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PROPERTY INSPECTION REPORT

Prepared For:	SAHA		
		(Name of Client)	
Concerning:	442 Matthews	San Antonio, TX 78237	
	(Address or Other Identification of Inspected Property)		
By:	Jon Krauss	4255	02/01/08
	(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>20080141611</u>	Phone Number: _____
Date of Inspection: <u>02/01/08</u>	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 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.

- B. Grading and Drainage**
Comments
 Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection.

- 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.
 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.
 Some shingles lifted at edge of roof from gutter
 ROOF JACKS, FLASHING, & COUNTER FLASHING OBSERVATIONS-add proper kickout type flashing extension at garage to house wall/roof joint.
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter(s) are filled with debris. (Leaves, sticks, and/or aggregate.) Debris may have restricted full viewing at some areas.
 Gutter is sloped improperly and holding water.

- 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
 Upper vents blocked, not fully venting. Trim decking out fully under vents.
 Old staining noted in attic at dryer vent penetration.
 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, 10 - 16 inches thick.

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- | | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | E. Walls (Interior and Exterior)
<i>Comments</i> |
| <p>INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.</p> <p>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-paint base of trim at rear left, at right rear corners of house.</p> | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | F. Ceilings and Floors
<i>Comments</i> |
| <p>CEILING COVERING(S)-loose texture at ceiling master bath
Loose texture at master bedroom ceiling a/c vent
Staining on ceiling at master bedroom rear left.</p> | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | G. Doors (Interior and Exterior)
<i>Comments</i> |
| <p>INTERIOR DOOR OBSERVATIONS-rear left bedroom door delaminated, sticking in jamb
Missing laundry doors</p> <p>EXTERIOR DOOR OBSERVATIONS-front door not fully sealed when closed
Rear door add flashing/cover over door to protect from elements.
Overhead garage door deteriorated jambs, trim at door. Top panel off track at door.</p> | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | H. Windows
<i>Comments</i> |
| <p>OBSERVATIONS-staining at interior master bath windows
Seal, consider adding flashing over windows at left exterior
Note: one right living room window pane changed from dual to single pane.
Missing screen at rear left bedroom</p> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Fireplace/Chimney
<i>Comments</i> |
| <p>Not Present</p> | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Porches, Decks and Carports (Attached)
<i>Comments</i> |
| <p>PORCH OBSERVATIONS- No problems observed during inspection period.</p> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | K. Other
<i>Comments</i> |

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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- No problem(s) noted at the time of inspection.

SUB-PANEL COMMENTS: LOCATION- Garage
 SUB-ELECTRICAL PANEL OBSERVATIONS- smoke detector breaker off at arrival
 Adjust wiring in panel to prevent damage from screws on cover.

- 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- rear left bedroom smoke detector loose from ceiling.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- A. Heating Equipment #1:**
Type/Energy Source: System Type- Electric Forced Air Heat Pump.
Comments:

Unit is located in, closet
 Heating System- The heating system operated correctly at the time of the inspection.

- B. Cooling Equipment #1:**
Type/Energy Source: Electric.
Comments:

Est. Size: 3 1/2 ton
 Cooling System- - Central, - Split System.
 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-damaged insulation on exterior lines to unit

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EVAPORATOR OBSERVATIONS-debris observed at interior coils, at blower housing and blower wheel in need of proper removal/cleaning.

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-seal all duct connections in attic area
FILTER OBSERVATIONS- Filters are very dirty.

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 1/2 BATH.

LAVATORY-stopper disconnected at sink
TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.

Bathroom #2 HALL BATHROOM:

LAVATORY-missing stopper
TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.
TUB/SHOWER PLUMBING-missing stopper at tub.

Bathroom #3 MASTER BATHROOM:

LAVATORY-adjust stopper to hold water. Leaking at stopper connection to drainline in cabinet
TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.
TUB/SHOWER PLUMBING-missing stopper at tub. Diverter stuck , shower operated only.

B. Drains, Wastes, Vents
Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
SEWER PIPE OBSERVATIONS- rear exterior wall cleanout cover removed

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Bathroom #1 1/2 BATH.

Bathroom #2 HALL BATHROOM:

Bathroom #3 MASTER BATHROOM:

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:

Location/Coverage: Closet, Hallway.

State 40 gallon 2001 unit.

Ran out of hot water quickly. Unit not properly functional

D. Hydro Therapy Equipment

Comments:

Not Present

V. APPLIANCES

A. Dishwasher

Comments:

No problems observed during limited test run of appliance.

B. Food Waste Disposer

Comments:

Deficiencies- Splash guard is damaged/missing.

Noise and or vibration was present when operated.

C. Range Hood

Comments:

No problems observed during limited test run of appliance.

D. Ranges/Ovens/Cooktops

Comments:

Oven present, Electric. No problems observed during this inspection period.

E. Microwave Cooking Equipment

Comments:

Not Present

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F. Trash Compactor
Comments:
 Not Present

G. Bathroom Exhaust Fans and/or Heaters
Comments:
 Vent unit present. No problems observed during limited test run of appliance.

H. Whole House Vacuum Systems
Comments:
 Not Present

I. Garage Door Operators
Comments:
 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

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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

G. Septic Systems
Comments:
 Not Present

H. Security Systems
Comments:
 security testing is not part of this inspection

I. Fire Protection Equipment
Comments:
 Not Present