



16:56 December 22, 2009

## Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

A	Acceptable	Functional with no obvious signs of defect.
NP	Not Present	Item not present or not found.
NI	Not Inspected	Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.
M	Marginal	Item is not fully functional and requires repair or servicing.
D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

## General Information

### Property Information

Property Address 1234 School House Road  
City 1234 School House Road State New York Zip 12345

### Client Information

Client Name Bob Smith  
Client Address 3212 Homestead Dr.  
City 3212 Homestead Dr. State New York Zip 12345  
E-Mail buyer@usedhouse.com

### Inspection Company

Inspector Name Erik Vandenberg  
Company Name A Thru Z Home Inspection, Inc.  
Company Address P.O. Box 304  
City Mahopac State NY Zip 10541  
Phone 845-228-1237 Fax 845-228-2767  
E-Mail erik@athruzhomeinspection.com

### Conditions

Others Present Buyer's Agent and Buyer Property Occupied Occupied  
Estimated Age 1994  
Inspection Date 6/17/09  
Start Time 10:00am End Time 1:00pm  
Electric On  Yes  No  Not Applicable  
Gas/Oil On  Yes  No  Not Applicable  
Water On  Yes  No  Not Applicable  
Temperature 70 degrees  
Weather Partly cloudy Soil Conditions Dry  
Space Below Grade Basement  
Building Type Single family Garage Detached  
Sewage Disposal City How Verified Multiple Listing Service  
Water Source City How Verified Multiple Listing Service



16:56 December 22, 2009

## Lots and Grounds

Note: Wood sidings should be a minimum of 6" above ground. Detection of the presence of concealed moisture, mold or wood decay present behind exterior finishes is beyond the scope of this inspection. Promote positive (+) drainage away from foundation and extend runoff from roofing and downspouts a minimum 10 ft from foundation.

- |     | A                                   | NP                                  | NI                       | M                                   | D                                   |   |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Driveway: Concrete  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Walks: Concrete   |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Steps/Stoops: Concrete  |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Porch: Concrete   |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Patio: Pebble top   |
| 6.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Deck: Treated wood <span style="color: red;">The deck has been built below acceptable building standards and is not safe in its current state. Recommend further evaluation and estimate to bring deck up to an acceptable building standard.</span>  |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Balcony: Concrete   |
| 8.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Grading: Moderate slope <span style="color: red;">The grade and landscaping materials are too high and extend above the window well at the Northeast rear of the home. Recommend that the grade be reduced or the metal window well soil retainer be replaced with a taller unit to keep the mulch and soil beds from washing into the well.</span> |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Swale: Adequate slope and depth for drainage  |
| 10. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Vegetation: Shrubs with some weeds  |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Window Wells: Drain present   |
| 12. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Retaining Walls: Railroad ties <span style="color: green;">The wall is showing signs of movement, but appears to be stable at this time. A qualified contractor is recommended to evaluate and estimate repairs to maintain the wall.</span>  |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Basement Stairwell: Concrete  |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Basement Stairwell Drain: Surface drain   |
| 15. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Exterior Surface Drain: Not present   |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Fences: Split rail  |

## Exterior Surface and Components

- |   | A                                   | NP                       | NI                       | M                        | D                                   |  |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <b>Front Elevation Exterior Surface</b> _____       |                                     |                          |                          |                          |                                     |  |
| 1.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Type: Brick veneer <span style="color: red;">Loose half brick at front door. Remove and tuck point back in place.</span>   |
| <b>2nd Floor rear dormer Exterior Surface</b> _____ |                                     |                          |                          |                          |                                     |  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Type: Vinyl siding   |
| 3.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Trim: Composite material <span style="color: red;">Note: Damaged wood areas should be checked while doing the repair and replaced if wood rot is present.</span> |

1. Water damage to trim wood at either side of garage door from moisture wicking into the finished particle board. The surface is starting to delaminate. Recommend repair/replacement of the trim boards and silicone seal wood that is in contact with concrete to prevent wicking.





