

Report Identification:

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A. Foundations (If all crawl space areas are not inspected, provide an explanation.) <i>Comments (An opinion on performance is mandatory.):</i> The inspection of the foundation was visual and consisted of viewing the exposed area not covered by vegetation, floor covering, veneer and/or other materials. <i>* Hairline type settlement cracks to exterior brick veneer and some unlevelled flooring in the front hall bathroom show signs of past uneven movement to the slab foundation. No evidence of significant damage was observed</i></p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>B. Grading & Drainage <i>Comments: Landscaping to north side of pool slopes toward the decking. Additional water diversions are suggested if improper drainage becomes an issue, I.E. re-slope the landscaping and/or a French drain</i></p>
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<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.) <i>Comments: Roof shingles were in serviceable condition at time of inspection</i></p> <ul style="list-style-type: none"> • <i>Wood decking and fascia board to east edge of patio covering are rotting and in deterioration from water penetration and recent roof leaks</i>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>D. Roof Structure & Attic (If the attic is inaccessible, report the method used to inspect.) <i>Comments: There was blown Rock Wool insulation primarily 4-6 inches in depth.</i></p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>E. Walls (Interior & Exterior) <i>Comments:</i></p> <ul style="list-style-type: none"> • <i>Sections of tile work above hall bathroom tub have deteriorating grout and are pulling loose from wall</i> • <i>Evidence of past leaks and deterioration to exterior walls of master bathroom shower stall</i> • <i>Open ended settlement cracks at sides of exterior should be properly sealed to avoid weathering to inner walls</i> • <i>Cabinet wall below north sink in hall bathroom is damaged</i>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>F. Ceilings & Floors <i>Comments:</i></p>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>G. Doors (Interior & Exterior) <i>Comments: Doors were inspected for damage and functionality</i></p> <ul style="list-style-type: none"> • <i>Front closet door in hall bathroom hits the doorjamb when closed</i>
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>H. Windows
 <i>Comments:</i> The windows and screens were inspected for damage and functionality with available clarity and sunlight</p> <ul style="list-style-type: none"> • <i>Windows in recreation room not opening and closing properly (X3)</i> • <i>Burglar bars to bedroom windows and exterior doors should be equipped with keyless exit locking systems or removed (potential safety hazards)</i> • <i>Windows in breakfast area and guest bedroom have damaged locks</i> • <i>2nd window at right of front door has damaged locks and slides down on its own</i> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>I. Fireplace/Chimney
 <i>Comments:</i></p> <ul style="list-style-type: none"> • <i>Spark arrestor is missing from chimney flue</i> • <i>Cracks to concrete crown above chimney and to firebricks in fireplace should be sealed</i> |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>J. Porches, Decks and Carports (Attached)
 <i>Comments:</i></p> |
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II. ELECTRICAL SYSTEMS

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>A. Service Entrance and Panels
 <i>Comments:</i></p> <ul style="list-style-type: none"> • <i>Service head conduit above roof at rear exterior is bent</i> • <i>Service conductors above ground at rear exterior have unraveled</i> • <i>Tree limbs resting on service conductors at rear exterior need trimming back</i> • <i>2/40 and 2/50 amp breakers in right panel box should be tied at the switch to trip at the same time</i> • <i>Loose wires in left panel box need to be capped</i> • <i>Left panel box in master bedroom closet is missing cover</i> |
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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.):
 <i>Comments:</i> Several outlets throughout house are functional but with open grounds. GFCI's will not trip off properly unless outlet is grounded</p> <ul style="list-style-type: none"> • <i>Outlets serving sink countertops in kitchen, bathrooms and recreation room, in outbuildings and to exterior of house are in need of GFCI protection</i> • <i>Right outlet to south wall in recreation room is inoperative</i> • <i>Outlets to south wall and at left of sink in recreation room have reversed hot/neutral wiring as per outlet tester (X3)</i> • <i>Outlet at right of sink in recreation room is pulling loose from junction box</i> • <i>Ceiling fan and light in master bedroom were inoperative at time of inspection</i> • <i>Floor outlet in living room is missing its cover</i> • <i>Outlet strip at left corner by kitchen cooktop is inoperative</i> • <i>Outlet in utility room closet not secured to wall and is missing its cover</i> • <i>Dryer outlet in utility room not mounted flush to wall</i> |
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Report Identification:

