



Inspection Masters

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PROPERTY INSPECTION REPORT

Prepared For: Mr. and Mrs. Home Buyer
(Name of Client)

Concerning: 123 Anywhere Drive, Your Town, Texas
(Address or Other Identification of Inspected Property)

By: Craig A. Reagan, T.R.E.C. # 2147 12/04/2003
(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

The gutters and downspouts are in need of cleaning.

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 checked="" type="checkbox"/> | <p>A. Foundations (If all crawl space areas are not inspected, provide an explanation.)
 Type of foundation: Concrete slab-on-grade
 Method of inspection: Visual inspection of interior and exterior; Compulevel
 <i>Comments (An opinion on performance is mandatory.):</i> This residence was observed to have evidence of what appears to be excessive foundation movement. This evidence includes, but is not limited to, sloping floors, misaligned doors, interior drywall cracking, evidence of previous repairs, and rafters pulled from the main ridge beam. I recommend this foundation be further evaluated to determine what areas, if any, are in need of repairs.</p> <p>Some cracking is present on the exterior corners of the foundation. However, this is not indicative of a structural problem.</p> |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <p>B. Grading & Drainage
 <i>Comments:</i> High landscape grading was observed on the right side and front of the residence. The soil in these areas should be a minimum of 4-inches below brick veneer and 8-inches below wood or composition siding. The soil should be lowered in such a manner so as to provide for positive drainage <u>away</u> from the foundation. Also, some isolated areas of poor drainage were observed around the residence and should be corrected.</p> |
| <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.)
 Type of roof covering: Fiberglass composition shingle
 Method of inspection: Walked on roof
 <i>Comments:</i> The roof should be cleaned of debris. Any limbs overhanging the roof should be trimmed to a minimum of 3-feet from the roof surface. Evidence of a leak was observed in the ceiling of the formal dining room and this area was tested with an electronic moisture meter to be wet at the time of this inspection.</p> |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <p>D. Roof Structure & Attic (If the attic is inaccessible, report the method used to inspect.)
 Method of inspection: Entered attic and performed a visual inspection
 Approximate depth of insulation: 9 inches
 <i>Comments:</i> The attic is underventilated. The attic stairway legs should be trimmed to the proper length and the hinged connections should be tightened. The attic of the residence was observed to be underbraced. Additional bracing should be installed as necessary to provide proper support to the roof structure. The breezeway between the garage and residence is not blocked off and should be corrected.</p> |

I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>E. Walls (Interior & Exterior)</p> <p><i>Comments:</i> The brick veneer wall should be sealed where the drain pan line and T&P line penetrate it. The soffit and fascia was observed to be deteriorated in several areas around the residence and should be corrected. The siding is deteriorated at the wall/shingle interface on the right side of the residence and should be corrected. Water damage is present at the base of some of the walls in the right rear wing and pool bathroom. Mold/mildew is present on the wall of the hall bathroom linen cabinet indicating a source of moisture. This source of moisture should be determined and corrected.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>F. Ceilings & Floors</p> <p><i>Comments:</i> Evidence of a leak was observed in the ceiling of the formal dining room and this area was tested with an electronic moisture meter to be wet at the time of this inspection.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>G. Doors (Interior & Exterior)</p> <p><i>Comments:</i> The exterior doors do not seal properly and should be corrected. The master bathroom door is delaminating at the bottom and should be corrected. The overhead garage door is sagging and should be corrected as necessary.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>H. Windows</p> <p><i>Comments:</i> Some windows have damaged suspension mechanisms and will not stay open. Some windows have damaged/missing window screens. Some windows have compromised vacuum seals indicated by fogging between the panes. It should be noted that some of these bedroom window sills are higher than the current day standard of 44-inches, and may impede egress in the event of fire or other emergency. At least one broken window was observed.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>I. Fireplace/Chimney</p> <p><i>Comments:</i> Cracked bricks and deteriorated mortar joints were observed in the fire box and should be corrected. Due to the width of the chimney, a cricket should be installed behind the chimney. The flue and firebox should be cleaned. It appears as though the ash cleanout has been made non-functional. The chimney is too short and may not draft properly.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>J. Porches, Decks and Carports (Attached)</p> <p><i>Comments:</i></p>
II. ELECTRICAL SYSTEMS				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>A. Service Entrance and Panels</p> <p><i>Comments:</i> The incoming service cable is too low to the roof surface. The electrical service for this house is marginal (100 AMPS) and may need to be upgraded depending on the anticipated loads.</p>

