

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 503 Precious San Antonio, TX 78237

(Address or Other Identification of Inspected Property)

By: Jon Krauss 4255 02/28/08

(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: 20080242073 Phone Number: _____
Date of Inspection: 02/28/08 Fax Number: _____
Time of Inspection: _____
Client Mailing Address: _____
City/State/Zip: _____

SPECIAL NOTES:

Reinspection done 09/15/08. Notes are in report

The purpose of this reinspection is identify if repairs have been performed. It is not within the scope of this inspection to determine quality of repairs or extent of repairs as this is a visual only examination. Receipts or repair documents should be requested from those who performed the repairs for details and warranty information.

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, at door and window areas, at flooring areas.

B. Grading and Drainage
Comments
 Soil installed too high to siding at left front of house. Lower soil properly below base of siding and maintain proper slope away from foundation.
 Dry soil conditions observed on exterior at left, at rear, at front of house. Regular watering should be done to prevent added stress to structure. **Repaired 09/15/08.**

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. **Repaired 09/15/08.**
 Seal all exposed fasteners at ridge caps, flashings on roof. **Repaired 09/15/08.**
 Damaged shingle at front ridge area.
 Exposed nail at rear slope two locations.

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 **Repaired 09/15/08.**
 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. **Repaired 09/15/08.**

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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></p> <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- Brick and/or block (stone) veneer over wood framing.</p> <p>Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood. Aluminum/vinyl siding.</p> <p>OBSERVATIONS- Deteriorated fascia trim at rear diverter area. Replace all deteriorated wood Repaired 09/15/08.</p> <p>Seal seams around perimeter of house Repaired 09/15/08.</p> <p>Paint base of wood trim at corners, around house Repaired 09/15/08.</p> <p>Missing soffit cover at front left corner. Repaired 09/15/08.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>F. Ceilings and Floors
<i>Comments</i></p> <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"/> | <p>G. Doors (Interior and Exterior)
<i>Comments</i></p> <p>INTERIOR DOOR OBSERVATIONS- master bedroom door not latching
Door off track at front bedroom closet</p> <p>EXTERIOR DOOR OBSERVATIONS-Front door jamb damaged, split. Adjust lock and latches.</p> <p>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. Repaired 09/15/08.</p> <p>Springs disconnected from overhead garage door, not functional.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>H. Windows
<i>Comments</i></p> <p>OBSERVATIONS-Staining at interior of windows at living room, at rear bedroom Repaired at rear bedroom 09/15/08.</p> <p>Adjust window to lock at front bedroom, at rear bedroom Repaired 09/15/08.</p> <p>Seal exterior trim at right windows</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>I. Fireplace/Chimney
<i>Comments</i></p> |

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Not Present

- J. Porches, Decks and Carports (Attached)**
Comments

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. Repaired 09/15/08.
 Conduit pulled loose from meter, in need of repairs. Repaired 09/15/08.

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- No problems observed during this inspection period.

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.

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>B. Cooling Equipment #1: <i>Type/Energy Source:</i> Electric. <i>Comments:</i></p> <p>Est. Size: 2 1/2 ton 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 for unit. Change to 30 amps maximum as per manufacturer <u>Repaired 09/15/08.</u> Unit out of level on exterior, in need of repairs.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>C. Ducts and Vents <i>Comments:</i></p> <p>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. <u>Repaired 09/15/08.</u> Electrical wiring was present in the return air duct work from water heater. <u>Repaired 09/15/08.</u></p>
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IV. PLUMBING SYSTEM

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A. Water Supply System and Fixtures <i>Comments:</i></p> <p>The potable water supply source is- Municipal service is primary water source. SUPPLY PIPING TYPE- Copper POTABLE WATER LINE OBSERVATIONS- Appears serviceable.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Kitchen</p> <p>KITCHEN SINK PLUMBING-drain disconnected, missing parts from sink.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Bathroom #1 HALL BATHROOM:</p> <p>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.</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Bathroom #2 MASTER BATHROOM:</p> <p>LAVATORY- No problems observed during this inspection period.</p>
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TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.
 Tank loose from bowl at toilet unit
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

B. Drains, Wastes, Vents
Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 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 water. Unit not operated.

B. Food Waste Disposer
Comments:

Deficiencies- Unit failed to operate.

C. Range Hood
Comments:

No problems observed during limited test run of appliance.

D. Ranges/Ovens/Cooktops
Comments:

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Not Present

E. **Microwave Cooking Equipment**
Comments:

Not Present

F. **Trash Compactor**
Comments:

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:

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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:

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