



210-344-1344 S.A.  
 713-923-2133 Houston  
 512-804-2637 Austin  
 888-390-5692 Toll Free  
 mgessner@amerispec.net  
 www.amerispec.net/gessner

## PROPERTY INSPECTION REPORT

<b>Prepared For:</b>	SAHA	
		(Name of Client)
<b>Concerning:</b>	434 Matthews	San Antonio, TX 78237
	(Address or Other Identification of Inspected Property)	
<b>By:</b>	Gary Armstrong	9604                      01/11/08
	(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: <u>20080141379</u>	Phone Number: _____
Date of Inspection: <u>01/11/08</u>	Fax Number: _____
Time of Inspection: <u>9:00am</u>	
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**

- |                                     |                          |                          |                                     |   |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <p><b>A. Foundations</b> (If all crawl space areas are not inspected, provide an explanation.)<br/> <i>Comments (An opinion on performance is mandatory.):</i></p> <p>FOUNDATION TYPE- Concrete slab on grade.<br/>                 CONCRETE FOUNDATION OBSERVATIONS- Foundation appears to be functioning normally at time of inspection.<br/>                 Minor signs of past settlement observed in the form of hair line type cracking to finished surfaces, at front porch, at right exterior, at front left garage.</p>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>B. Grading and Drainage</b><br/> <i>Comments</i></p> <p>Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left of house . Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.<br/>                 Soil installed too high to siding at right near tree house. Lower soil properly below base of siding and maintain proper slope away from foundation.</p>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>C. Roof Covering</b> (If the roof is inaccessible, report the method used to inspect.)<br/> <i>Comments</i></p> <p>METHOD USED TO INSPECT ROOF- The following was observed upon walking on the roof.<br/>                 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.<br/>                 ROOF COVERING OBSERVATIONS- Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions.<br/>                 Seal all exposed fasteners at ridge caps, flashings on roof.<br/>                 ROOF JACKS, FLASHING, &amp; COUNTER FLASHING OBSERVATIONS-flashing stops short at side door edge of roof. Extend and/or add gutter at this area</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <p><b>D. Roof Structure and Attic</b> (If the attic is inaccessible, report the method used to inspect.)<br/> <i>Comments</i></p> <p>ACCESS METHOD/LIMITATIONS- Full access<br/>                 ATTIC OBSERVATIONS- Truss framing<br/>                 ROOF STRUCTURE OBSERVATIONS- No problems observed during this inspection period.<br/>                 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 10 - 16 inches thick.</p>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>E. Walls (Interior and Exterior)</b><br/> <i>Comments</i></p>   |

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

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.  
 OBSERVATIONS-cracking noted at front living room corner.  
 Cracking noted at rear wall/ceiling at garage  
 Holes/cracking at right garage wall.

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 trim at garage door jamb. Replace all deteriorated wood.  
 Reseal lap siding joints at rear, at right of house.  
 Excessive spacing of weep holes in masonry siding at base of walls, over doors, windows. Add every 33" properly.

- |   |                          |                                     |                                     |   |
|---|--------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>F. Ceilings and Floors</b><br><i>Comments</i>                    |
| CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.  |                          |                                     |                                     |   |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>G. Doors (Interior and Exterior)</b><br><i>Comments</i>          |
| INTERIOR DOOR OBSERVATIONS- No problems observed during this inspection period.   |                          |                                     |                                     |   |
| EXTERIOR DOOR OBSERVATIONS-damaged door at garage<br>Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- left exterior . Repair damage, reseal exterior and consider cover to protect from elements. |                          |                                     |                                     |   |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>H. Windows</b><br><i>Comments</i>                                |
| OBSERVATIONS-missing screens two at right windows.  |                          |                                     |                                     |   |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>I. Fireplace/Chimney</b><br><i>Comments</i>                      |
| <b>Not Present</b>  |                          |                                     |                                     |   |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>J. Porches, Decks and Carports (Attached)</b><br><i>Comments</i> |
| PORCH OBSERVATIONS- No problems observed during inspection period.  |                          |                                     |                                     |   |

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

**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 in panel for hot legs of circuits but not properly marked in panel.

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- 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.  
 Trane est 2 1/2 ton 2001 unit located at rear exterior of house.  
 AIR TEMPERATURE DIFFERENTIAL- Air Temperature Deficiencies- **Temperature drop/differential observed was less than 15 degrees. Refrigerant leakage may have occurred. A licensed air conditioning contractor should be called to make further evaluation and repairs as needed to all sources of refrigerant leakage.**

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

EVAPORATOR OBSERVATIONS-debris, fungal type growth observed at interior blower housing in need of proper cleaning/removal.

- 

**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-reseal all duct connections, supply plenum connections.  
**Electrical wiring was present in the return air duct work** for water heater connections. This was common in older installations, not recommended in newer installations.

**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.

- 

**Kitchen**

KITCHEN SINK PLUMBING-staining in sink cabinet . No visible leak at time of inspection.

- 

**B. Drains, Wastes, Vents**  
*Comments:*

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic  
 SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

- 

**Kitchen**

KITCHEN DRAIN 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 2001 unit located at closet.  
 No problems observed during this inspection period.

- 

**D. Hydro Therapy Equipment**  
*Comments:*

**Not Present**

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

**V. APPLIANCES**

- |                                     |                          |                                     |                                     |  |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>A. Dishwasher</b><br><i>Comments:</i><br>Unit is not properly secured in cabinet.<br>Discharge hose is, <b>installed without an air gap</b> . The drain line should be raised to the underside of the counter top.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>B. Food Waste Disposer</b><br><i>Comments:</i><br>Deficiencies- Unit leaked during test run.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>C. Range Hood</b><br><i>Comments:</i><br>No problems observed during limited test run of appliance.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>D. Ranges/Ovens/Cooktops</b><br><i>Comments:</i><br>Oven present, Electric.<br>No problems observed during this inspection period with operation of unit<br>Free standing range is not properly secured in place to prevent accidental tip over. Unit should be secured with wall or floor brackets as a safety precaution. |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>E. Microwave Cooking Equipment</b><br><i>Comments:</i><br>Not Present   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>F. Trash Compactor</b><br><i>Comments:</i><br>Not Present   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>G. Bathroom Exhaust Fans and/or Heaters</b><br><i>Comments:</i><br>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"/>            | <b>H. Whole House Vacuum Systems</b><br><i>Comments:</i><br>Not Present  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>I. Garage Door Operators</b><br><i>Comments:</i>  |

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

**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:*

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

**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