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PROPERTY INSPECTION REPORT

Prepared For:	SAHA	
		(Name of Client)
Concerning:	514 Matthews	San Antonio, TX 78237
	(Address or Other Identification of Inspected Property)	
By:	Jon Krauss	02/20/08
	(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: 20080241910	Phone Number: _____
Date of Inspection: 02/20/08	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	Inspection Item			

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. Smaller, fracture cracks to finished floor in garage observed.

- B. Grading and Drainage**
Comments
 Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection.

- 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-Loose, overexposed shingles at right front one location
 Several nails on each roof slope backing out of shingles, in need of repairs
 Starter strip around perimeter edge of roof improperly installed, not sealed down.

- 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
 Torn/damaged screen at front gable vent in attic.
 Upper vents not fully cut out in attic. Trim for full air flow.
 ROOF STRUCTURE OBSERVATIONS-add blocking at front patio trusses joints to hip trusses in attic.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 8 - 9 inches thick.

- E. Walls (Interior and Exterior)**
Comments
 INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH

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THE FOLLOWING MATERIAL(S)- Drywall.

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-paint, seal base of wood trim at corners, around house.

F. Ceilings and Floors
Comments

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

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-door removed at laundry.

EXTERIOR DOOR OBSERVATIONS- 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.

H. Windows
Comments

OBSERVATIONS-windows blocked, covered and not inspected at living room, left master, front and rear bedroom areas.

I. Fireplace/Chimney
Comments

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

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PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.

MAIN ELECTRICAL PANEL OBSERVATIONS-white wires used as hot legs on circuits but not properly marked as hot legs.

SUB-PANEL COMMENTS: LOCATION- Garage

SUB-ELECTRICAL PANEL OBSERVATIONS- No problem(s) noted at the time of inspection.

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.): |
| | | | | <i>Comments:</i> |
| | | | | 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

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Heating Equipment #1: |
| | | | | <i>Type/Energy Source:</i> System Type- Electric Forced Air Heat Pump. |
| | | | | <i>Comments:</i> |
| | | | | Unit is located in, closet |
| | | | | Heating System- The heating system operated correctly at the time of the inspection. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Cooling Equipment #1: |
| | | | | <i>Type/Energy Source:</i> Electric. |
| | | | | <i>Comments:</i> |
| | | | | 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. |
| | | | | EVAPORATOR OBSERVATIONS-debris at interior blower and coils in need of cleaning/ servicing |
| | | | | Gaps in insulation on lines in attic in need of repairs. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Ducts and Vents |
| | | | | <i>Comments:</i> |
| | | | | 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 in attic areas. |

IV. PLUMBING SYSTEM

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Water Supply System and Fixtures |
| | | | | <i>Comments:</i> |

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The potable water supply source is- Municipal service is primary water source.
 SUPPLY PIPING TYPE- Copper
 POTABLE WATER LINE OBSERVATIONS- Appears serviceable.

Bathroom #1 HALL BATHROOM:

LAVATORY-missing stopper at sink
 TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.
 Toilet running, water leaking from tank to bowl.
 TUB/SHOWER PLUMBING- Restricted/Slow drainage was noted.

Bathroom #2 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING-missing stopper at tub. Diverter stuck on shower setting at fixture.

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 2001 unit.
 No problems observed during this inspection period.

D. Hydro Therapy Equipment
Comments:

Not Present

V. APPLIANCES

A. Dishwasher
Comments:

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Discharge hose is, installed without an air gap. The drain line should be raised to the underside of the counter top.

- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Food Waste Disposer
<i>Comments:</i>
No problems observed during limited test run of appliance. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Range Hood
<i>Comments:</i>
No problems observed during limited test run of appliance. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Ranges/Ovens/Cooktops
<i>Comments:</i>
Oven present, Electric. No problems observed during this inspection period. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Microwave Cooking Equipment
<i>Comments:</i>
Not Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Trash Compactor
<i>Comments:</i>
Not Present |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Bathroom Exhaust Fans and/or Heaters
<i>Comments:</i>
Vent unit present. 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>
Not Present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Garage Door Operators
<i>Comments:</i>
Not Present |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Door Bell and Chimes
<i>Comments:</i>
No problems observed. |

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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:
 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:

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Not Present

H. **Security Systems**
Comments:
security testing is not part of this inspection

I. **Fire Protection Equipment**
Comments:

Not Present