



## Inspection Masters

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### PROPERTY INSPECTION REPORT

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**Prepared For:** Acme Corporation  
(Name of Client)

**Concerning:** 799 Commerce Drive, Bottom Line City, Texas  
(Address or Other Identification of Inspected Property)

**By:** Craig A. Reagan, T.R.E.C. # 2147 12/24/2003  
(Name and License Number of Inspector) (Date)

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(Name, License Number and Signature of Sponsoring Inspector, if required)

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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.

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#### ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

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Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachments. If an item is present in the property but is not inspected, the "NI" column will be checked and an explanation is necessary. Comments may be provided by the inspector whether or not an item is deemed in need of repair.

I=Inspected		NI=Not Inspected		NP=Not Present	R=Not Functioning or In Need of Repair	Inspection Item
I	NI	NP	R			

**I. STRUCTURAL SYSTEMS**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <p><b>A. Foundations</b> (If all crawl space areas are not inspected, provide an explanation.)<br/>                 Type of foundation: Post-tensioned concrete slab-on grade<br/>                 Method of inspection: Visual inspection of interior and exterior; Compulevel<br/> <i>Comments (An opinion on performance is mandatory.):</i><br/>                 The foundation is performing its intended function at the time of this inspection and not in need of repairs. However, the perimeter of the building was measured to be slightly low. A foundation watering program may help to offset this condition.</p> |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <p><b>B. Grading &amp; Drainage</b><br/> <i>Comments:</i> High landscape grading was observed along the front and right end of the building, as well as a portion of the rear. The soil in these areas should be a minimum of 4-inches below brick veneer and 8-inches below wood or composition siding. The soil should be lowered in such a manner so as to provide for positive drainage <u>away</u> from the foundation.</p>  |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <p><b>C. Roof Covering</b> (If the roof is inaccessible, report the method used to inspect.)<br/>                 Type of roof covering: Metal<br/>                 Method of inspection: Walked on roof<br/> <i>Comments:</i> Some previous patches were observed on the top side of the roof but were tested to be dry at the time of this inspection.</p>  |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <p><b>D. Roof Structure &amp; Attic</b> (If the attic is inaccessible, report the method used to inspect.)<br/>                 Method of inspection: Viewed space above ceiling tiles by removal of random tiles.<br/>                 Approximate depth of insulation: 1.5 - 8 inches<br/> <i>Comments:</i> Some areas of insulation have fallen down and should be put back in place.</p>  |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <p><b>E. Walls (Interior &amp; Exterior)</b><br/> <i>Comments:</i></p>  |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            | <p><b>F. Ceilings &amp; Floors</b><br/> <i>Comments:</i> Some staining was observed on isolated ceiling panel but were tested to be dry at the time of this inspection.</p>   |

I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>G. Doors (Interior &amp; Exterior)</b> <i>Comments:</i> Some doorways are slightly misaligned. The back hallway door doesn't seal properly.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>H. Windows</b> <i>Comments:</i> Three of the front windows area broken.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>I. Fireplace/Chimney</b> <i>Comments:</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>J. Porches, Decks and Carports (Attached)</b> <i>Comments:</i> Some transitions from parking lots to walkway present a tripping hazard and should be corrected.
<b>II. ELECTRICAL SYSTEMS</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>A. Service Entrance and Panels</b> <i>Comments:</i> The service panel does not have a main breaker inside and one should be installed. At least one underprotected circuit was observed and should be protected. Some melted components were observed inside the service panel. A licensed electrician should be contacted to evaluate these conditions and to make the necessary corrections.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>B. Branch Circuits - Connected Devices and Fixtures</b> (Report as in need of repair the lack of ground fault circuit protection where required.): Type of branch circuit wiring: Copper <i>Comments:</i> The required GFCI protection is not present and should be installed. One of the exterior outlet covers is improperly installed. A licensed electrician should be contacted to evaluate these conditions and to make the necessary corrections.
<b>III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>A. Heating Equipment</b> <i>Type And Energy Source:</i> Type of heating system: 4 Central Forced Air Furnaces Energy source: Gas  <i>Comments:</i> The north end unit was observed to have excessive rust scale below the burner, possibly indicating a problem with the heat exchanger. A licensed mechanical contractor should be contacted to perform a complete inspection of this unit and to make any necessary repairs.

I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>B. Cooling Equipment</b>  <i>Type And Energy Source:</i>                      Type of cooling system: 4 Central Forced Air Systems                      Energy source: Electric</p> <p><i>Comments:</i> The circuit breaker is too large for one of the 2 units and should be corrected. Some exterior refrigerant line insulation is missing and should be replaced. The primary condensate drain for all units should be completely insulated. Of the units on the North end, two of the secondary drain pans are corroded and one has standing water in it.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>C. Ducts and Vents</b>  <i>Comments:</i></p>
<b>IV. PLUMBING SYSTEM</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A. Water Supply System and Fixtures</b>  <i>Comments:</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>B. Drains, Wastes, Vents</b>  <i>Comments:</i> Evidence of a leak was observed below the ladies restroom sink.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><b>C. Water Heating Equipment</b> (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)  <i>Energy Source:</i>                      Energy source: Electricity</p> <p><i>Comments:</i> Proper plumbing of the high pressure relief drain line and the pan drain could not be verified.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>D. Hydro-Therapy Equipment</b>  <i>Comments:</i></p>
<b>V. APPLIANCES</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>A. Dishwasher</b>  <i>Comments:</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>B. Food Waste Disposer</b>  <i>Comments:</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><b>C. Range Hood</b>  <i>Comments:</i></p>

I	NI	NP	R	Inspection Item
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**D. Ranges/Ovens/Cooktops**  
*Comments:*

**E. Microwave Cooking Equipment**  
*Comments:*

**F. Trash Compactor**  
*Comments:*

**G. Bathroom Exhaust Fans and/or Heaters**  
*Comments:*

**H. Whole House Vacuum Systems**  
*Comments:*

**I. Garage Door Operators**  
*Comments:*

**J. Door Bell and Chimes**  
*Comments:*

**K. Dryer Vents**  
*Comments:*

**VI. OPTIONAL SYSTEMS**

**A. Lawn Sprinklers**  
*Comments:*

**B. Swimming Pools and Equipment**  
*Comments:*

**C. Outbuildings**  
*Comments:*

I	NI	NP	R	Inspection Item
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>D. Outdoor Cooking Equipment</b> <i>Comments:</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>E. Gas Lines</b> <i>Comments:</i> See comments for individual appliances.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>F. Water Wells</b> (A coliform analysis is recommended.) <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>G. Septic Systems</b> <i>Comments:</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H. Security Systems</b> <i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>I. Fire Protection Equipment</b> <i>Comments:</i>