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## PROPERTY INSPECTION REPORT

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

**Concerning:** 743 Matthews San Antonio, TX 78237  
\_\_\_\_\_  
(Address or Other Identification of Inspected Property)

**By:** Jon Krauss 4255 02/06/08  
\_\_\_\_\_  
(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: 20080241694 Phone Number: \_\_\_\_\_  
Date of Inspection: 02/06/08 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.  
 Minor signs of past settlement observed in the form of hair line type cracking to finished surfaces.

**B. Grading and Drainage**  
*Comments*  
 Structure is on a slightly sloped lot. Grade at foundation appears adequate at time of inspection  
 note: dry soil at left of house observed. Regular watering should be done to prevent added 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- Seal all exposed fasteners at ridge caps, flashings on roof.  
 Nails backing out through shingles at rear slope and hip ridge areas  
 Starter strip around perimeter edge of roof improperly installed, not sealed down.  
 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.  
 Loose gutter at exterior fascia, in need of repairs.

**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 decking for full air flow.  
 Signs of animals, rodents observed in attic. Consult pest professional  
 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, 10 - 16 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.

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. Aluminum/ vinyl siding.

OBSERVATIONS-paint, seal base of wood trim at corners of house. vinyl soffit loose at left front of house

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**F. Ceilings and Floors**  
*Comments*

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

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**G. Doors (Interior and Exterior)**  
*Comments*

INTERIOR DOOR OBSERVATIONS-laundry and pantry door blocked with storage.

EXTERIOR DOOR OBSERVATIONS-Front door not fully sealed when closed. Damaged weatherstrip at door  
Overhead garage door damaged bottom panel.

- 

**H. Windows**  
*Comments*

OBSERVATIONS-swelling at interior of front bedroom window  
note: one breakfast window is single pane glass only.

- 

**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**

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**II. ELECTRICAL SYSTEMS**

- A. Service Entrance and Panels**

*Comments:*

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 in panel for hot leg on circuit but not properly marked.

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- light not functional at living room fan, at right exterior.

**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- 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.

Gaps in insulation on lines in attic in need of repairs

Blower unit and housing is in need of full cleaning/servicing

CONDENSER (EXTERIOR UNIT) OBSERVATIONS-extend condensate drainline away

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from foundation at exterior.

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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.  
 Debris observed in return chase to unit  
 Damaged vapor barrier observed in attic at left two vents, in need of repair/replacement.

**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.

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**Kitchen**

KITCHEN SINK PLUMBING- Restricted/Slow drainage was noted.  
 Staining observed at cabinet base.

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**Bathroom #1 MASTER BATHROOM:**

LAVATORY- No problems observed during this inspection period.  
 TOILET PLUMBING- No problems observed during this inspection period.  
 TUB/SHOWER PLUMBING-diverter control stuck on shower setting.  
 Leaking at shower head connections.

- 

**Bathroom #2 HALL BATHROOM:**

LAVATORY-stopper not connected at sink  
 TOILET PLUMBING- No problems observed during this inspection period.  
 TUB/SHOWER PLUMBING-diverter at spout stuck, not changing tub to shower.

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

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

- 

**Bathroom #1 MASTER BATHROOM:**

- 

**Bathroom #2 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, 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:*  
 Unit is not properly secured in cabinet.  
 Discharge hose is, installed without an air gap. The drain line should be raised to the underside of the counter top.

**B. Food Waste Disposer**  
*Comments:*  
 No problems observed during limited test run of appliance.

**C. Range Hood**  
*Comments:*  
 No problems observed during limited test run of appliance.

**D. Ranges/Ovens/Cooktops**  
*Comments:*  
 Oven present, Electric. No problems observed during this inspection period.

**E. Microwave Cooking Equipment**  
*Comments:*  
**Not Present**

**F. Trash Compactor**  
*Comments:*  
**Not Present**

**G. Bathroom Exhaust Fans and/or Heaters**  
*Comments:*

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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:*  
 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

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- |                          |                                     |                                     |                          |  |
|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>E. Gas Lines</b><br><i>Comments:</i><br><br><b>Not Present</b>  |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>F. Water Wells</b> (A coliform analysis is recommended.)<br><i>Type of Pump:</i><br><i>Type of Storage Equipment:</i><br><i>Comments:</i><br><br><b>Not Present</b> |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>G. Septic Systems</b><br><i>Comments:</i><br><br><b>Not Present</b>   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>H. Security Systems</b><br><i>Comments:</i><br><br>security testing is not part of this inspection  |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>I. Fire Protection Equipment</b><br><i>Comments:</i><br><br><b>Not Present</b>  |