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PROPERTY INSPECTION REPORT

Prepared For:	SAHA	
	(Name of Client)	
Concerning:	430 Matthews Ave	San Antonio, TX 78237
	(Address or Other Identification of Inspected Property)	
By:	Jon Krauss	4255 01/30/08
	(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 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: 20080141585	Phone Number: _____
Date of Inspection: 01/30/08	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			

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.
 Signs of repair noted at left garage area foundation.

B. Grading and Drainage
Comments

Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection.

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.
ROOF COVERING OBSERVATIONS- Starter strip around perimeter edge of roof improperly installed, not sealed down.
 Roof covering observed showing normal wear for age.
 GUTTERING OBSERVATIONS- **DAMAGE/DEFECTS NOTED-** Gutter(s) are filled with debris. (Leaves, sticks, and/or aggregate.) Debris may have restricted full viewing at some areas.

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- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 10 - 16 inches thick.

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

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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-paint base of trim at rear right, rear left corners.

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F. Ceilings and Floors
Comments

CEILING COVERING(S)-missing texture on ceiling at master bath
 missing texture on ceiling at a/c vent living room.

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G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-missing closet doors laundry
 Right bedroom door missing.

EXTERIOR DOOR OBSERVATIONS-front door not fully sealed when closed
 Garage to house damaged weatherstrip.

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H. Windows
Comments

OBSERVATIONS-Add flashing over windows at front right
 Thermal pane window(s) deficiencies- Some windows observed have lost thermal seals and may have become clouded and/or have moisture between the glass panes Seal failure may not be visible at all times. (depends on outside/inside temperatures- humidity) Panc at master area.

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I. Fireplace/Chimney
Comments

Not Present

-

J. Porches, Decks and Carports (Attached)
Comments

PORCH OBSERVATIONS- No problems observed during inspection period.

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K. Other
Comments

Not Present

II. ELECTRICAL SYSTEMS

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A. Service Entrance and Panels
Comments:

SERVICE COMMENTS: Under Ground
 MAIN PANEL COMMENTS: LOCATION- Exterior of house at right side.

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PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS- No problem(s) noted at the time of inspection.

SUB-PANEL COMMENTS: LOCATION- Garage
 SUB-ELECTRICAL PANEL OBSERVATIONS- No problem(s) noted at the time of inspection.

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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

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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.

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

Est. Size: 1 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-debris at interior blower and coils in need of full cleaning/removal
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-unit out of level, 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-debris, fungal type growth observed at return chase in need of proper removal
 Reseal all supply duct connections in attic.

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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-missing stopper at sink
TOILET PLUMBING- No problems observed during this inspection period.
TUB/SHOWER PLUMBING-missing stopper at sink. Diverter control sticking.

Bathroom #2 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
TOILET PLUMBING- No problems observed during this inspection period.
TUB/SHOWER PLUMBING-stopper disconnected at tub.

B. Drains, Wastes, Vents
Comments:

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: Electrically operated.

Comments:

Location/Coverage: Closet, Hallway.

State 40 gallon 2001 unit
No problems observed during this inspection period.

D. Hydro Therapy Equipment
Comments:

Not Present

V. APPLIANCES

A. Dishwasher
Comments:

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No problems observed during limited test run of appliance.

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:

Range present, Electric. Front right burner not functional
 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:

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

H. Whole House Vacuum Systems
Comments:

Not Present

I. Garage Door Operators
Comments:

Not Present

J. Door Bell and Chimes
Comments:

No problems observed.

K. Dryer Vents
Comments:

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No problems noted.

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | L. Other Built-in Appliances |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

VI. OPTIONAL SYSTEMS

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

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security testing is not part of this inspection

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I. **Fire Protection Equipment**
Comments:

Not Present