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TEXINSPEC.com
Specializing in Home Inspections and Pest Control

Prepared This Home Inspection Report Exclusively For:

*Ms. Linda Tieaskie
508 Tishomingo Road
Waxahachie, Texas 75165*

PROPERTY INSPECTION REPORT

Prepared For: Ms. Linda Tieaskie
 (Name of Client)

Concerning: 508 Tishomingo Road Waxahachie, Texas 75165 September 22, 2004
 (Address of Inspected Property) (City, State, Zip) (Date)

By: Cliff Willis, #4225
 (Name and License Number of Inspector)

(Other Identification: Report Number)

38427, 38428
 (Texinspec Report #)

(Name, and License Number 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

- This report is received in agreement with the buyer's acceptance of the Pre-Inspection Letter (including the box labeled "DISCLAIMER OF WARRANTIES").
- Paint, Floor Coverings, and other Cosmetic Items are SPECIFICALLY EXCLUDED from this report.
- Buyer has received a notebook of useful information.
- Compensation may be received from outside companies for services/information provided by Texinspec pertaining to this inspection, unless otherwise requested in writing.
- Buyer has received a Home Inspection Information Sheet.
- This report cannot and does not represent the operation or condition of any items after the date and time of this inspection.
- These items should not be considered a complete list of all defects with the house. This list is Limited to those items that are *Readily Accessible* and the inspector(s) noted at the time of the inspection.
- This inspection does not include a mold test unless specifically requested. If indications of water penetration are known, such as notes of water penetration on this report or seller's disclosure or any visible water stains, recommend a mold inspection/test be considered.
- Some area utility companies may pressure test the gas line prior to turning on the utilities. Pressure testing the line is beyond the scope of this inspection and may find gas line leaks not noted at the time of inspection. Recommend contacting the local gas company regarding start up procedure prior to closing on the property and having the line pressure checked by them if available.

Weather: Clear and Warm Temp.: 86° F

Inspection Environment: Occupied

Report Forwarded To: Buyer: ☒ Agent: ☒ Seller: ☐ Other: ☐

People Present: BUYER - AGENT

Access:

(Date) Wednesday, September 22, 2004 Customer Signature: X

INVOICE

<input checked="" type="checkbox"/> Residential Inspection	\$190.00	<input type="checkbox"/> Mold Screening	\$0.00
<input checked="" type="checkbox"/> W.D.I. Inspection	\$65.00	<input type="checkbox"/> Sewer Cam Inspection	\$0.00
<input type="checkbox"/> Gas Line Leak Check	\$0.00	<input checked="" type="checkbox"/> Sales Tax	\$4.88
<input type="checkbox"/> Swimming Pool	\$0.00	<input type="checkbox"/> Declined Termite Warranty Extension	\$0.00
Total			\$ 259.88

Method of Payment	<input type="checkbox"/> Credit Card Type: Master Card Card #:
<input type="checkbox"/> Check #	Expiration Date: Name on Card:
<input type="checkbox"/> Cash	Security Code: Billing Address:

Licensed & Regulated by the Structural Pest Control Board (SPCB) 1106 Clayton Lane, Suite 100LW, Austin TX 78723 1-512-451-7200

Promulgated by the Texas Real Estate Commission (TREC) P.O. Box 12188, Austin, TX 78711-2188, 1-800-250-8732 or (512) 459-6544 (<http://www.trec.state.tx.us>). REI 7A-0

Thank You!

Property Inspection Report

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

I	NI	NP	R	Inspection Item
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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.): ☒ See the note(s) under the *Structural* Systems section of the Addendum page(s).

☒ Foundation type: SLAB ON GRADE

☐ There are no significant cracks or movement noted at this time.

Method used to inspect the crawlspace: ☐ Entered ☐ Viewed from opening ☐ No Access

☒ ☐ ☐ ☐

B. Grading & Drainage

Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s)

☒ Underground drainage systems are not inspected. These should be maintained for proper drainage.

☐ Sunken living room: checked under carpet in accessible corners. There are no indications of water penetration at this time.

