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PROPERTY INSPECTION REPORT

Prepared For: SAHA
(Name of Client)

Concerning: 431 Precious San Antonio, TX 78237
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 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: 20080141576 Phone Number: _____
Date of Inspection: 01/30/08 Fax Number: _____
Time of Inspection: 11:00am
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.

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
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.

- B. Grading and Drainage**
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at right 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.
 Damaged shingles at rear of roof and leaking
 Add diverter at edge of roof at side door area.

- 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, 5 - 9 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.
 Stored items or furnishings prevent full inspection
 New paint noted at interior areas.

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 at exterior walls.
 Exposed nails to fascia-seal all.
 Damaged vent cover at right garage wall.
 Deteriorated wood fascia at rear over a/c unit.

F. Ceilings and Floors
Comments

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

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-utility room doors out of level.

EXTERIOR DOOR OBSERVATIONS-side exterior door damaged , not latching properly.
 Large gap at door to frame observed.
 Adjust springs at garage overhead door for proper support.

H. Windows
Comments

OBSERVATIONS-Seal exterior trim, frame of window at right rear, at right side.
 Missing glazing bead at window at right rear, at rear.

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

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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 right side.
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS-white wiring used in panel as hot legs but not properly marked.

SUB-PANEL COMMENTS: 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 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.
 Est 2 1/2 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.
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS- exterior unit out of level, in need of adjustment.

- C. Ducts and Vents**
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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-Ducts not properly strapped up in attic. Ducts not sealed at connections in attic.

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 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.

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- **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.

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 closet.

No problems observed during this inspection period.

D. Hydro Therapy Equipment

Comments:

Not Present

V. APPLIANCES

A. Dishwasher

Comments:

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Discharge hose is, **installed without an air gap.** The drain line should be raised to the underside of the counter top.
 Unit is not properly secured in cabinet.

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Food Waste Disposer
<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"/> | C. Range Hood
<i>Comments:</i>
No problems observed during limited test run of appliance. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | D. Ranges/Ovens/Cooktops
<i>Comments:</i>
Range present, Electric.-Rear left burner not connected, not functional
Oven present, Electric.
oven full of storage, not operated. |
| <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>
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. 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> |

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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:

Not Present