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PROPERTY INSPECTION REPORT

Prepared For: SAHA.
 (Name of Client)

Concerning: 506 Precious. San Antonio, TX.
 (Address or Other Identification of Inspected Property)

By: Jon Bueche. 7223. 07/12/07.
 (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: 200707. Fax Number: _____
 Date of Inspection: 06/012/07. Fax Number: _____
 Time of Inspection: 9:30am.
 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

A. Foundations (If all crawl space areas are not inspected, provide and explanation.)
Comments (An opinion on performance is mandatory.):
 Foundation Type- Concrete slab on grade.
 Foundation appears to be functioning normally.
 OBSERVATIONS - Minor signs of past settlement observed in the form of hair line type fracture cracks to finish surfaces throughout.

B. Grading and Drainage
Comments
 Home is built on a slightly sloped lot. Grade at foundation appears inadequate at left of front porch.
 Grade at foundation appears inadequate at rear a/c area.
 Grade at foundation appears inadequate at left near front porch.
 Add, adjust soil at these areas to properly slope away from foundation, to prevent water accumulation and possible stress to structure.

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 this roof covering is believed between 5 to 10 years old.
 OBSERVATIONS-seal holes at roof at rear left slope where dish was removed
 Shingles damaged at front right side near garage.
 Rear of house roof leaking , damage to fascia at diverter flashing on bottom edge of roof.
 Starter strip around perimeter edge of roof improperly installed, not sealed down as per manufacturer recommendations.
 GUTTER DAMAGE/DEFECTS NOTED- All gutter downspouts should have splash blocks or diverters to control erosion.

D. Roof Structure and Attic (If the attic is inaccessible, report the method used to inspect.)
Comments
 ACCESS METHOD/LIMITATIONS- Full access.
 OBSERVATIONS- Truss framing
 OSB roof decking observed in attic.
 Ventilation blocked/minimal at upper vents. Trim decking under upper vents for full air flow.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) insulation observed.
 As per insulation tag in attic, minimum insulation thickness should be 9.6" for R30 value.
 Only 7 to 8" thickness observed in attic in hall areas, in attic center areas. Add for proper R value.

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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 Stored items or furnishings prevent full inspection New paint noted at interior surfaces. EXTERIOR WALLS- EXTERIOR WALLS ARE A COMBINATION OF THE FOLLOWING MATERIALS- Brick and/or block (stone) veneer over wood framing. Cement based siding boards. Wood trim(s) and overhangs (soffits). OBSERVATIONS-front porch posts appears to have non pressure treated wood installed in direct contact with concrete surfaces. This may increase risk of water damage over time at these locations. Hole in hardie siding at rear left above hose bibb. Deteriorated, damaged wood 1x2 trim on fascia at rear at roof diverter.</p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>F. Ceilings and Floors <i>Comments</i> No problems observed during this inspection period.</p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p>G. Doors (Interior and Exterior) <i>Comments</i> INTERIOR DOORS- No problems observed during this inspection period. EXTERIOR DOORS-garage overhead door adjust tension on spring for proper support.</p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p>H. Windows <i>Comments</i> Cracked glass at master bedroom window. Weep holes improperly sealed over at right side window. Clear for proper drainage from wall. Water damage at family room window return, at master bedroom returns and sills. It appears that moisture is leaking from exterior at windows.</p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<p>I. Fireplace/Chimney <i>Comments</i></p>
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<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>J. Porches, Decks and Carptrs (Attached) <i>Comments</i> PORCH/DECKS- No problems observed during inspection period.</p>
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<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<p>K. Other <i>Comments</i></p>
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II. ELECTRICAL SYSTEMS

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>A. Service Entrance and Panels <i>Comments:</i> SERVICE- Underground, 110/220 Volt, Aluminum (220 volt OK)</p>
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FEEDERS- Copper, Aluminum (220 volt OK)
Main panel located at left exterior.

- 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- No significant problems were noted during the course of the inspection.

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 hall closet.
Unit was operated in heat pump mode and emergency heat mode at time of inspection.
No problems observed during this inspection period.

- 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.
CONDENSER (EXTERIOR UNIT) OBSERVATIONS- Condenser is not level on pad. This may cause excessive vibration when operating.
EVAPORATOR OBSERVATIONS-interior coils at unit dirty, in need of cleaning/servicing.

- C. Ducts and Vents
Comments: DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.
OBSERVATIONS- return chase dirty, full of debris and in need of cleaning out.

FILTER OBSERVATIONS- Filters are dirty and need cleaning or changing.

IV. PLUMBING SYSTEM

- A. Water Supply System and Fixtures
Comments:
SUPPLY PIPING TYPE- Copper, Plastic, Municipal service is primary water source.

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OBSERVATIONS- excessively low water pressure to structure at only 32 psi at time of inspection
SINK OBSERVATIONS- kitchen faucet loose at mount, in need of repair
 Slow drain at master bath sink
TOILET OBSERVATIONS- No problems observed during this inspection period
TUB/SHOWER OBSERVATIONS- hot/cold reversed at valve at master bedroom.
 Slow drain at master bath tub.

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:
 State 40 gallon 2000 unit located at hall closet.
 No problems observed during this inspection period.

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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F. Trash Compactor
Comments:

G. Bathroom Exhaust Fans and/or Heaters
Comments:
No problems observed during limited test run of appliance.

H. Whole House Vacuum Systems
Comments:

I. Garage Door Operators
Comments:

J. Door Bell and Chimes
Comments:
No problems observed.

K. Dryer Vents
Comments:
No problems noted.

L. Other Built-in Appliances
Comments:

VI. OPTIONAL SYSTEMS

A. Lawn Sprinklers
Comments:

B. Swimming Pools and Equipment
Comments:

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

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

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

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

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

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

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