NOTES: PROPER DRAINAGE AND SOIL MOISTURE CONTENTS SHOULD BE MAINTAINED AROUND THE FOUNDATION TO HELP MINIMIZE FUTURE FOUNDATION PROBLEMS. WE MAKE NO STATEMENT CONCERNING SITE STABILITY.

☐ I ☐ NI ☒ NP ☐ R Retaining Walls

☒ ☐ ☐ ☒

C. Roof Covering (If the roof is inaccessible, the method used to inspect):

Comments: ☒ See the note(s) under the *Structural* section of the Addendum page(s).

Type: ☒ Composition ☐ Wood Shingle ☐ Wood Shakes ☐ Tile ☐ Slate
☐ Built-up ☐ Roll ☐ Other

☒ Roof fasteners are not readily accessible or visible.

☒ Recommend you consult with your insurance underwriter for insurability.

☐ More than one layer of shingles was noted.

☒ ☐ ☐ ☐

D. Roof Structure & Attic (If the attic is inaccessible, the method used to inspect):

Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).

☒ Framing type: Conventional

☒ Parts of the attic are not readily accessible.

Method used to inspect the attic: ☐ Entered ☒ Viewed from opening ☐ No Access

Insulation: ☒ Depth in inches: 10-12 (Approximate)

Type: ☒ Blown Fiberglass ☐ Blown Rockwool ☒ Fiberglass Batts
☐ Rockwool Batts ☐ Cellulose ☐ Other

☒ ☐ ☐ ☐

E. Walls (Interior & Exterior)

Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).

☒ Exterior wall covering type: BRICK & COMPOSITION BOARD PANEL

☒ ☐ ☐ ☒

F. Ceilings & Floors

Comments: ☒ See the note(s) under the *Structural* section of the Addendum page(s).

☒ ☐ ☐ ☒

G. Doors (Interior & Exterior)

Comments: ☒ See the note(s) under the *Structural* section of the Addendum page(s).

NOTE: INTERIOR DOOR LOCKS NOT TESTED.

☒ ☐ ☐ ☐

H. Windows

Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).

NOTES: SIGNS OF LOST SEALS IN THE THERMAL PANE WINDOWS MAY APPEAR AND DISAPPEAR AS TEMPERATURE AND HUMIDITY CHANGES. SOME WINDOWS WITH LOST SEALS MAY NOT BEEN EVIDENT AT THE TIME OF THE INSPECTION. WINDOWS ONLY CHECKED FOR OBVIOUS FOGGING. IF SOME LOST SEALS WERE NOTED, RECOMMEND ALL WINDOWS BE CHECKED BY A SPECIALIST FOR FURTHER LOST SEALS.

STORM WINDOWS ONLY CHECKED FOR DAMAGED OR MISSING GLASS.

RECOMMEND LOCAL MUNICIPALITIES BE CONSULTED FOR FURTHER INFORMATION CONCERNING THE USE AND SAFETY REQUIREMENTS SUGGESTED FOR THE USE OF BURGLAR BARS.

