

PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 432 Precious San Antonio, TX 78237
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 08/30/07
(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: 20070839744 Phone Number: _____
Date of Inspection: 08/30/07 Fax Number: _____
Time of Inspection: 4:00pm
Client Mailing Address: _____
City/State/Zip: _____

SPECIAL NOTES:

Reinspection done 03/11/08. Notes are in bold type in report.

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 front left of house, at right side, at rear of house . Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.
 Soil installed too high to siding at rear of house. Lower properly below base of siding and maintain proper slope away from foundation

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. Leaking observed at flashing over side door to house, in need of repair. **Repaired 03/11/08.**

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

ACCESS METHOD/LIMITATIONS- Viewing was restricted to hatch- attic sealed off with OSB board
 ATTIC OBSERVATIONS- Truss framing
 INSULATION OBSERVATIONS- Not able to determine if attic insulation was present at this time.

Reinspection 03/11/08..

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

Trim out upper vents in attic for proper venting.
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.

OBSERVATIONS-signs of repair noted at right doorway, at front entry walls.

Damaged , holes at bath area wall

Staining, fungal type growth at interior of windows due to leakage. Recommend remove, repair properly.

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-staining, discolored surfaces at eaves right front, left, rear right and right side.

Trim loose at rear right exterior. **Repaired 03/11/08.**

Seal trim at eaves on corners, at left doorway. **Repaired 03/11/08.**

Seal lap siding joints all around house **Repaired 03/11/08.**

Damaged lap siding at front left, at rear walls of house. **Repaired 03/11/08.**

F. Ceilings and Floors

Comments

CEILING COVERING(S)-patching noted at entry ceiling

Staining, signs of leakage at side door in kitchen area.

G. Doors (Interior and Exterior)

Comments

INTERIOR DOOR OBSERVATIONS-door out of square at front right bedroom.

EXTERIOR DOOR OBSERVATIONS-garage to house door damaged.

Moisture related deterioration is present in door(s) and/or related trim in the following area(s). ---side exterior door . Repair damage, reseal exterior and consider cover to protect from elements.

Reinspection 03/11/08. New door installed at left exterior. Door not fully sealed at base when closed.

Front door has been replaced and is functional.

H. Windows

Comments

OBSERVATIONS-water staining, signs of leakage observed at rear left window, at rear

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

right window. Some fungal type growth observed at interior. Repair damage, repair exterior to prevent leakage.

Reinspection 03/11/08. Exterior trim appears to have been replaced, indicating repair/replacement of windows.

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 at right side.

PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.

MAIN ELECTRICAL PANEL OBSERVATIONS-white wiring used as hot legs in panel box but not properly marked. **Repaired 03/11/08.**

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- LIGHTING & CEILING FAN DEFICIENCIES- missing light fixture at rear exterior.

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.

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

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	B.	Cooling Equipment #1: <i>Type/Energy Source:</i> Electric. <i>Comments:</i> Cooling System- - Central, - Split System. Trane 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- Condenser Deficiencies- Heat transfer fins were dirty/clogged. EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/ servicing. Some fungal type growth observed at interior of blower in need of full and proper removal. <u>Reinspection 03/11/08. Replaced American Standard 2 1/2 ton 2007 unit.</u> <u>Extend condensate drainline away from foundation at left side.</u> <u>Oversized 30 amp breaker. change to 20 amps as per manufacturer.</u>
---	-----------	--

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	C.	Ducts and Vents <i>Comments:</i> 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-no access to attic. Ducts not viewed. It is not recommended to have exposed wiring or outlet for water heater in return chase to air handler. <u>Reinspection 03/11/08. Ducts have been replaced.</u>
---	-----------	--

IV. PLUMBING SYSTEM

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A.	Water Supply System and Fixtures <i>Comments:</i> The potable water supply source is- Municipal service is primary water source. SUPPLY PIPING TYPE- Copper, Galvanized POTABLE WATER LINE OBSERVATIONS- Appears serviceable.
--	-----------	--

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Bathroom #1	HALL BATHROOM: LAVATORY-aerator stopped up at faucet. Repaired 03/11/08. 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 checked="" type="checkbox"/>	Bathroom #2	MASTER BATHROOM:
---	--------------------	-------------------------

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

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING-tank loose from bowl at toilet unit. **Repaired 03/11/08.**
 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:

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.

Bathroom #2 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.

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 hall closet.
 No problems observed during this inspection period.

D. Hydro Therapy Equipment
Comments:

Not Present

V. APPLIANCES

A. Dishwasher
Comments:

Unit is not properly secured in cabinet.

B. Food Waste Disposer
Comments:

**Deficiencies- Splash guard is damaged/missing.
 Noise and or vibration was present when operated.**

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or in Need of Repair	Inspection Item
I	NI	NP	R			
<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 type="checkbox"/>			D. Ranges/Ovens/Cooktops <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"/>			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> No problems observed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			K. Dryer Vents <i>Comments:</i> No problems noted.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			L. Other Built-in Appliances <i>Comments:</i> Not Present

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

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>
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> |