

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 611 Villa Linda San Antonio, TX 78237

(Address or Other Identification of Inspected Property)

By: Jon Krauss 4255 02/04/08

(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: 20080241645 Phone Number: _____
Date of Inspection: 02/04/08 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.

B. Grading and Drainage
Comments
 Soil installed too high to siding at rear of house, at left of house. Lower soil properly below base of siding and maintain proper slope away from 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.
 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
 Shingles lifting at front lower gutter area.
 ROOF JACKS, FLASHING, & COUNTER FLASHING OBSERVATIONS-add, extend kickout type flashing at edge of roof at left lower patio corner.
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter is sloped improperly and holding water at front of house.

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
 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.

E. Walls (Interior and Exterior)
Comments
 INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH

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THE FOLLOWING MATERIAL(S)- Drywall.
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-paint base of wood trim at front right corner. Seal wood eave trim at front left upper, at upper right, at front Hole in lap siding at left rear base of wall.

F. Ceilings and Floors
Comments

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

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-right bedroom closet door off track

EXTERIOR DOOR OBSERVATIONS- Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- rear door . Repair damage, reseal exterior and consider cover to protect from elements. Rear door not fully sealed when closed. Split jamb at striker area.

H. Windows
Comments

OBSERVATIONS-cracked glass at left bedroom window
Staining at interior of window at front left, front right bedrooms from leakage
Storage blocking access at kitchen, breakfast, rear bedroom.

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
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SERVICE COMMENTS: Under Ground
 MAIN PANEL COMMENTS: LOCATION- Exterior of house at right side.
 PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.
 MAIN ELECTRICAL PANEL OBSERVATIONS-white wiring used as hot leg in panel for water heater but not properly marked as hot leg.

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- missing light cover at master closte.
 Limited access to outlets due to storage.

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: 3 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.
 EVAPORATOR OBSERVATIONS-gaps at cover on unit in need of repairs.
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-clear debris from base of exterior unit.
 Unit unlevel on exterior in need of repair.

- C. Ducts and Vents**
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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- Electrical wiring was present in the return air duct work from water heater unit.

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.

Kitchen

KITCHEN SINK PLUMBING-corrosion at drainline joint from leakage under sink.

Bathroom #1 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.

TOILET PLUMBING- No problems observed during this inspection period.

TUB/SHOWER PLUMBING-stopper disconnected at tub.

Bathroom #2 MASTER BATHROOM:

LAVATORY- Restricted/Slow drainage was noted.

TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.

TUB/SHOWER PLUMBING- stopper disconnected at tub

B. Drains, Wastes, Vents

Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic

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

Bathroom #1 HALL BATHROOM:

Bathroom #2 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:

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Electrically operated.

Location/Coverage: Closet, Hallway.

State 40 gallon 2000 unit
 No problems observed during this inspection period.

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

V. APPLIANCES

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Dishwasher
<i>Comments:</i>
Unit is not operational or is in need of service/replacement at this time. |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Food Waste Disposer
<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"/> | 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 type="checkbox"/> | D. Ranges/Ovens/Cooktops
<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"/> | 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. |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Door Bell and Chimes <i>Comments:</i> No problems observed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Dryer Vents <i>Comments:</i> No problems noted.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. Other Built-in Appliances <i>Comments:</i> Not Present
VI. OPTIONAL SYSTEMS								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Lawn Sprinklers <i>Comments:</i> Not Present
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Swimming Pools and Equipment <i>Comments:</i> Not Present
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Outbuildings <i>Comments:</i> Not Present
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Outdoor Cooking Equipment <i>Energy Source:</i> <i>Comments:</i> Not Present
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Gas Lines <i>Comments:</i>

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I	NI	NP	R			

Not Present

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Water Wells (A coliform analysis is recommended.)
				<i>Type of Pump:</i>
				<i>Type of Storage Equipment:</i>
				<i>Comments:</i>

Not Present

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Septic Systems
				<i>Comments:</i>

Not Present

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Security Systems
				<i>Comments:</i>
				security testing is not part of this inspection

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. Fire Protection Equipment
				<i>Comments:</i>

Not Present