I	NI	NP	R		Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		I. Fireplace/Chimney <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Structural</i> section of the Addendum page(s). <i>Number of Fireplaces:</i> <u>ONE</u> <i>Type:</i> <input checked="" type="checkbox"/> Metal Box & Flue(s) <input type="checkbox"/> Masonry(s)/Brick <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other <input type="checkbox"/> No cap is present on the flue. A cap may not be required for masonry flue. <input type="checkbox"/> This fireplace is intended for radiant heat or gas logs only. NOTE: UNABLE TO CHECK RECESSED GAS VALVE(S) FOR LEAKS. RECOMMEND FIREPLACES WITH GAS LOGS HAVE A POSITIVE STOP TO ENSURE PROPER VENTILATION.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		J. Porches, Decks and Carports (Attached) <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Structural</i> section of the Addendum page(s). <input type="checkbox"/> I <input type="checkbox"/> NI <input checked="" type="checkbox"/> NP <input type="checkbox"/> R Wood deck location: <u>None</u> NOTE: ONLY THE PORCHES, DECKS OR BALCONIES ATTACHED TO THE STRUCTURE ARE INSPECTED.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		K. Other <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Structural</i> section of the Addendum page(s). <input type="checkbox"/> I <input checked="" type="checkbox"/> NI <input type="checkbox"/> NP <input type="checkbox"/> R Walks <input type="checkbox"/> I <input checked="" type="checkbox"/> NI <input type="checkbox"/> NP <input type="checkbox"/> R Driveway <input type="checkbox"/> I <input checked="" type="checkbox"/> NI <input type="checkbox"/> NP <input type="checkbox"/> R Cabinets & Counter Tops
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		II. ELECTRICAL SYSTEMS Amps: 200 Volts: 120/240 A. Service Entrance & Panels (Report on recognized hazards): <i>Comments:</i> <input checked="" type="checkbox"/> See the note(s) under the <i>Electrical</i> section of the Addendum page(s). <input checked="" type="checkbox"/> Unable to inspect underground services. <i>Location of the Main Electrical & Sub Panels:</i> <input checked="" type="checkbox"/> Garage <input type="checkbox"/> Rear exterior of house <input type="checkbox"/> Master Bedroom Closet <input checked="" type="checkbox"/> Bedroom side exterior of house NOTE: MOST COMPONENTS OF THE ELECTRICAL SYSTEM ARE NOT READILY ACCESSIBLE, UNABLE TO FULLY INSPECT.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		B. Branch Circuits - Connected Devices and Fixtures (Report on recognized hazards such as lack of ground fault circuit protection): <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Electrical</i> section of the Addendum page(s). <i>Visible Wiring Type:</i> <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <i>Conductor type:</i> <u>ROMEX</u> <i>GFCI Resets located at:</i> <input checked="" type="checkbox"/> Kitchen <input checked="" type="checkbox"/> Master Bathroom <input type="checkbox"/> Garage <input type="checkbox"/> Hall Bathroom <input type="checkbox"/> Pool Equipment <input type="checkbox"/> Circuit breakers in the Main Electrical Panel <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS A. Heating Equipment <i>Type and Energy Source:</i> <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Heating-AC</i> section of the Addendum page(s). <i>Type:</i> <u>CENTRAL - FORCED AIR HEATPUMP</u> <i>Energy Source:</i> <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other <i>If unit uses natural gas: Type of connector line:</i> _____ <i>Type of Pilot:</i> <input type="checkbox"/> Standing <input type="checkbox"/> Automatic Igniter <i>Number of units:</i> <u>ONE</u> <div style="display: flex; justify-content: space-between;"> <div> <i>Location:</i> <u>HALL CLOSET</u> <i>Location:</i> _____ <i>Location:</i> _____ <i>Location:</i> _____ </div> <div> Electric heat air out: _____ °F Emergency heat air out: <u>100</u> °F Electric heat air out: _____ °F Emergency heat air out: _____ °F Electric heat air out: _____ °F Emergency heat air out: _____ °F Electric heat air out: _____ °F Emergency heat air out: _____ °F </div> </div>
					NOTES: THERMOSTATS ARE CHECKED IN MANUAL MODE ONLY. FULL EVALUATION OF THE INTEGRITY OF A HEAT EXCHANGER REQUIRES DISMANTLING OF THE FURNACE AND IS BEYOND THE SCOPE OF THIS INSPECTION. RECOMMEND TURNING THE PILOT OFF IN THE SUMMER TO RETARD RUST BUILD-UP IN THE HEAT EXCHANGER.

