

P.R.I.
PO Box 701
Kempner, Texas 76539
254-547-7263

PROPERTY INSPECTION REPORT

Prepared For: _____

Concerning: _____
(Address or Other Identification of Inspected Property)

By: Dennis Kayhoe TREC License #5919 October 5, 2005
(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 INSPECTION CONDITIONS

TEMPERATURE: 95 Degrees

TIME: 4:30 P.M.

WEATHER: Partly cloudy

SOIL: Dry

OTHERS PRESENT:

HOUSE OCCUPIED: Yes, not all floor/wall space was accessible due to home furnishings/stored items.

MAIN ENTRANCE FACES: West and Rustler

ESTIMATED AGE: Less than one year

GARAGE: Two cars

WATER SOURCE: Public

SEWAGE DISPOSAL: Septic

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

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	

I. STRUCTURAL SYSTEMS

- A. Foundations** (If all crawl space areas are not inspected, provide an explanation.)
 Type of foundation: Slab-on grade.
 Method of inspection: Visual inspection of exterior.
Comments (An opinion on performance is mandatory.):
 The foundation is performing as intended. Wedge cracks were observed on the left front and right front foundation wall corners.



- B. Grading & Drainage**
Comments:
 Grading/drainage improvements are recommended on south side of home near front. Erosion is occurring near the foundation wall.



- C. Roof Covering** (If the roof is inaccessible, report the method used to inspect.)
 Type of roof covering: Dimensional style composition shingle.
 Method of inspection: Walked on roof.
Comments:
 The roofing material appears in good condition. No significant problems were observed at the time of inspection.

- 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: 10 inches of loose blown-in.
Comments:

2x4 bracing between top cords of roof trusses is loose at two locations in general area of attic access.



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E. Walls (Interior & Exterior)

Comments:

INTERIOR

No significant problems were observed at the time of inspection.

EXTERIOR

1/ Joint in brick veneer located right of the rear patio should be sealed at bottom.



2/ Trim board does not appear completely covering top of brick soldier course on north wall left of condenser unit.

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F. Ceilings & Floors

Comments:

CEILINGS

No significant problems were observed at the time of inspection.

FLOORS

No significant problems were observed at the time of inspection.

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G. Doors (Interior & Exterior)

Comments:

INTERIOR

No significant problems were observed at the time of inspection.

EXTERIOR

No significant problems were observed at the time of inspection.

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H. Windows

Comments:

No significant problems were observed at the time of inspection.

Report Identification:

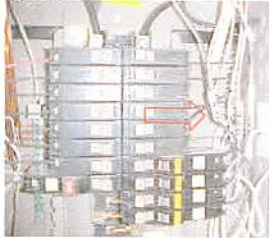
I	NI	NP	R	Inspection Item
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|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I. Fireplace/Chimney
<i>Comments:</i>
FIREPLACE
No significant problems were observed at the time of inspection.
CHIMNEY
No significant problems were observed at the time of inspection. |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|

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|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | J. Porches, Decks and Carports (Attached)
<i>Comments:</i>
None present at the home during the time of inspection. |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|

II. ELECTRICAL SYSTEMS

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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Service Entrance and Panels
<i>Comments:</i>
Recommend a licensed electrician further evaluate the following and repair as necessary.
SERVICE ENTRANCE PANEL
No significant problems were observed at the time of inspection.
SUB PANEL
Neutral (grounded) conductors appear doubled under some terminal screws on the right neutral bar. |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---|



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|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.);
Type of branch circuit wiring: Copper.
<i>Comments:</i>
Recommend a licensed electrician further evaluate the following and repair as necessary.
EXTERIOR
Knock out on side of condenser unit disconnect box should be appropriately filled. |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|



III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

A. Heating Equipment
Type And Energy Source:
 Type of heating system: Heat Pump with Emergency Heat.
 Energy source: Electricity, Carrier brand unit. (Manufactured 2004)
Comments:
 No significant problems were observed at the time of inspection. Unit blows over 100-degree air.

B. Cooling Equipment
Type And Energy Source:
 Type of cooling system: Central Forced Air System.
 Energy source: Electricity, Carrier brand condenser unit. (Manufactured 2004)
Comments:
CONDENSER
 No significant problems were observed at the time of inspection.
NOTE: Top left corner of unit has minor damage. Damage does not appear effecting unit performance. *End Note*
EVAPORATOR COIL
 No significant problems were observed at the time of inspection.
NOTE: The temperature drop when measured across the evaporator coil with a detached infrared thermometer was 18 degrees. This is within proper operating range. *End Note*

C. Ducts and Vents
Comments:
DUCTS
 No significant problems were observed at the time of inspection.
VENTS
 No significant problems were observed at the time of inspection.

IV. PLUMBING SYSTEM

A. Water Supply System and Fixtures
Comments:
 No significant problems were observed at the time of inspection.

B. Drains, Wastes, Vents
Comments:
 No significant problems were observed at the time of inspection.

C. Water Heating Equipment (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)
Energy Source:
 Energy source: Electricity, State brand unit with 50-gallon capacity. Manufactured 2004.
Comments:
 No significant problems were observed at the time of inspection.

I	NI	NP	R	Inspection Item
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|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>D. Hydro-Therapy Equipment
 <i>Comments:</i>
 No significant problems were observed at the time of inspection. Tub pump motor trips to GFCI breaker located in garage sub panel.
 NOTE: No access panel was available to view under the tub. <i>End Note</i></p> |
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V. APPLIANCES

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|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>A. Dishwasher
 <i>Comments:</i>
 No significant problems were observed at the time of inspection.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>B. Food Waste Disposer
 <i>Comments:</i>
 No significant problems were observed at the time of inspection.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>C. Range Hood
 <i>Comments:</i>
 None present in the home at the time of inspection.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>D. Ranges/Ovens/Cooktops
 <i>Comments:</i>
 UPPER OVEN
 No significant problems were observed at the time of inspection.
 NOTE: Oven temperature measured at 350 degrees when set on a 350-degree setting. <i>End Note</i>
 LOWER OVEN
 No significant problems were observed at the time of inspection.
 NOTE: Oven temperature measured at 360 degrees when set on a 350-degree setting. <i>End Note</i>
 COOKTOP
 No significant problems were observed at the time of inspection.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>E. Microwave Cooking Equipment
 <i>Comments:</i>
 No significant problems were observed at the time of inspection.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>F. Trash Compactor
 <i>Comments:</i>
 None present in the home at the time of inspection.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>G. Bathroom Exhaust Fans and/or Heaters
 <i>Comments:</i>
 No significant problems were observed at the time of inspection.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>H. Whole House Vacuum Systems
 <i>Comments:</i>
 None present in the home at the time of inspection.</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"/> | I. Garage Door Operators
<i>Comments:</i>
Recommend a qualified installer further evaluate the following and repair as necessary for improved safety.
The garage door operator did <u>not</u> automatically reverse under resistance to closing.
<i>There is a serious risk of injury, particularly to children, under this condition.</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Door Bell and Chimes
<i>Comments:</i>
No significant problems were observed at the time of inspection. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K. Dryer Vents
<i>Comments:</i>
No significant problems were observed at the time of inspection. |

VI. OPTIONAL SYSTEMS

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|--------------------------|-------------------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Lawn Sprinklers
<i>Comments:</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. Swimming Pools and Equipment
<i>Comments:</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Gas Lines
<i>Comments:</i> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Septic Systems
<i>Comments:</i> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Security Systems
<i>Comments:</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I. Fire Protection Equipment
<i>Comments:</i> |