



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

**PROPERTY INSPECTION REPORT**

**Prepared For:** SAHA. \_\_\_\_\_  
 (Name of Client)

**Concerning:** 443 Precious. \_\_\_\_\_  
 San Antonio, TX.  
 (Address or Other Identification of Inspected Property)

**By:** John Van De Walle. 6035. 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:** Reinspection Done - 3/10/08

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	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 and explanation.)<br/> <i>Comments</i> (An opinion on performance is mandatory.):<br/>                     Foundation Type- Concrete slab on grade.<br/>                     Foundation appears to be functioning normally.<br/>                     OBSERVATIONS- Minor signs of past settlement observed in the form of hair line type fracture cracks to finish surfaces throughout garage floor, at interior concrete floor surfaces. (carpet has been removed in house)</p> |
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- |                                     |                          |                          |                                     |  |   |
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| <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><br/>                     Home is built on a slightly sloped lot . Grade at foundation appears inadequate at right side, at left side of house. Add, adjust soil at these areas to properly slope away from foundation, to properly drain off of lot. <u>Repaired</u></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><br/>                     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.<br/>                     Approximate age of this roof covering is believed between 5 to 10 years old.<br/>                     OBSERVATIONS- Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer instructions. <u>Not repaired</u><br/>                     Several shingles uneven, not straight noted on roof. <u>Not repaired</u><br/>                     Roof covering observed showing normal wear for age.</p> |
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- |                                     |                          |                          |                                     |  |  |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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><br/>                     ACCESS METHOD/LIMITATIONS- Full access<br/>                     OBSERVATIONS- Truss framing<br/>                     Ventilation blocked/minimal at upper vents. Trim decking fully under upper vents for proper air venting.<br/>                     Evidence of prior rodent activity was noted. You may wish to have treatment carried out by a licensed exterminator.<br/>                     INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) insulation observed.<br/>                     As per tag in attic, minimum insulation thickness should be 9.6" for R30 value.<br/>                     Only 5" of insulation observed at rear attic<br/>                     Only 5" of insulation observed at center attic.<br/>                     8" of insulation at front attic. Add throughout for proper R value. <u>Repaired</u></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><br/>                     INTERIOR WALLS- INTERIOR WALLS ARE A COMBINATION OF THE FOLLOWING MATERIALS- Drywall</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|---|

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OBSERVATIONS-storage in garage blocking full review.  
 EXTERIOR WALLS- Brick and/or block (stone) veneer over wood framing.  
 Cement fiber plank type siding. Wood trim(s) and vinyl overhangs (soffits).  
 OBSERVATIONS-reseal joints of plank siding around house. Repaired  
 Plank type siding bowed out at front exterior observed.  
 Seal base of trim at left windows on exterior.  
 Top brick ledge at front porch, at front wall of house has inadequate slope. Reinstall with proper slope away from house  
 Soil, grass installed too high to siding at left exterior. Grass growing in house at this area observed. Lower soil at least 6" below base of siding. Repaired

**F. Ceillings and Floors**  
*Comments*

Cracking on ceiling at family room  
 Vinyl flooring damaged at kitchen front left area  
 Note: carpet is removed from house, not present at time of inspection.

**G. Doors (Interior and Exterior)**  
*Comments*

INTERIOR DOORS-front left bedroom door not closing. Door delaminated and loose at bottom hinges. Repaired/replace door  
 Master bedroom hinges loose at door  
 EXTERIOR DOORS-deteriorated base of exterior trim at right exterior door. Repair damage, reseal exterior. Seal exterior threshold at door. Door is exposed on exterior to elements.  
 Garage to house door not square in jamb.  
 Overhead garage door not inspected due to storage.

**H. Windows**  
*Comments*

Moisture staining observed at interior of windows at left fornt bedroom. Repaired  
 Staining, fungal type staining observed at interior master bedroom window. Signs of leakage at these areas. Repaired  
 Repair damage at interior of windows. Repair exterior to prevent leakage. Repaired

**I. Fireplace/Chimney**  
*Comments*

**J. Porches, Decks and Carprts (Attached)**  
*Comments*

PORCH/DECKS-wood in contact at base of posts at front porch area. This increases risk of damage at these areas.