I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. Cooling Equipment <i>Comments:</i> <input checked="" type="checkbox"/> See the note(s) under the <i>Heating-AC</i> section of the Addendum page(s). <i>Type:</i> <u>CENTRAL HEATPUMP</u> <i>Energy Source:</i> <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other <i>Number of units:</i> <u>ONE</u> Location: <u>HEATPUMP</u> Temperature Differential: <u>15</u> °F Location: _____ Temperature Differential: _____ °F Location: _____ Temperature Differential: _____ °F Location: _____ Temperature Differential: _____ °F <input type="checkbox"/> Only able to do a limited check of the A/C systems due to low outside temperature. The compressor(s) and control(s) are operable. <input type="checkbox"/> Unable to check the condensate drain(s) due to low outside temperature. <input type="checkbox"/> No secondary drain pan was noted below the unit. NOTES: WINDOW A/C UNITS ARE NOT INSPECTED. UNIT(S) ARE NOT INSPECTED FOR CLEANLINESS AND/OR FOR RUST. RECOMMEND THE FILTER BE CLEANED OR CHANGED ON A REGULAR BASIS. UNITS ARE NOT INSPECTED FOR PROPER SIZE OR EFFICIENCY. UNITS ARE NOT DISASSEMBLED OR OPENED FOR INSPECTION.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Ducts and Vents <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Heating-AC</i> section of the Addendum page(s). Heating – A/C filter size(s): <input type="checkbox"/> Fiberglass: <input type="checkbox"/> 12x24x1 <input type="checkbox"/> 14x25x1 <input type="checkbox"/> 16x25x1 <input type="checkbox"/> 16x20x1 <input type="checkbox"/> 20x20x1 <input type="checkbox"/> 20x25x1 <input type="checkbox"/> 25x25x1 <input type="checkbox"/> Other <input checked="" type="checkbox"/> Washable <input checked="" type="checkbox"/> Electrostatic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Media <input type="checkbox"/> Hammock style fiberglass
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV. PLUMBING SYSTEMS A. Water Supply System & Fixtures <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Plumbing</i> section of the Addendum page(s). <i>Type of Supply Lines:</i> <u>COPPER</u> <i>Location of Main Valve:</i> <u>FRONT YARD</u> <input type="checkbox"/> The washer and dryer are connected, unable to check the laundry utility lines. <input checked="" type="checkbox"/> The water meter was checked for any movement. NOTE: UNABLE TO TEST WASHER UTILITY DRAIN AT FULL CAPACITY.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Drains, Wastes, Vents <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Plumbing</i> section of the Addendum page(s). <i>Type of Drain Pipes:</i> <u>PLASTIC</u> <i>Type of Vent Pipes:</i> <u>PLASTIC</u>
<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> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Other If unit uses natural gas: <i>Type of connector line:</i> _____ <i>Comments:</i> <input checked="" type="checkbox"/> See the note(s) under the <i>Plumbing</i> section of the Addendum page(s). Number of Water Heaters: <u>ONE</u> Location: <u>GARAGE</u> Size: <u>50</u> gallons Location: _____ Size: _____ gallons
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Hydro-Therapy Equipment <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Plumbing</i> section of the Addendum page(s). <input type="checkbox"/> Cover is absent or inaccessible for area under tub.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. APPLIANCES A. Dishwasher <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s). NOTE: LOWER PANEL NOT REMOVED FOR INSPECTION.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Food Waste Disposer <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Range Hood <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s). <input checked="" type="checkbox"/> Recirculating (vent pipe not required) <input type="checkbox"/> Vented <input type="checkbox"/> Downdraft NOTE: RANGE VENT NOT CHECKED FOR CLEANLINESS.