16:56 December 22, 2009

## Roof (Continued)

12.      Downspouts: Aluminum  
 13.      Leader/Extension: Underground conductors Reconnect to downspout where pulling loose. Extend runoff drains to move water away from foundation

### Side Chimney

14.      Chimney: Aluminum siding & frame covered 3 wall pipe  
 15.      Flue/Flue Cap: Metal  
 16.      Chimney Flashing: Aluminum

## Garage/Carport

A NP NI M D

### Tuck under Garage

1. Type of Structure: Tuck under Car Spaces: 2  
 2.      Garage Doors: Insulated aluminum  
 3.      Door Operation: Mechanized  
 4.      Door Opener: Acceptable  
 5.      Service Doors: Metal  
 6.      Ceiling: Drywall/Plaster, Suspended ceiling  
 7.      Walls: Drywall/Plaster  
 8.      Floor/Foundation: Poured concrete Cracked with minor displacement  
 9.      Hose Bibs: Frost Free  
 10.      Electrical: 110 VAC outlets and lighting circuits  
 11.      Heating: Air exchange ventilation  
 12.      Windows: Vinyl double hung

## Electrical

Testing of smoke detectors or alarms, timers, low voltage circuits such as door bells, security, and pet containment systems are beyond the scope of this inspection. Smoke detectors are recommended to be located in each Bedroom and one per floor level. Smoke alarms should be tested monthly and replaced per manufacturers guidelines or every ten years. Recommend grounded and GFCI protected outlets be installed at all Exterior, Kitchen, Wet Bar, Garage and Unfinished Basement outlet locations.

A NP NI M D

1. Service Size Amps: 150 Volts: 110-240 VAC  
 2.      Service: Aluminum  
 3.      120 VAC Branch Circuits: Copper  
 4.      240 VAC Branch Circuits: Copper  
 5.      Aluminum Wiring: Not present  
 6.      Conductor Type: Romex  
 7.      Ground: Plumbing and rod in ground.  
 8.      Smoke Detectors: Hard wired with battery backup Safety: Recommend replacing batteries every 6 months

### Basement Electric Panel

9.      Electric Panel: Marginal Double taps noted in panel at several breakers. Recommend corrections  
 10. Maximum Capacity: 150 Amps  
 11.      Main Breaker Size: 150 Amps



16:56 December 22, 2009

## Electrical (Continued)

- |     |                                     |                                     |                          |                          |                          |                                |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Breakers: CU/AL                |
| 13. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fuses: Not present             |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GFCI: At GFCI receptacles only |

## Structure

- |     | A                                   | NP                       | NI                       | M                        | D                        |  |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structure Type: Wood frame                               |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: Poured                                       |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Differential Movement: No movement or displacement noted |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beams: Steel I-Beam                                      |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bearing Walls: Frame                                     |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists/Trusses: 2x10                                     |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piers/Posts: Poured piers and steel posts                |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Slab: Poured slab                                  |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairs/Handrails: Wood stairs with metal handrails       |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subfloor: Composite manufactured materials               |

## Attic

- |                   | A                                   | NP                       | NI                                  | M                                   | D                                   |  |
|-------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <b>Main Attic</b> |                                     |                          |                                     |                                     |                                     |  |
| 1.                |                                     |                          |                                     |                                     |                                     | Method of Inspection: In the attic   |
| 2.                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Unable to Inspect: 10% Cathedral or vaulted ceiling  |
| 3.                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Roof Framing: 2x4 Truss  |
| 4.                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Sheathing: Strand board  |
| 5.                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Ventilation: Ridge and soffit vents  |
| 6.                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Insulation: Fiberglass <span style="color: red;">Insufficient insulation present at roof line above front bedroom closet. Add additional insulation below the roof line at the front of the home near the access cover. There is a small section of fiberglass batt insulation present that should be inserted in the open void above the closet framing. Additional insulation should be added in the 3 to 4 foot section to prevent condensation from forming due to heat loss.</span> |
| 7.                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Insulation Depth: 12"  |
| 8.                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Vapor Barrier: Plastic   |
| 9.                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Attic Fan: Direct drive  |
| 10.               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | House Fan: Direct drive with manual controls   |
| 11.               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Wiring/Lighting: 110 VAC lighting circuit  |
| 12.               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Moisture Penetration: Previous water penetration noted   |
| 13.               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Bathroom Fan Venting: Electric fan   |



16:56 December 22, 2009

## Basement

As basements, cellars and crawl spaces are below grade and although no observable evidence of water penetration may have been noted during the inspection, they are always subject to seepage, water penetration and flooding.

