

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- Deficiencies- Excessive cracking observed in size and /or numbers at locations of structure and slope at interior floor areas. Recommend foundation company and/or engineer for review and possible repairs prior to closing.
 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, at front porch, parge coating missing at front entry area foundation.

B. Grading and Drainage
Comments

Soil installed too high to siding at front of house, at right and rear. Lower soil properly below base of siding and maintain proper slope away from foundation. **Repaired 09/15/08.**

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. **Repaired 09/15/08.**
 Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions. **Repaired 09/15/08.**
 Leakage observed at flashings at rear over a/c area diverter flashing **Repaired 09/15/08.**
 Large amounts of debris is observed on roof surface (tree limbs, leaves, etc). Removal of debris recommended. **Repaired 09/15/08.**

GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- physical damage observed to gutter. **Repaired 09/15/08.**

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

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ACCESS METHOD/LIMITATIONS- partial access due to plywood installation at 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.

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E. Walls (Interior and Exterior)
Comments

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.
 OBSERVATIONS- patching noted at living room, hallway areas
 Damaged drywall at front left bedroom window area
 Moisture damage at trim behind master toilet area

EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood.
 OBSERVATIONS-trim damaged at rear fascia, at front right corner, at rear right corner.
Repaired 09/15/08.
 Seal lap siding joints all around house Repaired 09/15/08.
 Damaged lap siding at front, at right side. Repaired 09/15/08.

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F. Ceilings and Floors
Comments

CEILING COVERING(S)- CEILING OBSERVATIONS- cracking , damaged ceiling at front entry

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G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS- front left bedroom closet door sticking in jamb

EXTERIOR DOOR OBSERVATIONS- Garage door physical damage observed.
 Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- side door . Repair damage, reseal exterior and consider cover to protect from elements. Repaired 09/15/08.

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H. Windows
Comments

OBSERVATIONS-damaged glazing beads at rear left window
 Water damage, fungal type growth observed at front left bedroom, at rear left window
Repaired 09/15/08.

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I. Fireplace/Chimney
Comments
Not Present

J. Porches, Decks and Carports (Attached)
Comments
 PORCH OBSERVATIONS- deteriorated wood at base of front porch post

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
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS- white wire used as hot leg in panel but not properly marked **Repaired 09/15/08.**

 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- LIGHTING & CEILING FAN DEFICIENCIES- cover missing at kitchen light fixture **Repaired 09/15/08.**
 Light bulbs missing at rear exterior light.

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.

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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 unit located at rear of house.
 AIR TEMPERATURE DIFFERENTIAL- Air Temperature Deficiencies- 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-replace insulation on lines to exterior unit. **Repaired 09/15/08.**
 Exterior coils in need of cleaning/servicing **Repaired 09/15/08.**
 EVAPORATOR OBSERVATIONS-debris and fungal type growth observed at interior blower unit, coils in need of cleaning/removal **Repaired 09/15/08.**

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- **Openings observed at ducts and/or at blower unit allowing air to escape from the system. Reseal all joints.**
Electrical wiring was present in the return air duct work from water heater unit installation Repaired 09/15/08.
 FILTER OBSERVATIONS- Filters are very dirty. **Repaired 09/15/08.**

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
 EXTERIOR PLUMBING-excessive pipe extension observed on hose bibbs. Shorten properly.

Bathroom #1 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- **toilet missing lid at tank**
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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Bathroom #2 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING-toilet not connected. Water damage at trim, at cabinet.
Repaired 09/15/08.

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 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. Repaired 09/15/08.

B. Food Waste Disposer
Comments:

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						no power, not operated, Deficiencies- Splash guard is damaged/missing. Noise and or vibration was present when operated.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			C. Range Hood <i>Comments:</i> no power, not operated
<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 checked="" type="checkbox"/>			G. Bathroom Exhaust Fans and/or Heaters <i>Comments:</i> Unit at hall bath not functional
<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

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VI. OPTIONAL SYSTEMS

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|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| <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> |

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Not Present