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PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 451 Precious San Antonio, TX
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 09/27/07
(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 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: 20070940174 Phone Number: _____
Date of Inspection: 09/27/07 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 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. 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. Smaller, fracture cracks to finished floor in garage observed, at front porch, at right front corner

B. Grading and Drainage
Comments

Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at side door area. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.
 Soil installed too high to siding at rear left of house. Lower soil properly below base of siding and maintain proper slope away from foundation.

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.
 Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer installation instructions.
 Roof covering observed showing normal wear for age.

**REPLACE
 GUTTERS**

GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter is damaged, crushed at exterior
 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.)
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ACCESS METHOD/LIMITATIONS- Full 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. 7 - 9 inches thick.

E. Walls (Interior and Exterior)
Comments

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.
 OBSERVATIONS-repaired noted living room ceiling, at windows, doors interior
 Cracking noted at living room corners

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-soffit damaged at rear left.
 Seal lap siding joints at left wall of house.
 Excessive spacing, missing weep holes in masonry siding. Add properly every 33"

F. Ceilings and Floors
Comments

CEILING COVERING(S)- CEILING OBSERVATIONS- patching noted at living area.

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS- front right bedroom door not latching

EXTERIOR DOOR OBSERVATIONS- garage door stuck, not functional.
 Side door sticking, dragging on threshold

H. Windows
Comments

OBSERVATIONS- No problems observed during this inspection period.

I. Fireplace/Chimney
Comments

Not Present

J. Porches, Decks and Carports (Attached)
Comments

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PORCH OBSERVATIONS- No problems observed during inspection period.

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K. **Other**
Comments:
 Not Present

II. ELECTRICAL SYSTEMS

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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
 Labeling is incorrect or missing for circuits in panel.

SUB-PANEL COMMENTS: LOCATION- Garage
 SUB-ELECTRICAL PANEL OBSERVATIONS- breaker missing for garage GFCI circuit

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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- RECEPTACLE DEFICIENCIES-missing GFCI protection for garage and exterior circuits. Add properly.
 LIGHTING & CEILING FAN DEFICIENCIES- light bulbs missing at rear fixture.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

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

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

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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**

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drop/differential observed was less than 15 degrees.
Unit humming only, not turning on at time of inspection
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on exterior lines to unit.
 Unit out of level on exterior, in need of repair
 EVAPORATOR OBSERVATIONS-rust noted at interior coils in unit

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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

IV. PLUMBING SYSTEM

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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

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B. Drains, Wastes, Vents

Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic

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

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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:

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State 40 gallon unit located at hall closet.
 No problems observed during this inspection period.

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Hydro Therapy Equipment |
| <i>Comments:</i> | | | | |
| Not Present | | | | |

V. APPLIANCES

- | | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Dishwasher |
| <i>Comments:</i> | | | | |
| Unit excessively noisy, not properly functioning | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Food Waste Disposer |
| <i>Comments:</i> | | | | |
| No problems observed during limited test run of appliance. | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Range Hood |
| <i>Comments:</i> | | | | |
| No problems observed during limited test run of appliance. | | | | |
| <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 type="checkbox"/> | G. Bathroom Exhaust Fans and/or Heaters |
| <i>Comments:</i> | | | | |
| No problems observed during limited test run of appliance. | | | | |
| <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> | | | | |

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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:
Not Present

E. **Gas Lines**
Comments:
Not Present

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

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G. **Septic Systems**
Comments:

Not Present

H. **Security Systems**
Comments:

Not Present

security testing is not part of this inspection

I. **Fire Protection Equipment**
Comments:

Not Present

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