

505084

Chico Septic
815 Sheridan Ave.
Chico, CA 95926

(530) 343-6340

NAME	Jared Gilmore	SHIP TO
ADDRESS	714 Camellia Dr	ADDRESS
CITY, STATE, ZIP	Paradise	CITY, STATE, ZIP

ORDER NO.	TERMS	DATE
WHEN SHIP	HOW SHIP	SALESPERSON

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Septic Insp.		125 ⁰⁰
	jared.a.gilmore@gmail.com		
	Pd Ct #		
	294		

BUYER

KEEP THIS SLIP FOR REFERENCE

01-11

WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

Building No. 714	Street Camellia Drive	City Paradise	ZIP 95969	Date of Inspection 04/04/2018	Number of Pages 4
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HOUSE DETECTIVE TERMITE CONTROL INC

11 COMMERCE CT. SUITE 10
 CHICO CA 95928
 (530) 894-7900 (530) 591-7079
 hdetective@att.net Fax (530) 894-7902

Report # : 11995
 Registration # : PR5960
 Escrow # :
 CORRECTED REPORT

Ordered by: Dustin Cheatham Century-21 1101 El Monte Ave. Chico CA 95928 United States	Property Owner and/or Party of Interest: Jared Gilmore	Report sent to:
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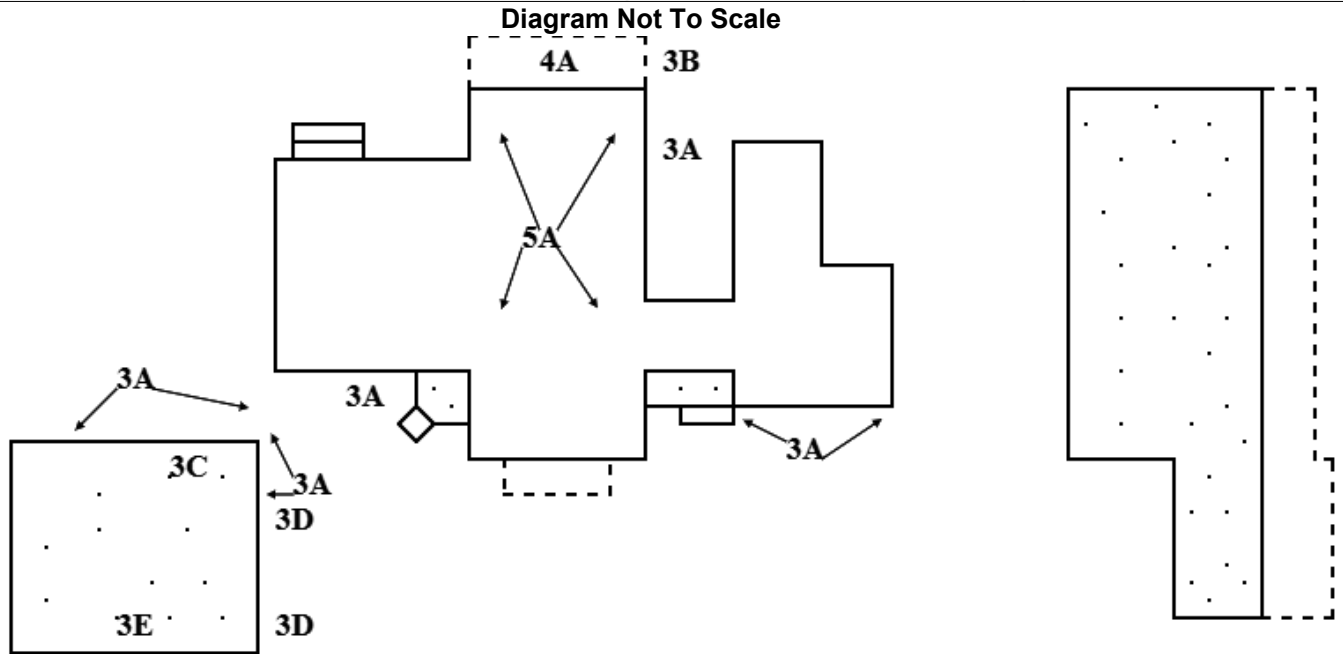
COMPLETE REPORT
 LIMITED REPORT
 SUPPLEMENTAL REPORT
 REINSPECTION REPORT

GENERAL DESCRIPTION: Two story wood frame single family dwelling with detached garage and guest house.	Inspection Tag Posted: At the water heater Other Tags Posted:
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An inspection has been made of the structure(s) shown on the diagram in accordance with the Structural Pest Control Act. Detached porches, detached steps, detached decks and any other structures not on the diagram were not inspected.

Subterranean Termites
 Drywood Termites
 Fungus / Dryrot
 Other Findings
 Further Inspection

If any of the above boxes are checked, it indicates that there were visible problems in accessible areas. Read the report for details on checked items.



