

## PROPERTY INSPECTION REPORT

**Prepared For:** SAHA  
(Name of Client)

**Concerning:** 607 Villa Linda San Antonio, TX 78237  
(Address or Other Identification of Inspected Property)

**By:** Gary Armstrong 9604 02/26/08  
(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: 20080242031 Phone Number: \_\_\_\_\_  
Date of Inspection: 02/26/08 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.

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I	NI	NP	R	Inspection Item	

**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 at interior areas, garage area.  
 Signs of past foundation repairs noted.

**B. Grading and Drainage**  
*Comments*  
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left rear of house. 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.  
 Seal all exposed fasteners at ridge caps, flashings on roof.  
 Starter strip around perimeter edge of roof improperly installed, not sealed down.

**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 not fully cut out in attic. Trim for proper air flow.  
 ROOF STRUCTURE OBSERVATIONS- loose brace in attic at access area  
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 9 to 11 inches thick.

**E. Walls (Interior and Exterior)**  
*Comments*

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INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.  
OBSERVATIONS- new paint noted at interior

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-paint, seal base of wood trim at corners, around house.  
Reseal lap siding joints on exterior  
Excessive spacing between weep holes at base of brick siding.

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

CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.

FLOOR COVERING(S)-flooring removed throughout.

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

INTERIOR DOOR OBSERVATIONS- No problems observed during this inspection period.

EXTERIOR DOOR OBSERVATIONS- Doors not properly latching at garage to house, at side exterior door.  
Garage overhead door not functional, stuck.

**H. Windows**  
*Comments*

OBSERVATIONS-Cracked glass at left rear window  
Missing screens all 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*

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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 as hot leg.

No meter. No power on to house

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- LIGHTING & CEILING FAN DEFICIENCIES- lights cover missing at kitchen

No power to house

**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- No power. Unit not operated

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

Est. Size: 2 1/2 ton

Cooling System- - Central, - Split System.

AIR TEMPERATURE DIFFERENTIAL- No power. Unit not operated.

- C. Ducts and Vents**  
*Comments:*

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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 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- excessively low pressure to exterior hose bibbs observed.

**Bathroom #1 HALL BATHROOM:**

LAVATORY- No problems observed during this inspection period.  
 TOILET PLUMBING- Toilet is loose at the floor with the possibility of leakage, an unsanitary condition that can also cause damage to flooring. A plumber should resecure the toilet as needed.  
 Tank loose from bowl at toilet unit.  
 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- drainline disconnected at kitchen sink

**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:*

*Location/Coverage:* Closet.  
 State 40 gallon 2000 unit.  
 No power. Unit not operated

**D. Hydro Therapy Equipment**  
*Comments:*

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**V. APPLIANCES**

- |                                     |                          |                                     |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>A. Dishwasher</b><br><i>Comments:</i><br>Discharge hose is, installed without an air gap. The drain line should be raised to the underside of the counter top.                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>B. Food Waste Disposer</b><br><i>Comments:</i><br>No power. not operated   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>C. Range Hood</b><br><i>Comments:</i><br>No power. Not operated  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>D. Ranges/Ovens/Cooktops</b><br><i>Comments:</i><br>No power. Not operated   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>E. Microwave Cooking Equipment</b><br><i>Comments:</i><br>Not Present  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>F. Trash Compactor</b><br><i>Comments:</i><br>Not Present  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <b>G. Bathroom Exhaust Fans and/or Heaters</b><br><i>Comments:</i><br>Vent unit present. No problems observed during limited test run of appliance. Failed to operate at master bath. |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>H. Whole House Vacuum Systems</b><br><i>Comments:</i><br>Not Present   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>I. Garage Door Operators</b><br><i>Comments:</i><br>Not Present  |

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- J. Door Bell and Chimes**  
*Comments:*  
 No problems observed.
- 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
- F. Water Wells** (A coliform analysis is recommended.)  
*Type of Pump:*  
*Type of Storage Equipment:*  
*Comments:*

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**G. Septic Systems**  
*Comments:*

Not Present

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

Not Present

security testing is not part of this inspection

**I. Fire Protection Equipment**  
*Comments:*

Not Present