I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Ranges/Ovens/Cooktops <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s). Oven: <input checked="" type="checkbox"/> Electric Elements <input type="checkbox"/> Gas Burners Range: <input checked="" type="checkbox"/> Electric Elements <input type="checkbox"/> Gas Burner Type of Pilot: <input type="checkbox"/> Standing <input type="checkbox"/> Automatic Igniter If unit uses natural gas: Type of connector line: _____ Oven thermostat: Temperature <u>360</u> °F / _____°F NOTES: OVEN CHECKED AT 350°F. IF PRESENT, DELAY TIMER AND SELF-CLEAN MODE ARE NOT TESTED. <input type="checkbox"/> Gas line not readily accessible. <input type="checkbox"/> Anti-tip device not required. <input type="checkbox"/> Anti-tip device not visible, unable to determine if present.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Microwave Cooking Equipment <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s). NOTE: MICROWAVE OVEN NOT INSPECTED FOR RADIATION LEAKS.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Trash Compactor <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Bathroom Exhaust Fans and/or Heaters <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s). <input type="checkbox"/> Heaters not present. <input type="checkbox"/> Exhaust fans not present.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. Whole House Vacuum Systems <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s). NOTE: ONLY VISIBLE AND ACCESSIBLE OUTLETS ARE TESTED, ACCESSORIES ARE NOT TESTED OR NOTED.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Garage Door Operators <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Door Bell & Chimes <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Dryer Vent <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s). NOTE: DRYER VENT NOT CHECKED FOR CLEANLINESS. IF THE CLOTHES DRYER VENT RUNS INTO THE ATTIC, LINT MAY COLLECT IN THE VENT PIPE OVER TIME CAUSING THE DRYER TO OVER-HEAT OR NOT FUNCTION PROPERLY.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L. Other Built-In Appliances <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Appliances</i> section of the Addendum page(s). <input type="checkbox"/> I <input checked="" type="checkbox"/> NI <input type="checkbox"/> NP <input type="checkbox"/> R Smoke Detectors <input type="checkbox"/> If inspected, tested with test button only. <input type="checkbox"/> Part of a central security system. <input checked="" type="checkbox"/> Some or all units are inaccessible. <input type="checkbox"/> I <input type="checkbox"/> NI <input checked="" type="checkbox"/> NP <input type="checkbox"/> R Power Attic Vents <input type="checkbox"/> Not readily accessible. <input type="checkbox"/> I <input checked="" type="checkbox"/> NI <input checked="" type="checkbox"/> NP <input type="checkbox"/> R Other
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI. OPTIONAL SYSTEMS A. Lawn Sprinklers <i>Control Panel Location:</i> _____ <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Optional Systems</i> section of the Addendum page(s). Coverage: <input type="checkbox"/> Front Yard <input type="checkbox"/> Back Yard <input type="checkbox"/> Side Yard(s) <input type="checkbox"/> Other Zones used: _____ <i>Valve Box Location:</i> _____ NOTE: SPRINKLER CONTROLS ARE OPERATED IN MANUAL MODE ONLY.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Gas Lines <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Optional Systems</i> section of the Addendum page(s). Type of Supply Lines: _____ Location of Main Valve: _____ NOTE: PROPANE SYSTEMS ARE NOT INSPECTED. <input type="checkbox"/> Meter Check: With all gas appliances and associated pilot lights turned off in the house, there is no measurable gas flow through the gas meter and the pilot lights were relit.

