

PROPERTY INSPECTION REPORT

Prepared For: SAHA

(Name of Client)

Concerning: 614 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: 20080241890 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

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|---|
| <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 (An opinion on performance is mandatory.):</i></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 on front entry, at right front, left side and garage floor areas.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <p>B. Grading and Drainage
 <i>Comments</i></p> <p>Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at front right entry 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 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.</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, 10 - 16 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.
 Stored items or furnishings prevent full inspection.
 OBSERVATIONS- hole in wall at hall bath area.</p> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|---|

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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 left, at right of house walls.

F. Ceilings and Floors
Comments

FLOOR COVERING(S)- damaged flooring at kitchen observed.

G. Doors (Interior and Exterior)
Comments

INTERIOR DOOR OBSERVATIONS-front left bedroom door damaged doors not latching at hall bath closet, at left rear bedroom.

EXTERIOR DOOR OBSERVATIONS-garage door off track.

H. Windows
Comments

OBSERVATIONS-staining, water damage and fungal type growth observed at front left bedroom, at kitchen area in need of repairs.

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:

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.

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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 checked="" 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- RECEPTACLE DEFICIENCIES-loose outlet at rear left bedroom. | | | | | |

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. | | | | | |
| EVAPORATOR OBSERVATIONS-interior coils in need of cleaning/servicing. | | | | | |
| CONDENSER (EXTERIOR UNIT) OBSERVATIONS-replace damaged insulation on exterior lines to unit. | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Ducts and Vents | <i>Comments:</i> |
| 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. | | | | | |
| FILTER OBSERVATIONS- Filters are very dirty. | | | | | |

IV. PLUMBING SYSTEM

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Water Supply System and Fixtures | <i>Comments:</i> |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|------------------|

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The potable water supply source is- Municipal service is primary water source.
 SUPPLY PIPING TYPE- Copper
 POTABLE WATER LINE OBSERVATIONS- Appears serviceable.
 EXTERIOR PLUMBING-rear hose bibb leaking.

Kitchen

Bathroom #1 HALL BATHROOM:

LAVATORY- Restricted/Slow drainage was noted.
 Staining noted at sink cabinet.
 TOILET PLUMBING-tank loose from bowl at toilet.
 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 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, Hallway.

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

D. Hydro Therapy Equipment
Comments:

Not Present

V. APPLIANCES

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.

B. Food Waste Disposer
Comments:

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Deficiencies- Unit failed to operate.

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|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| <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.
With the thermostat set at 350 degrees the oven shut down temperature was 390 degrees.
Adjust, repair to within 25 degrees of setting. |
| <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>
No problems observed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | K. Dryer Vents
<i>Comments:</i>
Vent cap is damaged. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | L. Other Built-in Appliances
<i>Comments:</i> |

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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:

Not Present

H. Security Systems
Comments:

security testing is not part of this inspection

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I.

Fire Protection Equipment

Comments:

Not Present