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PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 462 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: 20070940173 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	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 an explanation.)
 <i>Comments</i> (An opinion on performance is mandatory.):</p> <p>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,</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>B. Grading and Drainage
 <i>Comments</i></p> <p>Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at right side of house. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.</p> |
| <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></p> <p>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.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>D. Roof Structure and Attic (If the attic is inaccessible, report the method used to inspect.)
 <i>Comments</i></p> <p>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. The insulation layer is approximately, 5 - 9 inches thick.</p> |

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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> INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall. OBSERVATIONS- damaged wall at side exterior door due to leakage Seal gaps at hall bath sink to wall, at tub to floor Nail pops noted at garage walls. Stored items or furnishings prevent full inspection. 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-damaged lap siding at right wall Excessive spacing, missing weep holes at base of masonry siding. Add every 33"
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			F. Ceilings and Floors <i>Comments</i> CEILING COVERING(S)- CEILING OBSERVATIONS- cracking at front entry ceiling
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			G. Doors (Interior and Exterior) <i>Comments</i> INTERIOR DOOR OBSERVATIONS- master bedroom door damaged, not latching EXTERIOR DOOR OBSERVATIONS- front door sticking in frame. Garage door damaged Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- side door . Repair damage, reseal exterior and consider cover to protect from elements.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			H. Windows <i>Comments</i> OBSERVATIONS- No problems observed during this inspection period.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			I. Fireplace/Chimney <i>Comments</i> Not Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			J. Porches, Decks and Carports (Attached) <i>Comments</i> PORCH OBSERVATIONS- excessive settlement, gaps at expansion joints at driveway to house, at patio to sidewalk areas.
<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- white wire used as hot leg in panel but not properly marked

No power to house at time of inspection

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- RECEPTACLE DEFICIENCIES-loose outlet at washer area laundry room.

No power to house

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

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

Comments:

Unit located at hall closet.

Heating System- no power not operated

- 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- No power, not operated

CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on lines to

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exterior unit.
Exterior unit out of level, in need of repair

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

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

Kitchen

KITCHEN SINK PLUMBING- No problems observed during this inspection period.

Bathroom #1 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.
TOILET/BIDET PLUMBING- **tank loose from bowl, in need of repair**
TUB/SHOWER PLUMBING- missing shower head at fixture

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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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Kitchen KITCHEN DRAIN PLUMBING- Leakage/drip is noted under the kitchen sink at drainline.
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Bathroom #1 HALL BATHROOM: LAVATORY- Restricted/Slow drainage was noted. TOILET/BIDET PLUMBING- No problems observed during this inspection period. TUB/SHOWER PLUMBING- No problems observed during this inspection period.
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			C. Water Heating Equipment #1: (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.) <i>Energy Source:</i> Electrically operated. <i>Comments:</i> State 40 gallon unit located at hall closet. No power, not operated. Corrosion at supply connections from leakage in need of repair
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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
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V. APPLIANCES

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			A. Dishwasher <i>Comments:</i> Unit is not properly secured in cabinet. No power, not operated.
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			B. Food Waste Disposer <i>Comments:</i> no power, not operated
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			C. Range Hood <i>Comments:</i> no power, not operated
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			D. Ranges/Ovens/Cooktops <i>Comments:</i> Oven present, Electric. No power, not operated
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			E. Microwave Cooking Equipment <i>Comments:</i>
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Not Present

F. **Trash Compactor**
Comments:

Not Present

G. **Bathroom Exhaust Fans and/or Heaters**
Comments:

no power , not operated

H. **Whole House Vacuum Systems**
Comments:

Not Present

I. **Garage Door Operators**
Comments:

Not Present

J. **Door Bell and Chimes**
Comments:

No power, not operated

K. **Dryer Vents**
Comments:

Vent cap is damaged.

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:

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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:

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

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