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	K. Other Comments

## II. ELECTRICAL SYSTEMS

- |                                     |                          |                          |                                     |   |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>A. Service Entrance and Panels</b><br><i>Comments:</i><br>SERVICE- Underground, 110/220 Volt, Aluminum (220 volt OK)<br>FEEDERS- Copper, Aluminum (220 volt OK)<br>Main panel located at left exterior.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>B. Branch Circuits - Connected Devices and Fixtures</b> (Report as in need of repair the lack of ground fault circuit protection where required.)<br><i>Comments:</i><br>PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided<br>VISIBLE WIRING TYPE- Copper<br>SUB PANEL OBSERVATIONS- Circuit and wire sizing correct so far as visible<br>SWITCH/OUTLET OBSERVATIONS- No significant problems were noted during the course of the inspection<br>DEVICE/FIXTURE OBSERVATIONS-unbalanced ceiling fan at master bedroom. |

## III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- |                                     |                          |                          |                                     |   |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>A. Heating Equipment</b><br><i>Type and Energy Source:</i> Electric - Forced air type heat pump system.<br><i>Comments:</i> Unit located at family room closet.<br>Unit was operated in emergency heat mode, at heat pump mode at time of inspection.<br>System was functional at time of inspection.<br><u>New unit installed at hall closet. Appears functional.</u>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>B. Cooling Equipment:</b><br><i>Type and Energy Source:</i> Central, "Split System" -Electric.<br><i>Comments:</i> Trane est 2 1/2 ton 2000 unit located at rear exterior.<br>AIR TEMPERATURE DIFFERENTIAL- Temperature drop/differential observed to be over 20 degrees. This may indicate a dirty evaporator coils, dirty air filter, or air flow restriction. Contact a licensed service company for further evaluation and/or cleaning.<br>EVAPORATOR OBSERVATIONS-interior blower and coils in need of full cleaning/servicing.<br>CONDENSER (EXTERIOR UNIT) OBSERVATIONS-external coils at unit in need of cleaning.<br>Condenser is not level on pad! This may cause excessive vibration when operating.<br><u>American standard est 2.1/2ton 2007 unit installed and is functional. Change breaker from 30 amps to 20 amps on exterior unit as per manufacturer.</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>C. Ducts and Vents</b><br><i>Comments:</i> DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were  |

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I	NI	NP	R
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primarily used for distribution/return system throughout.  
 OBSERVATIONS-all connections of ducts in attic in need of sealant to prevent leakage of air  
 FILTER OBSERVATIONS- Filters are dirty and need cleaning or changing.

Garage locked at time of reinspection. No access to attic.

**IV. PLUMBING SYSTEM**

       

**A. Water Supply System and Fixtures**

*Comments:*  
 SUPPLY PIPING TYPE- Copper, Municipal service is primary water source.  
 OBSERVATIONS- Appears serviceable  
 SINK OBSERVATIONS-hall bath sink loose at wall  
 TOILET OBSERVATIONS- No problems observed during this inspection period  
 TUB/SHOWER OBSERVATIONS-master tub slow drain  
 Hall bath tub spout leaking at wall connection when shower is on.  
 EXTERIOR FAUCETS- No anti-siphon protection observed on exterior hose bibs/faucets.  
 This is a basic safety attachment to the end of faucets that will protect from a cross connection or back-flow of water into the house.

       

**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 closet.  
 No problems observed during this inspection period.

Garage locked at time of reinspection. No access to 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.

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

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I	NI	NP	R				

**A. Lawn Sprinklers**  
*Comments:*

**B. Swimming Pools and Equipment**  
*Comments:*

**C. Outbuildings**  
*Comments:*

**D. Outdoor Cooking Equipment**  
*Energy Source:*  
*Comments:*

**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 system testing is not part of this inspection.

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