A NP NI M D

### Main Basement

- |     |                                     |                                     |                                     |                          |                          |  |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: 20% Storage boxes, Storage shelves      |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: Surface drain                                 |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl slider                                      |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI                                   |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation                      |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: Fiberglass                                     |
| 8.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation:   |
| 9.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump:   |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Location: None found                              |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairs/Railings: Wood stairs with metal handrails |

## Crawl Space

A NP NI M D

### Main Crawl Space

- |     |   |                          |                                     |                                     |                          |  |
|-----|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| 1.  | Method of Inspection: In the crawl space    |                          |                                     |                                     |                          |  |
| 2.  | <input type="checkbox"/>                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Unable to Inspect: 40% Insulation obstructed complete view of foundation walls                             |
| 3.  | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Access: Wood door  |
| 4.  | <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Moisture Penetration: Visible evidence Owner disclosed previous moisture concerns- see seller's disclosure |
| 5.  | Moisture Location: Wall crack-Previous leak |                          |                                     |                                     |                          |  |
| 6.  | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Moisture Barrier: Plastic under gravel   |
| 7.  | <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ventilation: Open to basement No ventilation to exterior present   |
| 8.  | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Insulation: Fiberglass   |
| 9.  | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Vapor Barrier: Plastic   |
| 10. | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Sump Pump: Submerged   |
| 11. | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Electrical: 110 VAC  |



16:56 December 22, 2009

## Air Conditioning

Mechanical equipment tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not determine balancing or sizing of system. The inspection covers only the visible components of the air conditioning system. Hidden problems may exist that are not documented in this report. Annual cleaning and servicing recommended for best performance and life expectancy.

A NP NI M D

### Main AC System

- |     |  |                          |                          |                                     |                          |   |
|-----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1.  | <input checked="" type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | A/C System Operation: Appears serviceable               |
| 2.  | <input checked="" type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Condensate Removal: PVC                                 |
| 3.  | <input checked="" type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Exterior Unit: Left side                                |
| 4.  | Area Served: Whole building Approximate Age: newer |                          |                          |                                     |                          |   |
| 5.  | Fuel Type: 220 VAC Temperature Differential: 22*   |                          |                          |                                     |                          |   |
| 6.  | Type: Central A/C Capacity: 2.5 Ton                |                          |                          |                                     |                          |   |
| 7.  | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Visible Coil: 2.5 Ton Coils require cleaning            |
| 8.  | <input checked="" type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Refrigerant Lines: Low pressure and high pressure       |
| 9.  | <input checked="" type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Electrical Disconnect: Breaker disconnect               |
| 10. | <input checked="" type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Exposed Ductwork: Metal                                 |
| 11. | <input checked="" type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Blower Fan/Filters: Direct drive with disposable filter |
| 12. | <input checked="" type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Thermostats: Programmable                               |

## Fireplace/Wood Stove

Fireplaces are not operated. In addition, unless a fire is built in the fireplace it is not possible to determine if the fireplace will smoke.

A NP NI M D

### Family Room Fireplace

- |    |                                     |                                     |                          |                          |                          |                               |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| 1. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Freestanding Stove:           |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireplace Construction: Stone |
| 3. | Type: Wood burning                  |                                     |                          |                          |                          |                               |
| 4. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireplace Insert:             |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Chamber: Brick          |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flue: Tile                    |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Damper: Metal                 |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hearth: Raised                |



16:56 December 22, 2009

## Heating System

Heat exchanger integrity is not confirmed during inspection. Mechanical equipment tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not determine balancing or sizing of system. The inspection covers only the visible components of the heating system. Hidden problems may exist that are not documented in this report. Annual cleaning and servicing recommended for best performance and life expectancy.