- Outlet to west wall in utility room is damaged
- Light fixture to hall bathroom ceiling is inoperative (one of two) and is missing its cover
- Floodlights at corners of front exterior and damaged and inoperative
- Outlet by pool filter has reversed hot/neutral wiring

A. Heating Equipment

Type and Energy Source: Heat pumps (X2)
Comments: Supply air reached its minimal temperature at time of inspection

B. Cooling Equipment

Type and Energy Source: Forced Air Electric (X2)
Comments: Although cooling properly the equipment listed below is in need of servicing

- Attic unit above left side of house leaked condensation during operation
- Interior unit in hall closet leaked condensation during operation (right side)
- Suction lines by the condensing units have damaged insulation

C. Ducts and Vents

Comments:
 • AC plenum in attic above right side of house is damaged / leaks air and has disconnected ducts

IV. PLUMBING SYSTEM

A. Water Supply System and Fixtures

Comments: Shower stall in master bathroom was tested for 10+ minutes, holding 2 1/2 inches of water above the drain. Although evidence of past leaks were noticed to surrounding walls, none were observed at time of inspection
 • Toilets in master and hall bathrooms are loose from floors
 • Exterior hose bibs are in need of anti siphon valves

B. Drains, Wastes, Vents

Comments:

C. Water Heating Equipment (Report as in need of repair those conditions specifically listed as recognized hazards by TRRC rules.)

Energy Source: Electric
Comments: Water heater is less likely to cause damage to closet floor if setting on a drip pan with appropriate drain line installation
 • TPR drain line not allowing for proper gravity flow as per its upward positioning, has been downsized to less than 3/4 inch and leaks when tested

D. Hydro-Therapy Equipment

Comments:

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V. APPLIANCES

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| <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 type="checkbox"/> | B. Food Waste Disposal
<i>Comments:</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | C. Range Hood
<i>Comments:</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | D. Ranges/Ovens/Cooktop
<i>Comments: Electric and gas</i>
• <i>Kitchen ovens pull loose from cabinet framing</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Microwave Cooking Equipment
<i>Comments: Fan and light located below</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F. Trash Compactor
<i>Comments: Not present</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Bathroom Exhaust Fans and/or Heaters
<i>Comments: Units were checked for operation.</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Whole House Vacuum Systems
<i>Comments: Not present</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Garage Door Operators
<i>Comments:</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | J. Door Bell and Chimes
<i>Comments:</i>
• <i>Doorbell system is inoperative</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K. Dryer Vents
<i>Comments:</i> |

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VI. OPTIONAL SYSTEMS

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Lawn Sprinklers
<i>Comments:</i> Stations for front yard tested and responding |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Swimming Pools and Equipment
<i>Comments:</i> In ground gunite pool / No evidence of past or recent leaks <ul style="list-style-type: none"> • Water lines to filter system leak at connections • Diving board not properly secured to pool decking • Coping is in need of repairs and should be sealed at seam to decking • Drainage strainer is on site but not properly installed • Pool floor and walls should be cleaned and resealed |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Outbuildings
<i>Comments:</i> <ul style="list-style-type: none"> • Entrance door to well house has rotting wood |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Outdoor Cooking Equipment
<i>Energy Source:</i>
<i>Comments:</i> Not present |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Gas Lines
<i>Comments:</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Septic Systems
<i>Comments:</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | H. Security Systems
<i>Comments:</i> Not present |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | I. Fire Protection Equipment
<i>Comments:</i> <ul style="list-style-type: none"> • Smoke alarms should be present in each bedroom and hallway |