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## PROPERTY INSPECTION REPORT

**Prepared For:** Tony Scarnato  
(Name of Client)

**Concerning:** 515 Precious San Antonio, TX 78237  
(Address or Other Identification of Inspected Property)

**By:** Matthew Gessner 4192 09/27/07  
(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: 20070939675 Phone Number: \_\_\_\_\_  
Date of Inspection: 09/27/07 Fax Number: \_\_\_\_\_  
Time of Inspection: 1:00pm  
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 several areas.
  
- B. Grading and Drainage**  
*Comments*  
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left of house. Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.  
 Erosion observed at rear, at left, at right of house under edge of roofline creating low areas near foundation.
  
- 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 at lower areas. Upper roof observed from eaves, from ground.  
 DESCRIPTION OF MATERIALS- Composition and/or fiberglass shingles. Note: Average life expectancy under normal installation/conditions is between 10 -14 years.  
 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.  
 Roof covering observed showing normal wear for age.  
  
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- left rear downspout missing bottom elbow. Add and extend away from foundation.
  
- 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  
 Upper vents in attic not fully cut out. Trim for proper air flow from attic.  
 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. 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.  
Stored items or furnishings prevent full inspection  
OBSERVATIONS- damaged base trim at upper hallway  
Swelling, water type damage at base trim at left living room area.

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- No problems observed at this time.

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**F. Ceilings and Floors**  
*Comments*

FLOOR COVERING(S)-tiles loose at master bathroom entry area.

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

INTERIOR DOOR OBSERVATIONS-doors dragging on carpet at upper floor bedrooms.  
Trim for proper air flow

EXTERIOR DOOR OBSERVATIONS-rear door damaged jambs on exterior from exposure  
Garage to house door damaged weatherstrip  
Front door sticking in jamb.

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**H. Windows**  
*Comments*

OBSERVATIONS-some light staining noted at interior lower windows of house.

- 

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

Not Present

- 

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

PORCH OBSERVATIONS-rear yard railing installed on top of retaining wall. Railing spacing is wider than current standards recommend at 4" maximum opening.

- 

**K. Other**  
*Comments*

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Inspection Item

Not Present

**II. ELECTRICAL SYSTEMS**

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**A. Service Entrance and Panels**

*Comments:*

SERVICE COMMENTS: Under Ground  
 MAIN PANEL COMMENTS: LOCATION- Exterior of house at right of house.  
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.  
 MAIN ELECTRICAL PANEL OBSERVATIONS-missing labels on circuits in panel.

SUB-PANEL COMMENTS: 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.  
 BRANCH WIRING OBSERVATIONS- LIGHTING & CEILING FAN DEFICIENCIES- missing light cover at master bedroom closet.

**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 upper hall closet.  
 Heating System- The heating system operated correctly at the time of the inspection.

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**B. Cooling Equipment #1:**

*Type/Energy Source:* Electric.  
*Comments:*

Cooling System- - Central, - Split System.  
 Trane est 3 ton 2000 unit located at exterior  
 AIR TEMPERATURE DIFFERENTIAL- Air Temperature Deficiencies- **Temperature drop/differential observed was less than 15 degrees. Refrigerant leakage may have occurred. A licensed air conditioning contractor should be called to make further evaluation and repairs as needed to all sources of refrigerant leakage.**  
 EVAPORATOR OBSERVATIONS-debris and bent/damaged coil at interior air handler  
 Debris, fungal type growth observed at interior blower housing in need of professional removal  
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS- Condenser Deficiencies-

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Insulation is damaged and/or not present on refrigerant piping to unit  
 Oversized 50 amp breaker installed in panel for unit. Change to 35 amps maximum as per manufacturer.

- 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- Electrical wiring was present in the return air duct work from water heater unit in return chase.  
 All joints of ducts throughout attic should be sealed.  
 Excessive bends, missing straps on ducts in attic area.

**IV. PLUMBING SYSTEM**

- 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 exterior bibb handles at right rear of house when on.

- B. **Drains, Wastes, Vents**  
*Comments:*

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic  
 SEWER PIPE OBSERVATIONS- 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 upper hall closet.  
 No problems observed during this inspection period.

- D. **Hydro Therapy Equipment**  
*Comments:*  
 Not Present

**V. APPLIANCES**

- A. **Dishwasher**  
*Comments:*

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							No problems observed during limited test run of appliance.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>B. Food Waste Disposer</b> <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"/>				<b>C. Range Hood</b> <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"/>				<b>D. Ranges/Ovens/Cooktops</b> <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"/>				<b>E. Microwave Cooking Equipment</b> <i>Comments:</i> Not Present
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<b>F. Trash Compactor</b> <i>Comments:</i> Not Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>G. Bathroom Exhaust Fans and/or Heaters</b> <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"/>				<b>H. Whole House Vacuum Systems</b> <i>Comments:</i> Not Present
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<b>I. Garage Door Operators</b> <i>Comments:</i> Not Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>J. Door Bell and Chimes</b> <i>Comments:</i> No problems observed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<b>K. Dryer Vents</b> <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<b>L. Other Built-in Appliances</b> <i>Comments:</i>

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Not Present

**VI. OPTIONAL SYSTEMS**

**A. Lawn Sprinklers**  
*Comments:*

not part of this inspection

**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:*

Not Present

**H. Security Systems**  
*Comments:*

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
					<i>Comments:</i>
					Not Present