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PROPERTY INSPECTION REPORT

Prepared For: Jon Bueche.
 (Name of Client)

Concerning: 458 Precious. San Antonio, TX.
 (Address or Other Identification of Inspected Property)

By: Jon Bueche. 7223. 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: 20070638446. Fax Number: _____
 Date of Inspection: 06/11/07. 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 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. STRUCTURAL SYSTEMS

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <p>A. Foundations (If all crawl space areas are not inspected, provide and explanation.)
 <i>Comments</i> (An opinion on performance is mandatory):
 Foundation Type: Concrete slab on grade.
 Foundation appears to be functioning normally.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>B. Grading and Drainage
 <i>Comments</i>
 Home is built on a slightly sloped lot. Grade at foundation appears adequate except at front of house. Add, adjust soil at this area to properly slope away from foundation, to prevent water accumulation and possible stress to structure.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>C. Roof Covering (If the roof is inaccessible, report the method used to inspect.)
 <i>Comments</i>
 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 this roof covering is believed between 5 to 10 years old.
 OBSERVATIONS- starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer instructions
 Two nails at left field area exposed, in need of repair.
 One broken shingle at left slope on roof.
 Some impact hail type damage observed on roof shingles. Some repairs need to be made at damaged shingles.
 Leakage observed at edge of roof at rear diverter flashing. Damaged fascia observed at this location.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>D. Roof Structure and Attic (If the attic is inaccessible, report the method used to inspect.)
 <i>Comments</i>
 ACCESS METHOD/LIMITATIONS- Full access
 OBSERVATIONS- Truss framing
 OSB roof decking installed.
 Ventilation blocked/minimal at upper vents in attic. Trim decking out under upper vents for full air flow from attic.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) insulation observed in attic.
 As per tag in attic, minimum insulation thickness should be 9.6" for R30 value.
 Only 5 to 8" of insulation measured throughout. Add for proper R value.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>E. Walls (Interior and Exterior)
 <i>Comments</i>
 INTERIOR WALLS- INTERIOR WALLS ARE A COMBINATION OF THE FOLLOWING MATERIALS- Drywall</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|---|

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OBSERVATIONS-some areas at interior of house are missing drywall due to ongoing work in structure.
 Discolored wall, fungal type growth observed at interior hall bath wall near door
 Right rear bedroom some drywall removed. Moisture barrier behind plank type siding is visibly damaged. Termite activity was viewed at this location at time of inspection.
 EXTERIOR WALLS- Brick and/or block (stone) veneer over wood framing.
 Cement based plank type siding. Wood trim(s) and vinyl overhangs (soffits).
 OBSERVATIONS-Front porch posts sealant repairs noted.
 Plank type siding at right side damaged near door.
 Soil installed too high at right side of house siding. Lower at least 6" below base of siding to lessen risk of water penetration to interior. Signs of past water penetration in past at this location observed.
 Gable vents not properly sealed at joint to siding on exterior.
 Window flashing not set correctly at right side rear of house.
 Deteriorated /damaged wood trim at rear fascia at roof diverter flashing.

F. Ceillings and Floors
 Comments

No problems observed during this inspection period.

G. Doors (Interior and Exterior)
 Comments

INTERIOR DOORS-Right exterior door hinges loose at top. Door sticking at top of jamb.
 EXTERIOR DOORS-Overhead garage door not properly supported, not holding door.

H. Windows
 Comments

Water staining, discolored interior breakfast window. Appears to be leakage at this location.
 Interior sill swelling, signs of water damage at center of sill.
 Reseal between windows at breakfast. Moisture in drywall under window.

I. Fireplace/Chirnney
 Comments

J. Porches, Decks and Carprts (Attached)
 Comments

PORCH/DECKS- No problems observed during inspection period.

K. Other
 Comments

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II. ELECTRICAL SYSTEMS

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

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Heating Equipment
<i>Type and Energy Source:</i> Electric - Forced air type heat pump system.
<i>Comments:</i> Unit located at hall closet.
Unit was operated in emergency heat mode and heat pump mode at time of inspection.
No problems observed during this inspection period with operation of unit. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Cooling Equipment:
<i>Type and Energy Source:</i> Central, "Split System" -Electric.
<i>Comments:</i> Trane est 2 1/2 ton 2000 unit located at rear exterior.
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.
EVAPORATOR OBSERVATIONS-heavy dust observed at base interior of unit in need of repairs
Gaps, missing sealant at ceiling of air handler closet at connection to fiberboard. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Ducts and Vents
<i>Comments:</i> DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.
OBSERVATIONS-all joints on ducts in attic need to be sealed. |

IV. PLUMBING SYSTEM

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Water Supply System and Fixtures
<i>Comments:</i>
SUPPLY PIPING TYPE- Copper, Municipal service is primary water source. |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|

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OBSERVATIONS- water pressure to house slightly excessive at 90 psi at time of inspection. Recommend plumber for repairs.
 No visible sleeves observed at copper piping penetration to concrete at hall bath area.
 Two piping repairs noted at hall bath walls. Walls are open for repairs at time of inspection.
 SINK OBSERVATIONS-master bath, hall bath sinks removed.
 TOILET OBSERVATIONS-toilets removed.
 TUB/SHOWER OBSERVATIONS-tubs removed.

- 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:
 GE 38 gallon 2005 unit.
 Unit has been removed, not installed.
- 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.
- D. Ranges/Ovens/Cooktops
Comments:
 Range/Oven is electric.
 No significant problems noted at this time and date.
- E. Microwave Cooking Equipment
Comments:

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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Trash Compactor |
| | | | | <i>Comments:</i> |

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|---|
| <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. | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Whole House Vacuum Systems |
| | | | | <i>Comments:</i> |

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Garage Door Operators |
| | | | | <i>Comments:</i> |

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Door Bell and Chimes |
| | | | | <i>Comments:</i> |
| No problems observed. | | | | |

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | K. Dryer Vents |
| | | | | <i>Comments:</i> |
| Missing damper at exterior vent. | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | L. Other Built-in Appliances |
| | | | | <i>Comments:</i> |

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> |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. Swimming Pools and Equipment |
| | | | | <i>Comments:</i> |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C. Outbuildings |
| | | | | Comments: |

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Outdoor Cooking Equipment |
| | | | | Energy Source: |
| | | | | Comments: |

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Gas Lines |
| | | | | Comments: |

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Water Wells (A coliform analysis is recommended.) |
| | | | | Type of Pump: |
| | | | | Type of Storage Equipment: |
| | | | | Comments: |

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Septic Systems |
| | | | | Comments: |

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Security Systems |
| | | | | Comments: |
| | | | | Security type not part of this inspection. |

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|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Fire Protection Equipment |
| | | | | Comments: |
| | | | | no fire sprinkler system present. |