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PROPERTY INSPECTION REPORT

Prepared For: Tony Scarnato
(Name of Client)

Concerning: 619 Villa Linda San Antonio, TX
(Address or Other Identification of Inspected Property)

By: Gary Armstrong 9604 09/20/07
(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: 20070940051 Phone Number: _____

Date of Inspection: 09/20/07 Fax Number: _____

Time of Inspection: 2:00pm

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				

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. Smaller, fracture cracks to finished floor in garage observed, at front porch

- B. Grading and Drainage**
Comments
 Structure is built on a slightly sloped lot. Grade at foundation appears inadequate at left rear, at 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. Approximate age of roof. Approximate age of this roof covering is believed to be between 5 and 10 years old.
 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 as per manufacturer installation instructions.

 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.
 Gutter is sloped improperly and holding water.

- 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)

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present. The insulation layer is approximately, 5 - 9 inches thick.

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E. Walls (Interior and Exterior)

Comments

INTERIOR WALL OBSERVATIONS- INTERIOR WALLS ARE COVERED WITH THE FOLLOWING MATERIAL(S)- Drywall.

OBSERVATIONS- nail pops on walls at left garage
 Cracking at windows, at doors observed at interior of house several areas, in kitchen
 Base trim damaged at hallway near master shower wall
 Stored items or furnishings prevent full inspection.

EXTERIOR WALL OBSERVATIONS- EXTERIOR WALLS ARE CONSTRUCTED OF THE FOLLOWING MATERIALS- Cement Fiber type siding. Soffit(s), eave(s), and/or trim are painted wood.

OBSERVATIONS-trim damaged at side door, at right rear corner, at right front corner of house
 Exposed, loose nails at fascia observed

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F. Ceilings and Floors

Comments

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

FLOOR COVERING(S)-loose flooring seams at kitchen

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G. Doors (Interior and Exterior)

Comments

INTERIOR DOOR OBSERVATIONS-front right bedroom door sticking in jamb

EXTERIOR DOOR OBSERVATIONS- 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 weatherstrip at front door.

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H. Windows

Comments

OBSERVATIONS-Damaged glazing beads at exterior observed.
 Staining, fungal type growth observed at right rear bedroom window

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I. Fireplace/Chimney

Comments

Not Present

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-
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J. Porches, Decks and Carports (Attached)

Comments

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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 at interior of panel used for hot legs but not properly marked in panel

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- loose ceiling fan at right front bedroom

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

- A. Heating Equipment #1:
 Type/Energy Source: System Type- Electric Forced Air Heat Pump.
 Comments:

Unit located at hall closet.
 Heating System- The heating system operated correctly at the time of the inspection.

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

Cooling System- - Central, - Split System.
 Trane est 2 1/2 ton 2000 unit located at rear of house.
 AIR TEMPERATURE DIFFERENTIAL- Temperature drop/differential observed

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between 15 - 20 degrees. (taken between interior return and supply air) This is considered a normal operating range.
 EVAPORATOR OBSERVATIONS-debris and fungal type growth observed at interior blower and coils in need of proper removal.
 gaps in insulation on lines in attic, in need of repairs
 CONDENSER (EXTERIOR UNIT) OBSERVATIONS-insulation on exterior refrigerant piping to unit in need of replacement.

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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- **Openings observed at ducts and/or at blower unit allowing air to escape from the system. Seal all joints, connections of ducts throughout**
Electrical wiring was present in the return air duct work from water heater. This was common in older installations.
 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- Appears serviceable.
 EXTERIOR PLUMBING-rear hose bibb leaking.

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Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET 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.**
 TUB/SHOWER PLUMBING- signs of leakage at wall at master bath shower area.
 Staining on wall adjacent to shower.

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Bathroom #2 HALL BATHROOM:

LAVATORY-aerator stopped up at faucet.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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B. Drains, Wastes, Vents

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DRAIN/WASTE & VENT PIPING TYPE- PVC plastic
 SEWER PIPE OBSERVATIONS- No problems observed during this inspection period.

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Bathroom #1 MASTER BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

-

Bathroom #2 HALL BATHROOM:

LAVATORY- No problems observed during this inspection period.
 TOILET/BIDET PLUMBING- No problems observed during this inspection period.
 TUB/SHOWER PLUMBING- No problems observed during this inspection period.

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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:

State 40 gallon unit located at hall closet.
 No problems observed during this inspection period.

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D. Hydro Therapy Equipment

Comments:

Not Present

V. APPLIANCES

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A. Dishwasher

Comments:

No problems observed during limited test run of appliance.

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B. Food Waste Disposer

Comments:

No problems observed during limited test run of appliance.

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C. Range Hood

Comments:

No problems observed during limited test run of appliance.

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D. Ranges/Ovens/Cooktops

Comments:

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Oven present, Electric. No problems observed during this inspection period with operation of unit.

E. Microwave Cooking Equipment
Comments:
 Not Present

F. Trash Compactor
Comments:
 Not Present

G. Bathroom Exhaust Fans and/or Heaters
Comments:
 Vent unit present. No problems observed during limited test run of appliance.

H. Whole House Vacuum Systems
Comments:
 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

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	C.	Outbuildings			
					<i>Comments:</i>			
					Not Present			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	E.	Gas Lines			
					<i>Comments:</i>			
					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			

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