A NP NI M D

### Basement Heating System

1.      Heating System Operation: Appears functional
2.      Area Served: Whole Bldg Approximate Age: newer
3.      Fuel Type: Natural gas
4.      Heat Exchanger: 5 Burner
5.      Unable to Inspect: 40%
6.      Blower Fan/Filter: Direct drive with disposable filter
7.      Distribution: Metal duct
8.      Circulator:
9.      Draft Control: Automatic
10.      Flue Pipe: Double wall
11.      Controls: Limit switch
12.      Devices:
13.      Humidifier: Acceptable
14.      Thermostats: Programmable
15.
16.      Suspected Asbestos: No

## Plumbing

Water heater tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Approx. 200 gallons of water was pushed through sewer drain lines to verify functional drainage of public sewer or septic system. Water conditioning/filtering systems are not within the scope of this inspection. Recommended water pressure ranges 55-65 psi.

A NP NI M D

1.      Service Line: Copper
  2.      Main Water Shutoff: Basement
  3.      Water Lines: Copper
  4.      Drain Pipes: PVC
  5.      Service Caps: Accessible
  6.      Vent Pipes: PVC
  7.      Gas Service Lines: Cast iron
- ### Basement Water Heater
8.      Water Heater Operation: Appeared servicable at time of inspection
  9.      Type: Natural gas Capacity: 50 Gal.
  10.      Approximate Age: Newer Area Served: Whole building
  11.      Flue Pipe: Single wall
  12.      TPRV and Drain Tube: Missing drain tube Missing drain tube



16:56 December 22, 2009

## Bathroom

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

### Master Bathroom

1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closet: Large
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling: Drywall
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls: Drywall
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor: Carpet
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors: Hollow wood
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows: Vinyl double hung
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: 110 VAC outlets and lighting circuits
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counter/Cabinet: Laminate and wood
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink/Basin: Corian
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Faucets/Traps: Defective <span style="color: red;">Leaking trap, repair required</span>
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tub/Surround: Fiberglass tub and ceramic tile surround
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Surround: Fiberglass pan and ceramic tile surround
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets: Acceptable
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC Source: Air exchange ventilation
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation: Electric ventilation fan and window

## Kitchen

Appliances are tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

A NP NI M D

### 1st Floor Kitchen

1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking Appliances: Acceptable
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator: Acceptable
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal: Acceptable
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dishwasher: Defective
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor: Acceptable
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Refrigerator: Marginal <span style="color: green;">Loose or damaged door seal</span>
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave: Acceptable
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink: Porcelain
9.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical: 110 VAC GFCI
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing/Fixtures: PVC <span style="color: red;">Hot/Cold water operation reversed</span>
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counter Tops: Laminate
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets: Laminate and composite materials
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pantry: Large
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling: Drywall
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls: Drywall
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor: Linoleum <span style="color: green;">Cuts or minor damage in flooring- repair/replace as required</span>
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors: Hollow wood
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windows: Vinyl double hung <span style="color: green;">Hard operation-needs improvements for ease of</span>



16:56 December 22, 2009

## Kitchen (Continued)

Windows: (continued)

operation

19.      HVAC Source: Air exchange ventilation

## Bedroom

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

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2nd Floor Bedroom

- |    |                                     |                          |                          |                          |                          |   |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Walk In                                   |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall                                  |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall                                    |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet                                     |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood                                |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung                        |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC outlets and lighting circuits |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation             |

## Living Space

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

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Family Room Living Space

- |    |                                     |                                     |                          |                          |                          |   |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: None                                  |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall                              |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall                                |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood                               |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood                            |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung                    |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: Outlets, lighting and ceiling fan |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation         |



16:56 December 22, 2009

## Laundry Room/Area

Inspection does not cover any damage concealed by rugs, carpeting, wall paneling, furniture or fixtures. Typical wall/ceiling minor cracks/touch ups are considered normal and are not listed in report.

