



SAHA

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# PROPERTY INSPECTION REPORT

**Prepared For:** SAHA. \_\_\_\_\_  
(Name of Client)

**Concerning:** 514 Precious. \_\_\_\_\_ San Antonio, TX.  
(Address or Other Identification of Inspected Property)

**By:** Jon Bueche. 7223. 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: 20070638449. \_\_\_\_\_

Fax Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date of Inspection: 06/11/07. \_\_\_\_\_

Time of Inspection: \_\_\_\_\_

Client Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SPECIAL NOTES:** reinspection done 03/10/08. Notes are in report.

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

- |                                     |                          |                          |                                     |  |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <p><b>A. Foundations</b> (If all crawl space areas are not inspected, provide an explanation.)<br/> <i>Comments</i> (An opinion on performance is mandatory.):<br/>                 Foundation Type- Concrete slab on grade.<br/>                 Foundation appears to be functioning normally.<br/>                 OBSERVATIONS- Minor signs of past settlement observed in the form of hair line type fracture cracks to finish surfaces at exterior parge coating at left of house.</p>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>B. Grading and Drainage</b><br/> <i>Comments</i><br/>                 Home is built on a slightly sloped lot. Grade at foundation appears inadequate at front center, at rear center. Add, adjust soil at these areas to properly slope away from foundation, to prevent water accumulation and possible stress to structure.<br/>                 REPAIRED 03/10/08.</p>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>C. Roof Covering</b> (If the roof is inaccessible, report the method used to inspect.)<br/> <i>Comments</i><br/>                 State 40 gallon 2000 unit located at upper utility closet.<br/>                 No problems observed during this inspection period.</p> <p>REINSPECTION 03/10/08. UNIT HAS BEEN REPLACED AND REINSTALLED IN GARAGE.</p>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>D. Roof Structure and Attic</b> (If the attic is inaccessible, report the method used to inspect.)<br/> <i>Comments</i><br/>                 ACCESS METHOD/LIMITATIONS- Full access<br/>                 OBSERVATIONS- Truss framing<br/>                 No problems observed at this time.<br/>                 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) insulation observed with an approximate depth of, between 9 - 10 inches.<br/>                 Insulation has been disturbed and good coverage is no longer present, with bald spots noted at hall top of stairs area.<br/>                 REPAIRED 03/10/08.</p>                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p><b>E. Walls (Interior and Exterior)</b><br/> <i>Comments</i><br/>                 INTERIOR WALLS- INTERIOR WALLS ARE A COMBINATION OF THE FOLLOWING MATERIALS- Drywall<br/>                 OBSERVATIONS-staining, fungal type staining at family room windows at interior rear and left sides.<br/>                 Water staining at front wall family room near stairs<br/>                 Water staining at drywall at left rear bedroom at wall and window areas.<br/>                 REPAIRED 03/10/08. WALLS, INTERIOR HAS BEEN REPAINTED<br/>                 EXTERIOR WALLS-Cement fiber plank type siding.<br/>                 Wood trim(s) and vinyl overhangs (soffits).</p> |

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OBSERVATIONS-plank type siding loose and falling at joints at front over windows.  
Gaps in hardie siding over rear door.NOT REPAIRED 03/10/08  
Deteriorated wood at garage door trim.

**F. Ceillings and Floors**  
*Comments*

Patching noted at ceiling family room.

**G. Doors (Interior and Exterior)**  
*Comments*

INTERIOR DOORS- No problems observed during this inspection period.  
EXTERIOR DOORS- No problems observed at this time.

**H. Windows**  
*Comments*

Staining observed , fungal type staining at interior of windows many locations through house.  
Recommend repair of damage at interior of house.  
Recommend repairs at exterior to prevent leakage.  
REINSPECTION 03/10/08. SIGNS OF REPAIRS TO EXTERIOR. INTERIOR DAMAGE NOT VISIBLE. INTERIOR HAS BEEN PAINTED

**I. Fireplace/Chimney**  
*Comments*

**J. Porches, Decks and Carprts (Attached)**  
*Comments*

PORCH/DECKS-wood at base of posts directly in contact with concrete. This increases risk of damage at these locations

**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 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

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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 upper hall closet.  
 Unit was operated in heat pump, emergency heat mode at time of inspection.  
 System functional at time of inspection.  
 REINSPECTION 03/10/08. UNIT HAS BEEN REPLACED.
  
- B. Cooling Equipment:**  
*Type and Energy Source:* Central, "Split System" -Electric.  
*Comments:* Trane est 3 1/2 ton 2000 unit located at exterior.  
 AIR TEMPERATURE DIFFERENTIAL- Temperature drop/differential observed to be over 20 degrees. This may indicate a dirty evaporator coils, dirty air filter, or air flow restriction. Contact a licensed service company for further evaluation and/or cleaning.  
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS- Insulation observed missing from fluid (Freon) lines. Replace as needed  
 EVAPORATOR OBSERVATIONS-interior blower and coils in need of cleaning/servicing.  
 REINSPECTION 03/10/08. UNIT HAS BEEN REPLACED  
 EXTERIOR UNIT OUT OF LEVEL, IN NEED OF ADJUSTMENT.
  
- C. Ducts and Vents**  
*Comments:* DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.  
 OBSERVATIONS- No problems observed during this inspection period.  
 REINSPECTION 03/10/08. ALL DUCT JOINTS ARE SEALED.

**IV. PLUMBING SYSTEM**

- A. Water Supply System and Fixtures**  
*Comments:*  
 SUPPLY PIPING TYPE- Copper, Municipal service is primary water source.  
 OBSERVATIONS- Appears serviceable  
 SINK OBSERVATIONS-staining, fungal type staining and damage at kitchen sink cabinet in need of repairs  
 TOILET OBSERVATIONS-master bath staining observed at vinyl flooring around toilet

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from leakage.

TUB/SHOWER OBSERVATIONS- No problems observed during this inspection period.

**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 upper utility closet.

No problems observed during this inspection period.

REINSPECTION 03/10/08. UNIT HAS BEEN REPLACED AND REINSTALLED IN GARAGE.

**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:*

**F. Trash Compactor**

*Comments:*

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**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:*

**C. Outbuildings**  
*Comments:*

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**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 present.