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PROPERTY INSPECTION REPORT

Prepared For: SAHA. _____
 (Name of Client)

Concerning: 436 Precious. San Antonio, TX. _____
 (Address or Other Identification of Inspected Property)

By: Jon Bueche. 7223. 06/11/07. _____
 (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 visible and present 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 meet their needs and to obtain current information concerning this property.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Report Number: 200706. _____ Fax Number: _____
 Date of Inspection: 06/11/07. _____ 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 attachment. 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
I	NI	NP	R

I. STRUCTURAL SYSTEMS

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <p>A. Foundations (If all crawl space areas are not inspected, provide and explanation.)
 <i>Comments</i> (An opinion on performance is mandatory.):
 Foundation Type- Concrete slab on grade.
 Foundation appears to be functioning normally.
 OBSERVATIONS- Minor signs of past settlement observed in the form of hair line type fracture cracks to finish surfaces throughout garage floor.</p> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--|

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>B. Grading and Drainage
 <i>Comments</i>
 Home is built on a slightly sloped lot. Grade at foundation appears adequate except at front left of front porch area. Add, adjust soil at this area to properly slope away from foundation, to prevent water accumulation and possible stress to structure.</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|--|

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>C. Roof Covering (If the roof is inaccessible, report the method used to inspect.)
 <i>Comments</i>
 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 this roof covering is believed between 5 to 10 years old.
 OBSERVATIONS-seal all exposed fasteners on roof at right near front top roof.
 Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer instructions.
 Signs of leakage observed at rear edge of roof above a/c unit. Appears to be due to leakage at diverter flashing.
 Staining, discolored shingles noted on roof due to age and wear.</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|--|

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>D. Roof Structure and Attic (If the attic is inaccessible, report the method used to inspect.)
 <i>Comments</i>
 ACCESS METHOD/LIMITATIONS- Full access
 OBSERVATIONS- Truss framing
 OSB roof decking installed.
 No problems observed at this time.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) insulation observed.
 As per tag in attic, insulation should be minimum thickness of 9.6" for R30 value.
 Only 6 to 8" of insulation is present over hall, over center areas. Add for proper R 30 value.</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|---|

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>E. Walls (Interior and Exterior)
 <i>Comments</i>
 INTERIOR WALLS- INTERIOR WALLS ARE A COMBINATION OF THE FOLLOWING MATERIALS- Drywall</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|---|

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OBSERVATIONS-paper on drywall peeling at master bath near shower. It appears that improper type drywall was used, not rated for humid or moist areas.
 Stored items or furnishings prevent full inspection
 EXTERIOR WALLS- Brick and/or block (stone) veneer over wood framing.
 Cement based siding planks. Wood trim(s) and vinyl overhangs (soffits).
 OBSERVATIONS-deteriorated, damaged fascia trim at rear fascia under diverter flashing.
 Seal exterior left wall cable lines to siding.

F. Cellings and Floors
 Comments

Water staining at family room left wall near window.

G. Doors (Interior and Exterior)
 Comments

INTERIOR DOORS- No problems observed during this inspection period.
 EXTERIOR DOORS-Side exterior door signs of past repairs noted.

H. Windows
 Comments

Water staining at interior walls adjacent to family room windows. Appears to be leaking from exterior.
 Water damage, fungal type staining at left center bedroom window frame.

I. Fireplace/Chimney
 Comments

J. Porches, Decks and Carprts (Attached)
 Comments

PORCH/DECKS- No problems observed during inspection period.

K. Other
 Comments

II. ELECTRICAL SYSTEMS

A. Service Entrance and Panels
 Comments:

SERVICE- Underground, 110/220 Volt, Aluminum (220 volt OK)
 FEEDERS- Copper, Aluminum (220 volt OK)
 Main panel located at left exterior.

B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.):
 Comments:

PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided

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VISIBLE WIRING TYPE- Copper
 SUB PANEL OBSERVATIONS- Multiple wires are connected to a single lug on a circuit breaker where only one wire should be connected
 SWITCH/OUTLET OBSERVATIONS- No significant problems were noted during the course of the inspection
 DEVICE/FIXTURE OBSERVATIONS- No significant problems were noted during the course of the inspection.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- A. Heating Equipment**
Type and Energy Source: Electric - Forced air type heat pump system.
Comments: Unit located at hall closet.
 Unit was operated in emergency heat mode and heat pump mode at time of inspection.
 No problems observed during this inspection period.

- B. Cooling Equipment:**
Type and Energy Source: Central, "Split System" -Electric.
Comments: Trane est 2 1/2 ton 2000 unit located at rear 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.
 Interior temperature of house is not dropping with unit running constantly. Unit does not appear to be keeping up with heat load. Recommend further review/repairs.

- C. Ducts and Vents**
Comments: DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.
 OBSERVATIONS-ducts not sealed in attic at connections throughout.
 Large amount of dust observed at return chase, around water heater unit in need of cleaning/removal.

IV. PLUMBING SYSTEM

- A. Water Supply System and Fixtures**
Comments:
 SUPPLY PIPING TYPE- Copper
 Municipal service is primary water source.
 OBSERVATIONS- excessive water pressure to house measured at 100 psi at time of inspection. Recommend plumber for repairs.
 SINK OBSERVATIONS- No problems observed during this inspection period
 TOILET OBSERVATIONS- No problems observed during this inspection period

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TUB/SHOWER OBSERVATIONS- No problems observed during this inspection period.

B. Drains, Wastes, Vents

Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic

OBSERVATIONS- No problems observed during this inspection period.

C. Water Heating Equipment (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 mechanical closet.

No problems observed during this inspection period with operation of unit.

D. Hydro-Therapy Equipment

Comments:

V. APPLIANCES

A. Dishwasher

Comments:

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/Oven is electric.

No significant problems noted at this time and date.

E. Microwave Cooking Equipment

Comments:

F. Trash Compactor

Comments:

No problems observed during limited test run of appliance.

G. Bathroom Exhaust Fans and/or Heaters

Comments:

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- H. Whole House Vacuum Systems
Comments:
- I. Garage Door Operators
Comments:
- J. Door Bell and Chimes
Comments:
 No problems observed.
- K. Dryer Vents
Comments:
 No problems noted.
- L. Other Built-in Appliances
Comments:

VI. OPTIONAL SYSTEMS

- A. Lawn Sprinklers
Comments:
- B. Swimming Pools and Equipment
Comments:
- C. Outbuildings
Comments:
- D. Outdoor Cooking Equipment
Energy Source:
Comments:

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E. Gas Lines
Comments:

F. Water Wells (A coliform analysis is recommended.)
Type of Pump:
Type of Storage Equipment:
Comments:

G. Septic Systems
Comments:

H. Security Systems
Comments:
security systems are not part of this inspection.

I. Fire Protection Equipment
Comments:
fire sprinkler system not present.