
 Cracking noted at interior windows, doors at right front bedroom, at master door area

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-seal lap siding joints on exterior.
 Damaged siding at left rear, at rear wall of house

F. **Ceilings and Floors**
Comments

CEILING COVERING(S)- CEILING OBSERVATIONS- cracking, patching noted at entry ceiling

FLOOR COVERING(S)-finished flooring removed at living room, at bedrooms

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

INTERIOR DOOR OBSERVATIONS- rear right bedroom door off hinges

EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). ---side door . Repair damage, reseal exterior and consider cover to protect from elements.
 Damage observed at garage overhead door
 Adjust/repair garage to house door latch.

H. **Windows**
Comments

OBSERVATIONS-bent window frame at front right bedroom

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Spring out at front right bedroom window

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:

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

No power to house at time of inspection

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 outlet cover at front GFCI outlet.

Note: no power to house at time of inspection.

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- no power, not operated

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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- unit not operated due to missing parts
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on exterior lines to unit.
 Unit out of level on exterior, in need of repair
 EVAPORATOR OBSERVATIONS-rust noted at interior coils in unit
 Debris and fungal type growth observed at interior blower housing in need of proper removal
 No power. Unit not operated

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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
 Vent covers missing due to construction

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

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Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING-leaking at toilet unit observed.
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

Bathroom #2 HALL BATHROOM:

LAVATORY-staining observed at sink cabinet.
 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- strong sewer odor observed in house in need of plumber for repairs

Bathroom #1 MASTER BATHROOM:

LAVATORY- **Restricted/Slow drainage was noted.**
 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.
 No power. Unit not operated

D. Hydro Therapy Equipment

Comments:

Not Present

V. APPLIANCES

A. Dishwasher

Comments:

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Unit is not properly secured in cabinet.
No power, not operated.

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Food Waste Disposer
<i>Comments:</i>
no power, not operated |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Range Hood
<i>Comments:</i>
No power, not operated |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Ranges/Ovens/Cooktops
<i>Comments:</i>
Not Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Microwave Cooking Equipment
<i>Comments:</i>
Not Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Trash Compactor
<i>Comments:</i>
Not Present |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Bathroom Exhaust Fans and/or Heaters
<i>Comments:</i>
No power, not operated |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Whole House Vacuum Systems
<i>Comments:</i>
Not Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Garage Door Operators
<i>Comments:</i>
Not Present |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Door Bell and Chimes
<i>Comments:</i>
No power, not operated |

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

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:
Not Present

G. **Septic Systems**
Comments:
Not Present

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<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
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I.	Fire Protection Equipment <i>Comments:</i> Not Present
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