

## PROPERTY INSPECTION REPORT

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

**Concerning:** 614 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: 200809241646 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. 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.
  
- B. Grading and Drainage**  
*Comments*  
 Soil installed too high to siding at right 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-Roof decking at edge at right side.  
 Shingles short, lack proper overhang at edge of roof at front right corner  
 Starter strip around perimeter edge of roof improperly installed, not sealed down  
 Seal all exposed fasteners at ridge caps, flashings on roof.  
 Left rear hip on roof missing several shingles and exposed wood observed.
  
- 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 of roof decking. Trim for full air flow.  
 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 THE FOLLOWING MATERIAL(S)- Drywall.  
 Stored items or furnishings prevent full inspection.  
  
 EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF

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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 rear left, rear right corners, at front left corner.

- 

**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-loose hinge, sticking in jamb at hall bath.

EXTERIOR DOOR OBSERVATIONS-breakfast door staining at interior, signs of leakage at door.

- 

**H. Windows**  
*Comments*

OBSERVATIONS-staining at interior window sill at master right, at front bedroom, at rear bedroom, at living area windows.

No visible flashing at master rear window.

Note: one master bedroom, one front bedroom window single pane only, not double pane glass

- 

**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

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PREDOMINANT OVERLOAD PROTECTION DEVICES- Circuit breakers are provided.  
 MAIN ELECTRICAL PANEL OBSERVATIONS-White wire used as hot leg for water heater circuit but not properly marked as hot leg.  
 Conduit to meter box loose, in need of repairs  
 Anti oxidant recommended on aluminum 220 volt connections.  
 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- No problems observed during this inspection period.

### 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: 2 1/2 ton  
 Cooling System- - Central, - Split System.  
 AIR TEMPERATURE DIFFERENTIAL- Air Temperature Deficiencies- Temperature drop/differential observed was less than 15 degrees. Refrigerant leakage may have occurred. A licensed air conditioning contractor should be called to make further evaluation and repairs as needed to all sources of refrigerant leakage.  
 EVAPORATOR OBSERVATIONS-interior coils in need of servicing  
 Debris observed at blower, at housing in need of proper removal  
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-unit out of level, in need of repair.

- C. Ducts and Vents**  
*Comments:*  
 DUCTWORK TYPE- Fiberglass duct board and/or flexible type ducts were primarily used for distribution/return system throughout.

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Ductwork, Air Chase and/or Plenum Observations- Electrical wiring was present in the return air duct work for water heater wiring  
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  
EXTERIOR PLUMBING- No anti-siphon protection observed on exterior hose bibs/ faucets. This is a basic safety attachment to the end of faucets that will protect from a cross connection or back-flow of water into the house.

**Kitchen**

KITCHEN SINK PLUMBING-water damage at base of sink cabinet.

**Bathroom #1 HALL BATHROOM:**

LAVATORY-missing stopper at sink  
TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.  
TUB/SHOWER PLUMBING- Restricted/Slow drainage was noted.

**Bathroom #2 MASTER BATHROOM:**

LAVATORY- No problems observed during this inspection period.  
TOILET PLUMBING- Water closet fill valve leaking in tank when flushed. Repair/replace valve.  
TUB/SHOWER PLUMBING- Restricted/Slow drainage was noted.

**B. Drains, Wastes, Vents**  
*Comments:*

**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:* Electrically operated.  
*Comments:*

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*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"/> | <b>D. Hydro Therapy Equipment</b> |
| <i>Comments:</i>         |                          |                                     |                          |                                   |
| <b>Not Present</b>       |                          |                                     |                          |                                   |

**V. APPLIANCES**

- |   |                                     |                                     |                          |  |
|---|-------------------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>A. Dishwasher</b>                           |
| <i>Comments:</i>  |                                     |                                     |                          |  |
| not inspected due to storage  |                                     |                                     |                          |  |
| <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 type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>D. Ranges/Ovens/Cooktops</b>                |
| <i>Comments:</i>  |                                     |                                     |                          |  |
| not inspected due to storage.   |                                     |                                     |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>E. Microwave Cooking Equipment</b>          |
| <i>Comments:</i>  |                                     |                                     |                          |  |
| <b>Not Present</b>  |                                     |                                     |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>F. Trash Compactor</b>                      |
| <i>Comments:</i>  |                                     |                                     |                          |  |
| <b>Not Present</b>  |                                     |                                     |                          |  |
| <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>  |                                     |                                     |                          |  |
| 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"/> | <b>H. Whole House Vacuum Systems</b>           |
| <i>Comments:</i>  |                                     |                                     |                          |  |
| <b>Not Present</b>  |                                     |                                     |                          |  |

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

**J. Door Bell and Chimes**  
*Comments:*  
 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:*

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**Not Present**

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

**Not Present**

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

security testing is not part of this inspection

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

**Not Present**