I	NI	NP	R	Inspection Item
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.):</p> <p style="padding-left: 20px;">Type of branch circuit wiring: Copper</p> <p><i>Comments:</i> Numerous outlets are ungrounded and should be corrected. Also, the garage does not have the required GFCI protection and should be corrected. Several branch circuits are missing strain reliefs and should be corrected. The weather cover for the outlet on the front porch is broken and should be corrected.</p> |
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III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>A. Heating Equipment</p> <p><i>Type And Energy Source:</i></p> <p style="padding-left: 20px;">Type of heating system: Central Forced Air Furnace</p> <p style="padding-left: 20px;">Energy source: Gas</p> <p><i>Comments:</i></p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>B. Cooling Equipment</p> <p><i>Type And Energy Source:</i></p> <p style="padding-left: 20px;">Type of cooling system: Central Forced Air System</p> <p style="padding-left: 20px;">Energy source: Electricity</p> <p><i>Comments:</i> The air conditioning temperature differential was measured to be low. The cause of this condition should be determined and corrected by a licensed mechanical contractor.</p> |

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>C. Ducts and Vents</p> <p><i>Comments:</i></p> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|

IV. PLUMBING SYSTEM

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>A. Water Supply System and Fixtures</p> <p><i>Comments:</i> Both tub/showers are in need of recaulking. Also, the master shower appears to have a leak as indicated by mold in the cabinet in the hall bathroom. The left rear hose bib does not shut off completely. The exterior sink faucet does not shut off completely. The kitchen veggie sprayer doesn't shut off completely and isn't mounted properly. Indications of leaks were observed below the kitchen sink. The hall bathroom faucet doesn't shut off completely.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>B. Drains, Wastes, Vents</p> <p><i>Comments:</i></p> |

I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. Water Heating Equipment (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.) <i>Energy Source:</i> Energy source: Gas <i>Comments:</i> A gas leak(s) were detected at the control valve and should be corrected.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Hydro-Therapy Equipment <i>Comments:</i>
V. APPLIANCES				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Dishwasher <i>Comments:</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. Food Waste Disposer <i>Comments:</i> The disposal makes a loud noise when operated and will likely require replacement in the near future. A strain relief should be installed on the incoming service cable.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. Range Hood <i>Comments:</i> The range hood does not vent to the exterior and should be corrected. The light is non-functional.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Ranges/Ovens/Cooktops <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. Microwave Cooking Equipment <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Trash Compactor <i>Comments:</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G. Bathroom Exhaust Fans and/or Heaters <i>Comments:</i> The hall bathroom heater does not function properly and should be replaced.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Whole House Vacuum Systems <i>Comments:</i>

I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I. Garage Door Operators <i>Comments:</i> The safety reverse function does not work properly and should be corrected.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Door Bell and Chimes <i>Comments:</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	K. Dryer Vents <i>Comments:</i> The connecting hose is damaged and should be replaced.
VI. OPTIONAL SYSTEMS				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Lawn Sprinklers <i>Comments:</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Swimming Pools and Equipment <i>Comments:</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Outbuildings <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Outdoor Cooking Equipment <i>Comments:</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E. Gas Lines <i>Comments:</i> Any gate valves should be changed to ball valves. See comments for individual appliances. A cap/plug should be installed on the gas valve for the dryer.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Water Wells (A coliform analysis is recommended.) <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. Septic Systems <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Security Systems <i>Comments:</i>

I	NI	NP	R	Inspection Item
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I. **Fire Protection Equipment**
Comments: