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PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 510 Precious San Antonio, TX
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 09/21/07
(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: 20070940069 Phone Number: _____

Date of Inspection: 09/21/07 Fax Number: _____

Time of Inspection: 4:30pm

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

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 left, at right, at interior garage floor areas.

B. Grading and Drainage
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at right rear of house, at left side. Repair drainage at these areas to properly drain 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 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.
 Large amounts of debris is observed on roof surface (tree limbs, leaves, etc). Removal of debris recommended.

GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- damaged gutter at exterior observed.

D. Roof Structure and Attic (If the attic is inaccessible, report the method used to inspect.)
Comments
 ACCESS METHOD/LIMITATIONS- partial access due to storage
 ATTIC OBSERVATIONS- Truss framing
 ROOF STRUCTURE OBSERVATIONS- No problems observed during this inspection period.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool)

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present.
 As per tag in attic, minimum 9.6" required for R30 value.
 The insulation layer is approximately, 5 - 9 inches thick.

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E. Walls (Interior and Exterior)

Comments

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.
 OBSERVATIONS-patching noted at windows in bedroom areas
 Moisture, moisture damage observed at kitchen behind refrigerator, at bath around tub area
 Cracked, chipped corners at kitchen, living area
 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-seal gaps at lap siding joints around house
 Damaged trim at right front fascia
 Excessive spacing, missing weep holes at base of masonry siding. Add properly every 33"

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F. Ceilings and Floors

Comments

CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.

FLOOR COVERING(S)-damaged flooring kitchen behind refrigerator

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G. Doors (Interior and Exterior)

Comments

INTERIOR DOOR OBSERVATIONS-doors sticking in frame at utility room, at front right bedroom

EXTERIOR DOOR OBSERVATIONS- Side door not properly latching

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H. Windows

Comments

OBSERVATIONS-glazing beads damaged at right rear windows
 Water damage at master area windows in need of proper, full repairs
 Missing screen at right side window

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I. Fireplace/Chimney

Comments

Not Present

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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 wiring used at hot legs from panel but not properly marked

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 outlets at living, at kitchen area.

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- The heating system operated correctly at the time of the inspection.

B. Cooling Equipment #1:
Type/Energy Source: Electric.
Comments:

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Cooling System- - Central, - Split System.
 Trane est 2 1/2 ton unit located at rear of house.
 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-extend condensate drainline away from foundation on exterior
 Replace insulation on exterior refrigerant piping to unit.
 EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/ servicing. Debris and fungal type growth observed at interior blower housing, coils

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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- no access to attic to view ducts
 Electrical wiring was present in the return air duct work from water heater unit installation
 FILTER OBSERVATIONS-filter missing at unit

IV. PLUMBING SYSTEM

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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
 EXTERIOR PLUMBING-leaking at hose bibb handle, in need of repair.

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Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING-water damage observed at outside of shower enclosure.

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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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Bathroom #1 MASTER BATHROOM:

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LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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

D. Hydro Therapy Equipment
Comments:
 Not Present

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:
 Oven present, Electric.
 storage at interior of unit. Unit not operated

E. Microwave Cooking Equipment
Comments:
 Not Present

F. Trash Compactor
Comments:
 Not Present

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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:
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:
 Not Present

D. Outdoor Cooking Equipment
Energy Source:
Comments:

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Gas Lines | Not Present |
| <i>Comments:</i> | | | | | |

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|-----------------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------|---------------------------------------|
| <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> | | | | | |

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|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G. Septic Systems | Not Present |
| <i>Comments:</i> | | | | | |

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

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|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Fire Protection Equipment | Not Present |
| <i>Comments:</i> | | | | | |

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