

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 602 Matthews San Antonio, TX 78237

(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 02/19/08

(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: 20080241887 Phone Number: _____
Date of Inspection: 02/19/08 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.

I=Inspected		NI=Not Inspected		NP=Not Present		R=Not Functioning or In Need of Repair		Inspection Item
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.

- B. Grading and Drainage**
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left at fence . 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.
 ROOF COVERING OBSERVATIONS- Roof covering observed showing normal wear for age.
 Starter strip around perimeter edge of roof improperly installed, not sealed down.
 Seal all exposed fasteners at ridge caps, flashings on roof, throughout roof surface from decoration installations.

- D. Roof Structure and Attic** (If the attic is inaccessible, report the method used to inspect.)
Comments
 ACCESS METHOD/LIMITATIONS- No access to attic due to storage in garage area.

- 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- water damage at wall behind master bath toilet area
 Hole at front right bedroom wall

 EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Brick and/or block (stone) veneer over wood framing.

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Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood.
 OBSERVATIONS-reseal lap siding joints at right of house walls.
 Excessive spacing of weep holes at front masonry siding. Add every 33".

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|--|--------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | F. Ceilings and Floors
<i>Comments</i> |
| CEILING COVERING(S)-damaged ceiling at hall bath | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | G. Doors (Interior and Exterior)
<i>Comments</i> |
| INTERIOR DOOR OBSERVATIONS-master bedroom door damaged | | | | |
| EXTERIOR DOOR OBSERVATIONS- damaged garage door observed. | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | H. Windows
<i>Comments</i> |
| OBSERVATIONS-staining, water damage at right rear window.
Damaged screen at right rear window | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Fireplace/Chimney
<i>Comments</i> |
| Not Present | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Porches, Decks and Carports (Attached)
<i>Comments</i> |
| PORCH OBSERVATIONS- No problems observed during inspection period. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | K. Other
<i>Comments</i> |
| Not Present | | | | |

II. ELECTRICAL SYSTEMS

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|---|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Service Entrance and Panels
<i>Comments:</i> |
| SERVICE COMMENTS: Under Ground | | | | |
| MAIN PANEL COMMENTS: LOCATION- Exterior of house | | | | |
| PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided. | | | | |
| MAIN ELECTRICAL PANEL OBSERVATIONS-white wires used as hot legs in panel but not properly marked as hot legs. | | | | |
| SUB-PANEL COMMENTS: LOCATION- Garage | | | | |

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SUB-ELECTRICAL PANEL OBSERVATIONS- No access to panel due to large amount of storage in garage.

- 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- No problems observed during this inspection period.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- A. Heating Equipment #1:**
Type/Energy Source: System Type- Electric Forced Air Heat Pump.
Comments:

Unit is located in, closet
 Heating System- The heating system operated correctly at the time of the inspection.

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

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.
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on exterior lines to unit.

- 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-seal all duct connections in attic.
 Did not fully access 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

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POTABLE WATER LINE OBSERVATIONS- Appears serviceable.

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Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET PLUMBING- supply valve leaking at toilet
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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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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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.

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D. Hydro Therapy Equipment
Comments:
 Not Present

V. APPLIANCES

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A. Dishwasher
Comments:

Discharge hose is, installed without an air gap. The drain line should be raised to the underside of the counter top.
 Unit is not properly secured in cabinet.

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B. Food Waste Disposer
Comments:

Deficiencies- Splash guard is damaged/missing.
 Noise and or vibration was present when operated.

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C. Range Hood
Comments:

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Filter at unit in need of changing.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D. Ranges/Ovens/Cooktops <i>Comments:</i> Oven present, Electric. No problems observed during this inspection period with operation of unit. Free standing range is not properly secured in place to prevent accidental tip over. Unit should be secured with wall or floor brackets as a safety precaution.
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. Microwave Cooking Equipment <i>Comments:</i> Not Present
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Trash Compactor <i>Comments:</i> Not Present
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<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.
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Whole House Vacuum Systems <i>Comments:</i> Not Present
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Garage Door Operators <i>Comments:</i> Not Present
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<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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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Dryer Vents <i>Comments:</i> No problems noted.
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L. Other Built-in Appliances <i>Comments:</i> Not Present
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VI. OPTIONAL SYSTEMS

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. Lawn Sprinklers <i>Comments:</i>
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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:

Not Present

H. Security Systems
Comments:

security testing is not part of this inspection

I. Fire Protection Equipment
Comments:

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Not Present