

PROPERTY INSPECTION REPORT

Prepared For: SAHA
(Name of Client)

Concerning: 618 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: 20080242032 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.

- B. Grading and Drainage**
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left 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.
 Torn shingle at front of house roof.
 GUTTERING OBSERVATIONS- DAMAGE/DEFECTS NOTED- Gutter(s) are filled with debris. (Leaves, sticks, and/or aggregate.) Debris may have restricted full viewing at some areas.

- 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- No problems observed during this inspection period.
 INSULATION OBSERVATIONS- Blown type insulation (either fiberglass or rock wool) present. The insulation layer is approximately, 7 to 10 inches thick.

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				E. Walls (Interior and Exterior) <i>Comments</i> INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall. OBSERVATIONS- signs of past water damage at hall bath shower wall Vent at interior garage wall damaged. 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 cracking noted at front entry brick siding.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				F. Ceilings and Floors <i>Comments</i> CEILING COVERING(S)- CEILING OBSERVATIONS- No problems observed during this inspection period.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				G. Doors (Interior and Exterior) <i>Comments</i> INTERIOR DOOR OBSERVATIONS- missing knob at right rear bedroom, at right front bedroom closet EXTERIOR DOOR OBSERVATIONS- Side exterior door not latching. Moisture related deterioration is present in door(s) and/or related trim in the following area(s). --- side door . Repair damage, reseal exterior and consider cover to protect from elements. Damaged, missing weatherstrip at front door.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				H. Windows <i>Comments</i> OBSERVATIONS-Damaged glazing beads at front windows, at right front windows. Staining, signs of leakage at left windows master bedroom.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				I. Fireplace/Chimney <i>Comments</i> Not Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				J. Porches, Decks and Carports (Attached) <i>Comments</i> PORCH OBSERVATIONS- No problems observed during inspection period.

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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 wire used as hot leg in panel 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 outlet covers at front right bedroom

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

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drop/differential observed to be over 20 degrees. This may indicate dirty evaporator coils, dirty air filter, or air flow restriction. Contact a licensed service company for further evaluation and/or cleaning.

EVAPORATOR OBSERVATIONS-debris, fungal type growth observed at interior blower and coils in need of proper removal/cleaning

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C. Ducts and Vents
Comments:

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.
FILTER OBSERVATIONS- Filters are very dirty.

IV. PLUMBING SYSTEM

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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- no water at time of inspection

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Bathroom #1 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.
TOILET PLUMBING- Hall bath tank loose from bowl, in need of repairs.
TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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B. Drains, Wastes, Vents
Comments:

DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
SEWER PIPE OBSERVATIONS- drainline disconnected at kitchen sink

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Bathroom #1 HALL BATHROOM:

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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 water. Unit not operated

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D. Hydro Therapy Equipment
Comments:

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Not Present

V. APPLIANCES

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>A. Dishwasher
<i>Comments:</i></p> <p>Discharge hose is, installed without an air gap. The drain line should be raised to the underside of the counter top.
no water, not operated</p> |
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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>B. Food Waste Disposer
<i>Comments:</i></p> <p>No water. not operated</p> |
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|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>C. Range Hood
<i>Comments:</i></p> <p>a vented type. No problems observed during limited test run of appliance.</p> |
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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>D. Ranges/Ovens/Cooktops
<i>Comments:</i></p> <p>Oven present, Electric. No problems observed during this inspection period.
Free standing range is not properly secured in place to prevent accidental tip over. Unit should be secured with wall or floor brackets as a safety precaution.</p> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>E. Microwave Cooking Equipment
<i>Comments:</i></p> <p>No problems observed during this inspection period. Note: No microwave leak detection and/or output testing was done during this inspection period.</p> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|

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|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>F. Trash Compactor
<i>Comments:</i></p> <p>Not Present</p> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|

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|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>G. Bathroom Exhaust Fans and/or Heaters
<i>Comments:</i></p> <p>Vent unit present. No problems observed during limited test run of appliance. Failed to operate at master bath.</p> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>H. Whole House Vacuum Systems
<i>Comments:</i></p> |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|

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Not Present

I. **Garage Door Operators**
Comments:

Not Present

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

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<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