

PROPERTY INSPECTION REPORT

Prepared For: SAHA.

(Name of Client)

Concerning: 463 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: _____

Fax Number: _____

Date of Inspection: 06/11/07. _____

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	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 inadequate at front right flowerbed, at left of house. Add, adjust soil at these areas to properly slope away from foundation, to prevent water accumulation and possible stress to structure.
 REPAIRED AROUND PERIMETER. EROSION AT REAR RIGHT 03/10/08.</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- Tree limb(s) observed in contact and rubbing surface of roof. Trim to avoid excessive wear at front right roof.REPAIRED 03/10/08
 Starter strip around perimeter edge of roof not sealed down, not properly installed as per manufacturer.NOT REPAIRED 03/10/08
 Signs of roof leakage observed at rear of house at diverter flashing above a/c unit.REPAIRED 03/10/08
 Signs of roof leakage observed at right of house at diverter flashing above doorway.REPAIRED 03/10/08
 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>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
 Ventilation blocked/minimal at upper vents. Trim decking out under upper vents for proper air flow. NOT REPAIRED 03/10/08
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) insulation observed with an approximate depth of between 9 -10 inches. (around hatchway/ access)</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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EXTERIOR WALLS- EXTERIOR WALLS ARE A COMBINATION OF THE FOLLOWING MATERIALS- Brick and/or block (stone) veneer over wood framing. Cement fiber plank type siding. Wood trim(s) and vinyl overhangs (soffits). OBSERVATIONS-soffit trim damaged, deteriorated at right above door, at rear above a/c unit in need of repairs.REPAIRED 03/10/08

F. Ceillings and Floors

Comments

Swelling, water damaged base trim at interior of right exterior door.REPAIRED 03/10/08
Base trim at hall near closet door wet conditions/damage observed. Appears to be from animal.
Vinyl flooring loose, lifting.
Cracking at ceiling at rear center.

G. Doors (Interior and Exterior)

Comments

INTERIOR DOORS-hall bath door not locking.
Hinge loose at left bedroom door.
EXTERIOR DOORS-front door sticking at side REPAIRED 03/10/08
Seal gaps at door to floor/foundation at left side overhead garage door.REPAIRED 03/10/08
Deteriorated wood at base of jamb at right exterior door. Repair damage, reseal exterior properly. Note: door exposed to elements on exterior.REPAIRED 03/10/08.

H. Windows

Comments

Water damage, fungal type staining observed at interior of breakfast windows.
Appears that window is leaking from exterior.
Recommend proper removal/repair of interior damage and repair/resealing of exterior properly.

I. Fireplace/Chimney

Comments

J. Porches, Decks and Carprts (Attached)

Comments

PORCH/DECKS- No problems observed during inspection period.

K. Other

Comments

II. ELECTRICAL SYSTEMS

A. Service Entrance and Panels

Comments:

SERVICE- Underground, 110/220 Volt, Aluminum (220 volt OK)
FEEDERS- Copper, Aluminum (220 volt OK)
Main panel located at exterior.

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Oversized 50 amp breaker installed in panel connected to a/c circuit. Change to maximum 30 amp breaker as per a/c manufacturer NOT REPAIRED 03/10/08
 Conduit to base of meter box not properly connected.REPAIRED 03/10/08.

B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.):

Comments:
 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- No significant problems were noted during the course of the inspection.
 DEVICE/FIXTURE OBSERVATIONS-unbalanced ceiling fan at family room.
 Rear left bedroom canopy on ceiling fan out of place.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

A. Heating Equipment

Type and Energy Source: Electric - Forced air type heat pump system.
Comments: Unit located at family room closet.
 Unit was operated in emergency heat mode, heat pump mode at time of inspection.
 System functional at time of inspection.

B. Cooling Equipment:

Type and Energy Source: Central, "Split System" -Electric.
Comments: 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-blower panel loose at unit.
 Interior blower and coils in need of cleaning/servicing.
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-exterior coils at unit in need of cleaning/servicing.
 Condenser is not level on pad! This may cause excessive vibration when operating.
 03/10/08. UNIT HAS BEEN REPLACED
 UNIT OUT OF LEVEL, IN NEED OF ADJUSTMENT
 BREAKER FOR UNIT OVERSIZED ON EXTERIOR.

C. Ducts and Vents

Comments: DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.
 OBSERVATIONS-all duct connections, joints in attic should be sealed to prevent air loss.
 REPAIRED 03/10/08.

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I	NI	NP	R
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IV. PLUMBING SYSTEM

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>A. Water Supply System and Fixtures
 <i>Comments:</i>
 SUPPLY PIPING TYPE- Copper, Municipal service is primary water source.
 OBSERVATIONS- Appears serviceable
 SINK OBSERVATIONS-hall bath sink slow drain.
 Low pressure at fixture hall bath.
 Master bath sink low pressure at fixture.
 Slow drain at master bath sink
 TOILET OBSERVATIONS- No problems observed during this inspection period
 TUB/SHOWER OBSERVATIONS-master tub low pressure to fixture.
 Hall bath low pressure to tub fixture
 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.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>B. Drains, Wastes, Vents
 <i>Comments:</i>
 DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 OBSERVATIONS- No problems observed during this inspection period.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>C. Water Heating Equipment (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 2000 unit located at hall closet.
 No problems observed during this inspection period.
 REINSPECTION 03/10/08. UNIT HAS BEEN REPLACED AND MOVED TO GARAGE.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>D. Hydro-Therapy Equipment
 <i>Comments:</i></p> |

V. APPLIANCES

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>A. Dishwasher
 <i>Comments:</i>
 No problems observed during limited test run of appliance.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>B. Food Waste Disposer
 <i>Comments:</i>
 No problems observed during limited test run of appliance.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>C. Range Hood
 <i>Comments:</i>
 Unit is not properly secured in cabinet. Loose mount at left side.</p> |

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Ranges/Ovens/Cooktops <i>Comments:</i> Range/Oven is electric. No significant problems noted at this time and date.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. Microwave Cooking Equipment <i>Comments:</i> Note: countertop units not part of this inspection.
<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.
<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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Dryer Vents <i>Comments:</i> No problems noted.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L. Other Built-in Appliances <i>Comments:</i>

VI. OPTIONAL SYSTEMS

A. Lawn Sprinklers
Comments:

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I	NI	NP	R	I	NI	NP	R

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 installed.