



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

Prepared For:	SAHA	
		(Name of Client)
Concerning:	447 Precious	San Antonio, TX 78237
	(Address or Other Identification of Inspected Property)	
By:	Jon Krauss	4255
	(Name and License Number of Inspector)	02/28/08
	(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>20080242068</u>	Phone Number: _____
Date of Inspection: <u>02/28/08</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 built on a slightly sloped lot. Grade at foundation appears inadequate at front flowerbed. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.
 Dry soil conditions observed on exterior at left of house. Regular watering should be done to prevent added stress to structure.

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- Roof covering observed showing normal wear for age.
 Starter strip around perimeter edge of roof improperly installed, not sealed down.
 Seal all exposed fasteners at ridge caps, flashings on roof.
 Right front roof shingles too short at edge.
 Edge of roof decking lifted on rear roof, 4 right front areas in need of repair

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
 Trim out under upper roof vents for adequate air flow
 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 to 7 inches thick.
 Add insulation throughout to 9.6" minimum for R30 value.

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

- | | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|---|
| <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- Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood. Aluminum/ vinyl siding.
OBSERVATIONS- Paint base of trim at corners, around perimeter of house. Seal open joints on fascia around house</p> | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. Ceilings and Floors
<i>Comments</i> |
| <p>CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.</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- No problems observed during this inspection period.</p> <p>EXTERIOR DOOR OBSERVATIONS-Front door sticking in jamb. Staining at interior trim at doorway.
Garage to house missing knob.
Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- breakfast door . Repair damage, reseal exterior and consider cover to protect from elements.
Springs disconnected from overhead garage door, not functional.</p> | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | H. Windows
<i>Comments</i> |
| <p>OBSERVATIONS-Missing screens at 3 master windows.
Some windows boarded over at living room, master, rear bedroom
Seal exterior trim at master area.</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> |

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

PORCH OBSERVATIONS- No problems observed during inspection period.

- 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 wires used as hot legs in panel but not properly marked as hot legs.

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- fixture missing at breakfast area.

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 ton

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

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-oversized 50 amp breaker installed in panel. Change to 35 amps as per manufacturer.
 Replace insulation on exterior lines to unit.
 Extend condensate drainline away from foundation on exterior.
 Unit out of level on exterior, in need of repairs

-

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 throughout attic.
 FILTER OBSERVATIONS-filter missing at unit.

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 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.
 TUB/SHOWER PLUMBING- missing stopper at tub

-

Bathroom #2 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.
 TUB/SHOWER PLUMBING- stopper disconnected at tub.

-

B. Drains, Wastes, Vents

Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic

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

SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

Bathroom #1 HALL BATHROOM:

Bathroom #2 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 unit.

No problems observed during this inspection period.

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:

No problems observed during limited test run of appliance.

C. Range Hood

Comments:

light out at unit

D. Ranges/Ovens/Cooktops

Comments:

Not Present

E. Microwave Cooking Equipment

Comments:

Not Present

F. Trash Compactor

Comments:

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

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

D. Outdoor Cooking Equipment
Energy Source:
Comments:

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

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