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1st Floor Laundry Room/Area

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- |     |                                     |                          |                          |                                     |                          |                          |   |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall  |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Ceramic tile   |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl double hung  |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC/220 VAC   |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation   |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub: PVC  |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub Drain: PVC  |
| 10. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer Hose Bib: Multi-port Washer hose worn/expanded and ready to burst, recommend hose replacement with burst-proof stainless steel braided hoses |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Washer and Dryer Electrical: 110-240 VAC  |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Dryer Vent: Rigid metal   |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Dryer Gas Line: Insulflex   |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Washer Drain: Wall mounted drain  |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: Surface drain  |



16:56 December 22, 2009

## Marginal Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

### Lots and Grounds

1. Vegetation: Shrubs with some weeds
2. Retaining Walls: Railroad ties The wall is showing signs of movement, but appears to be stable at this time. A qualified contractor is recommended to evaluate and estimate repairs to maintain the wall.

### Garage/Carport

3. Tuck under Garage Floor/Foundation: Poured concrete Cracked with minor displacement

### Electrical

4. Basement Electric Panel Electric Panel: Marginal Double taps noted in panel at several breakers. Recommend corrections

### Attic

5. Main Attic Moisture Penetration: Previous water penetration noted

### Crawl Space

6. Main Crawl Space Moisture Penetration: Visible evidence Owner disclosed previous moisture concerns- see seller's disclosure
7. Main Crawl Space Ventilation: Open to basement No ventilation to exterior present

### Air Conditioning

8. Main AC System Visible Coil: 2.5 Ton Coils require cleaning

### Kitchen

9. 1st Floor Kitchen Refrigerator: Marginal Loose or damaged door seal
10. 1st Floor Kitchen Floor: Linoleum Cuts or minor damage in flooring- repair/replace as required
11. 1st Floor Kitchen Windows: Vinyl double hung Hard operation-needs improvements for ease of operation

### Laundry Room/Area

12. 1st Floor Laundry Room/Area Washer Hose Bib: Multi-port Washer hose worn/expanded and ready to burst, recommend hose replacement with burst-proof stainless steel braided hoses



16:56 December 22, 2009

## Defective Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

### Lots and Grounds

1. **Deck:** Treated wood The deck has been built below acceptable building standards and is not safe in its current state. Recommend further evaluation and estimate to bring deck up to an acceptable building standard.
2. **Grading:** Moderate slope The grade and landscaping materials are too high and extend above the window well at the Northeast rear of the home. Recommend that the grade be reduced or the metal window well soil retainer be replaced with a taller unit to keep the mulch and soil beds from washing into the well.

### Exterior Surface and Components

3. **Front Elevation Exterior Surface Type:** Brick veneer Loose half brick at front door. Remove and tuck point back in place.
4. **Trim:** Composite material Note: Damaged wood areas should be checked while doing the repair and replaced if wood rot is present.
  1. Water damage to trim wood at either side of garage door from moisture wicking into the finished particle board. The surface is starting to delaminate. Recommend repair/replacement of the trim boards and silicone seal wood that is in contact with concrete to prevent wicking.
  2. The wood window boxes have water damage and will require repair/replacement. The wood has started to separate at the supports and at the corners of the window boxes.
  3. The trim board at the southwest corner of the porch has water damage due to water penetration and will require repair/replacement of the wood. The trim board extends out creating a ledge allowing water to collect on the top edge of the board and cause the wood to rot.

Recommend estimate/repairs by a qualified contractor.

### Roof

5. **Main Roof Surface Material:** Fiberglass shingle Missing roof shingles from wind damage. Repairs are required.
6. **Leader/Extension:** Underground conductors Reconnect to downspout where pulling loose. Extend runoff drains to move water away from foundation

### Attic

7. **Main Attic Insulation:** Fiberglass Insufficient insulation present at roof line above front bedroom closet. Add additional insulation below the roof line at the front of the home near the access cover. There is a small section of fiberglass batt insulation present that should be inserted in the open void above the closet framing. Additional insulation should be added in the 3 to 4 foot section to prevent condensation from forming due to heat loss.



16:56 December 22, 2009

## Defective Summary (Continued)

### Plumbing

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8. Basement Water Heater TPRV and Drain Tube: Missing drain tube **Missing drain tube**

### Bathroom

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9. Master Bathroom Faucets/Traps: Defective **Leaking trap, repair required**

### Kitchen

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10. 1st Floor Kitchen Dishwasher: Defective

11. 1st Floor Kitchen Plumbing/Fixtures: PVC **Hot/Cold water operation reversed**