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### PROPERTY INSPECTION REPORT

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

**Concerning:** 602 Villa Linda San Antonio, TX  
(Address or Other Identification of Inspected Property)

**By:** Gary Armstrong 9604 10/02/07  
(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: 20070940219 Phone Number: \_\_\_\_\_

Date of Inspection: 10/02/07 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			

**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.)  <i>Comments</i> (An opinion on performance is mandatory.):</p> <p>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                  Patching noted at concrete areas of house foundation, possibly indicating structural repairs</p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>B. Grading and Drainage</b>  <i>Comments</i></p> <p>Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front, at rear . Repair drainage at these areas to properly drain away from foundation, to prevent water accumulation and possible stress to structure.</p>
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<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.)  <i>Comments</i></p> <p>METHOD USED TO INSPECT ROOF- The following was observed from ground due to wet conditions                  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.                  Tree limb(s) observed in contact and rubbing surface of roof. Trim to avoid excessive wear.</p>
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GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter has physical damage on exterior

<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.)  <i>Comments</i></p> <p>ACCESS METHOD/LIMITATIONS- Full access                  ATTIC OBSERVATIONS- Truss framing                  Repairs noted in attic at right side.</p>
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						<p>ROOF STRUCTURE OBSERVATIONS- No problems observed during this inspection period.</p> <p>INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 5 to 7 inches thick.</p> <p>As per tag in attic, minimum 9.6" recommended for R30 value. Add throughout</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p><b>E. Walls (Interior and Exterior)</b> <i>Comments</i></p> <p>INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.</p> <p>OBSERVATIONS- hole in wall at master bath. Missing medicine cabinet Damaged trim at side door interior</p> <p>EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood.</p> <p>OBSERVATIONS-damaged lap siding at right meter area Secure electric meter to wall on exterior Seal lap siding joints all around house</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p><b>F. Ceilings and Floors</b> <i>Comments</i></p> <p>CEILING COVERING(S)- CEILING OBSERVATIONS- missing cover at attic access area.</p> <p>FLOOR COVERING(S)-no finished flooring installed at most of house</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p><b>G. Doors (Interior and Exterior)</b> <i>Comments</i></p> <p>INTERIOR DOOR OBSERVATIONS- cabinet door missing at kitchen Sliding closet doors at master, at utility , at front bedroom dragging in track</p> <p>EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- side door . Repair damage, reseal exterior and consider cover to protect from elements. garage door not properly latching</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<p><b>H. Windows</b> <i>Comments</i></p> <p>OBSERVATIONS-damaged plastic glazing bead at right front, at left rear window</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<p><b>I. Fireplace/Chimney</b> <i>Comments</i></p>

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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  
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.

MAIN ELECTRICAL PANEL OBSERVATIONS- white wire used as hot leg in 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- light out at garage.  
 Cover missing/damaged at kitchen area  
 Fixture missing at hallway, at entry area  
 Missing smoke detectors at interior.

**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- Disconnect missing. Unit not functional

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

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Electric.

Cooling System- - Central, - Split System.  
 Trane est 3 1/2 ton unit located at rear of house.  
 AIR TEMPERATURE DIFFERENTIAL- Air Temperature Deficiencies- missing disconnect for power. Unit not functional

- 

**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- **Openings observed at ducts and/or at blower unit allowing air to escape from the system. Reseal all joints.**

**Electrical wiring was present in the return air duct work from water heater unit installation**

Vent missing at right rear bedroom

**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- no water to house

- 

**Bathroom #1 HALL BATHROOM:**

No water on. Limited inspection

TOILET/BIDET PLUMBING-tank loose from bowl at toilet unit.

- 

**B. Drains, Wastes, Vents**

*Comments:*

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic

SEWER PIPE OBSERVATIONS- No water to house

Damaged cleanout cover at front exterior

- 

**Bathroom #1 HALL 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:*

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State 40 gallon unit located at hall closet.  
No water. not operated

- |                          |                          |                                     |                          |                                   |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>D. Hydro Therapy Equipment</b> |
| <i>Comments:</i>         |                          |                                     |                          |                                   |
| Not Present              |                          |                                     |                          |                                   |

**V. APPLIANCES**

- |  |                          |                                     |                                     |  |
|--|--------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>A. Dishwasher</b>                           |
| <i>Comments:</i>   |                          |                                     |                                     |  |
| Unit not operated, No water<br>Unit is not properly secured in cabinet.<br>Rust and/or corrosion observed in unit. |                          |                                     |                                     |  |
| <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>   |                          |                                     |                                     |  |
| 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  |                          |                                     |                                     |  |

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I. **Garage Door Operators**  
*Comments:*  
 Not Present

J. **Door Bell and Chimes**  
*Comments:*  
 Door bell control button and/or chimes are damaged.

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:*  
 Not Present

E. **Gas Lines**  
*Comments:*  
 Not Present

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<b>F. Water Wells</b> (A coliform analysis is recommended.) <i>Type of Pump:</i> <i>Type of Storage Equipment:</i> <i>Comments:</i> <b>Not Present</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<b>G. Septic Systems</b> <i>Comments:</i> <b>Not Present</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>H. Security Systems</b> <i>Comments:</i> security testing is not part of this inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<b>I. Fire Protection Equipment</b> <i>Comments:</i> <b>Not Present</b>

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I	NI	NP	R	Inspection Item
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