I	NI	NP	R	Inspection Item																								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. Swimming Pools & Equipment <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Optional Systems</i> section of the Addendum page(s). <i>Type:</i> <input type="checkbox"/> In ground <input type="checkbox"/> Above ground <input type="checkbox"/> Other <i>Shell Type:</i> <input type="checkbox"/> Gunite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Vinyl <input type="checkbox"/> Other <input type="checkbox"/> There is no significant movement in the shell at this time. <input type="checkbox"/> The main drain is plumbed into the skimmers, unable to fully evaluate the main drain. <i>Type of filter:</i> <input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> D. E. <input type="checkbox"/> Other <i>The following items were noted as being present:</i> <input type="checkbox"/> Slide <input type="checkbox"/> Ladder <input type="checkbox"/> Diving Board <input type="checkbox"/> Pool Sweep <input type="checkbox"/> Other/Heater NOTES: NOT CHECKED FOR POOL SHELL LEAKAGE OR IN BACKWASH MODE. THE POOL COATING IS CONSIDERED COSMETIC AND NOT PART OF THIS INSPECTION. ALL CONTROLS ARE OPERATED IN THE MANUAL MODE ONLY. ANCILLARY EQUIPMENT SUCH AS COMPUTER CONTROLS, CHLORINATORS OR OTHER CHEMICAL DISPENSORS, OR WATER IONIZATION DEVICES OR CONDITIONERS ARE NOT INSPECTED.																								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Outbuildings <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Optional Systems</i> section of the Addendum page(s).																								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. Outdoor Cooking Equipment <i>Comments:</i> <input type="checkbox"/> See the note(s) under the <i>Optional Systems</i> section of the Addendum page(s). <i>Energy source:</i> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Sub-Termite (WDI) Inspection <i>Comments:</i> <input checked="" type="checkbox"/> For more complete information refer to the <i>Texas Official Wood Destroying Insect Report</i> . This company has a contract or warranty in effect for control of the following wood destroying insects: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> List Insects: <u>90 Day Sub-Termite with \$200.00 Deductible</u> Conditions conducive to wood destroying insect infestation: Yes <input type="checkbox"/> No <input type="checkbox"/> Conducive Conditions include but are not limited to: Wood to Ground Contact (G) <input type="checkbox"/> Formboards left in place (I) <input type="checkbox"/> Excessive Moisture (J) <input type="checkbox"/> Debris under or around Structure (K) <input type="checkbox"/> Footing too low or soil line too high (L) <input type="checkbox"/> Wood Rot (M) <input type="checkbox"/> Heavy Foliage (N) <input type="checkbox"/> Planter Box Abutting Structure (O) <input type="checkbox"/> Wood Pile in Contact With Structure (Q) <input type="checkbox"/> Wooden Fence in Contact with the Structure (R) <input type="checkbox"/> Insufficient Ventilation (T) <input type="checkbox"/> Other (C): <input type="checkbox"/> Specify: _____ (Some of these conditions may be conducive by design.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Visible evidence in or on the structure:</th> <th style="width: 15%;">Active Infestation</th> <th style="width: 15%;">Previous Infestation</th> <th style="width: 25%;">Previous Treatment</th> </tr> </thead> <tbody> <tr> <td>Subterranean Termites</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Drywood Termites</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Formosan Termites</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Carpenter Ants</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Other wood Destroying Insects</td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> </tbody> </table> Specify: _____ Explanation of signs of previous treatment identified: <u>None noted at this time.</u> Visible evidence of: <u>N/A</u> has been observed in the following areas: <u>N/A</u> Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Preventive treatment and/or correction of conducive conditions is recommended as follows: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explain: <u>n/a</u>	Visible evidence in or on the structure:	Active Infestation	Previous Infestation	Previous Treatment	Subterranean Termites	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Drywood Termites	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Formosan Termites	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Carpenter Ants	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other wood Destroying Insects	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Addendum Page

ITEMS IN NEED OF REPAIR AND ITEMS QUESTIONABLE AS TO PERFORMING FUNCTION AS INTENDED AS REQUIRED BY THE TEXAS REAL ESTATE COMMISSION (TREC). REPAIR IS NOT MANDATORY.

I. STRUCTURAL SYSTEMS

1. The foundation has shifted in one or two areas evident mainly by a hairline crack in the brickwork on the bedroom side of the house and slight separation between one window frame and brickwork. Also, there is a larger crack in the brickwork on the garage side wall. Also, there are cracks in garage drywall. Also, there are repaired cracks in the brickwork mortar under the utility room window and cracks and repaired cracks in the drywall over the utility room door. Also, the utility room door does not latch properly. Recommend a structural engineer and/or drainage specialist be consulted for further evaluation.
2. There is at least one missing ridge shingle from the roof over the garage area with exposed underlying materials. Recommend a roofer be consulted for further evaluation/repairs and check for other repairs that may be needed at that time.
3. There are at least two missing window screens.
4. The garage / living area door and the patio door do not fit squarely in the frames. Light is visible between the doors and frames when the doors are closed.
5. There is a hole in the garage ceiling drywall. This is noted as a fire safety concern.

II. ELECTRICAL SYSTEMS

1. There are two knockouts missing from the sub-panel in the garage.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

1. There is a section of exposed (not insulated) AC suction line near the outside unit.
2. There is a section of exposed (not insulated) AC suction line in the hall closet. Water condenses on this section and drips onto the closet flooring.

IV. PLUMBING SYSTEMS

1. The water heater is less than 18 inches from the floor.
2. This house is connected to a septic sewer system. We do not inspect these systems. Recommend consulting with the County Health Department for information regarding inspection, certification and maintenance of the septic systems.

