

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 606 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: 20080241888 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

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <p>A. Foundations (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, at rear, right walls, at front porch area.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>B. Grading and Drainage</p> <p><i>Comments</i></p> <p>Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front entry area, at rear of house. 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>C. Roof Covering (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 either eave level and/or ground level using binoculars due to height of eaves 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,</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <p>D. Roof Structure and Attic (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 ROOF STRUCTURE OBSERVATIONS- No problems observed during this inspection period. INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 8 - 9 inches thick.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>E. Walls (Interior and Exterior) <i>Comments</i></p> <p>INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.</p> |
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Stored items or furnishings prevent full inspection.

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-reseal lap siding joints at right front of house walls. Excessive spacing of weep holes at front masonry siding. Add every 33". Damaged lap siding at rear wall of house

F. Ceilings and Floors
Comments

CEILING COVERING(S)-cracking wall to ceiling joint at master bath

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-front left bedroom door locked, not inspected
Front right bedroom door damaged
Doors not latching at rear left bedroom, at master bedroom.

EXTERIOR DOOR OBSERVATIONS- damaged front entry door observed.

H. Windows
Comments

OBSERVATIONS-Damaged glazing beads at lower left rear window
Window stuck, not functional at lower front living area.
Missing screens at upper rear, at front right upper windows

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:

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

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| <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- LIGHTING & CEILING FAN DEFICIENCIES- stairs light not functional and loose at mount. |
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III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

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| <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. CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace insulation on exterior lines to unit. Damaged metal housing at unit. EVAPORATOR OBSERVATIONS-debris, fungal type growth observed at interior blower housing in need of proper removal. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Ducts and Vents <i>Comments:</i> |

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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.

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.

Bathroom #1 MASTER BATHROOM:

LAVATORY- Restricted/Slow drainage was noted.

Staining noted at sink cabinet.

TOILET PLUMBING- No problems observed during this inspection period.

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

B. Drains, Wastes, Vents

Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic

SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

Bathroom #1 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.

Rust noted at drain pan from past a/c overflow

D. Hydro Therapy Equipment

Comments:

Not Present

V. APPLIANCES

A. Dishwasher

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Unit is not operational or is in need of service/replacement at this time.
 Unit is not properly secured in cabinet.

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Food Waste Disposer <i>Comments:</i> Deficiencies- Splash guard is damaged/missing. |
| <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 checked="" type="checkbox"/> | D. Ranges/Ovens/Cooktops <i>Comments:</i> Oven present, Electric. Unit in use at time of inspection, not tested |
| <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> |

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No problems observed.

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