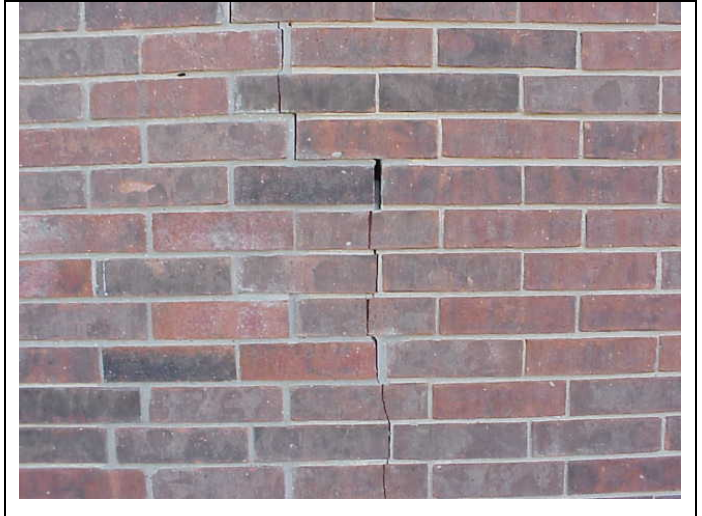
V. APPLIANCES

1. There is no anti-tip device for the oven/range.
2. Smoke detectors were not noted in all recommended areas. Refer to the handbook provided at the time of inspection for further information.

Photo Page



Front view of house



Crack in brickwork, garage side wall



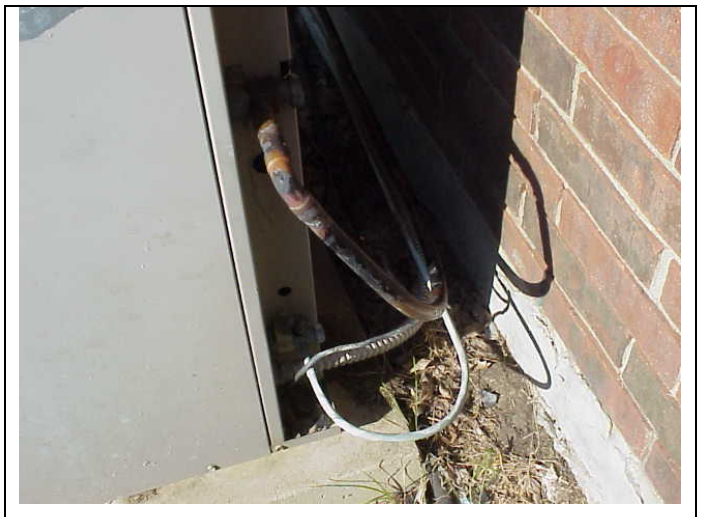
Hairline crack, bedroom side



Separation of bedroom window frame, brickwork



Ridge shingle missing, garage area

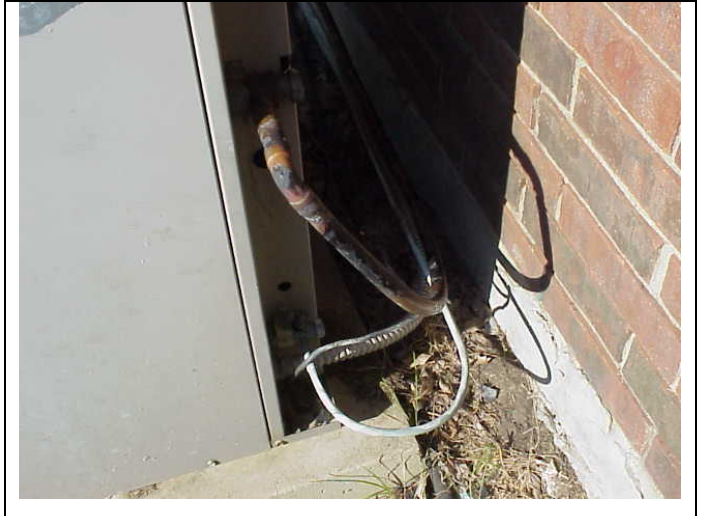


Insulation missing, AC suction line

Photo Page



Exposed AC suction line, hall closet



Exposed AC suction line, outside unit



Hole in garage ceiling drywall



View ductwork, insulation, attic structure