Inspected By: Gregory D Hosler
 State License No. OPR10012
 Signature:

You are entitled to obtain copies of all reports and completion notices on this property reported to the Structural Pest Control Board during the preceding two years. To obtain copies contact: Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, California, 95815-3831.
 NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (916) 561-8708, (800) 737-8188 or www.pestboard.ca.gov.

43M-44 (Rev. 04/2015)

HOUSE DETECTIVE TERMITE CONTROL INC

Page 2 of 4 inspection report

714	Camellia Drive	Paradise	CA	95969
Address of Property Inspected		City	State	ZIP
04/04/2018	11995			
Date of Inspection	Corresponding Report No.		Escrow No.	

WHAT IS A WOOD DESTROYING PEST & ORGANISM INSPECTION REPORT? READ THIS DOCUMENT. IT EXPLAINS THE SCOPE AND LIMITATIONS OF A STRUCTURAL PEST CONTROL INSPECTION AND A WOOD DESTROYING PEST & ORGANISM INSPECTION REPORT.

A Wood Destroying Pest & Organism Inspection Report contains findings as to the presence or absence of evidence of wood destroying pests and organisms in visible and accessible areas and contains recommendations for correcting any infestations or infections found. The contents of Wood Destroying Pest & Organism Inspection Reports are governed by the Structural Pest Control Act and regulations.

Some structures do not comply with building code requirements or may have structural, plumbing, electrical, mechanical, heating, air conditioning or other defects that do not pertain to wood destroying organisms. A Wood Destroying Pest & Organism Inspection Report does not contain information on such defects, if any, as they are not within the scope of the licenses of either this company, or it's employees.

The Structural Pest Control Act requires inspection of only those areas which are visible and accessible at the time of inspection. Some areas of the structure are not accessible to inspection, such as the interior of hollow walls, spaces between floors, areas concealed by carpeting, appliances, furniture or cabinets. Infestations or infections may be active in these areas without visible and accessible evidence. If you desire information about areas that were not inspected, a further inspection may be performed at an additional cost. Carpets, furniture or appliances are not moved and windows are not opened during a routine inspection.

The exterior Surface of the roof was not inspected. If you want the water tightness of the roof determined, you should contact a roofing contractor who is licensed by the Contractor's State License Board.

This company does not certify or guarantee against any leakage, such as (but not limited to) plumbing, appliances, walls, doors, windows, any type of seepage, roof or deck coverings. This company renders no guarantee, whatsoever, against any infection, infestation or any other adverse condition which may exist in such areas or may become visibly evident in such area after this date. Upon request, further inspection of these areas would be performed at an additional charge.

In the event damage or infestation described herein is later found to extend further than anticipated, our bid will not include such repairs. OWNER SHOULD BE AWARE OF THIS CLOSED BID WHEN CONTRACTING WITH OTHERS OR UNDERTAKING THE WORK HIMSELF/HERSELF.

If requested by the person ordering this report, a re-inspection of the structure will be performed. Such requests must be within four (4) months of the date of this inspection. Every re-inspection fee amount shall not exceed the original inspection fee.

Wall paper, stain, or interior painting are excluded from our contract. New wood exposed to the weather will be prime painted, only upon request at an additional expense.

This company will reinspect repairs done by others within four months of the original inspection. A charge, if any, can be no greater than the original inspection fee for each reinspection. The reinspection must be done within ten (10) working days of request. The reinspection is a visual inspection and if inspection of concealed areas is desired, inspection of work in progress will be necessary. Any guarantees must be received from parties performing repairs.

NOTICE: Reports on this structure prepared by various registered companies should list the same findings (i.e. termite infestations, termite damage, fungus damage, etc.). However, recommendations to correct these findings may vary from company to company. You have a right to seek a second opinion from another company.

This Wood Destroying Pest & Organisms Report DOES NOT INCLUDE MOLD or any mold like conditions. No reference will be made to mold or mold-like conditions. Mold is not a Wood Destroying Organism and is outside the scope of this report as defined by the Structural Pest Control Act. If you wish your property to be inspected for mold or mold like conditions, please contact the appropriate mold professional.

HOUSE DETECTIVE TERMITE CONTROL INC

Page 3 of 4 inspection report

714	Camellia Drive	Paradise	CA	95969
Address of Property Inspected		City	State	ZIP
04/04/2018	11995			
Date of Inspection	Corresponding Report No.		Escrow No.	

This is a separated report which is defined as Section I/Section II conditions evident on the date of the inspection. Section I contains items where there is visible evidence of active infestation, infection or conditions that have resulted in or from infestations or infections. Section II items are conditions deemed likely to lead to infestation or infection but where no visible evidence of such was found. Further inspection items are defined as recommendations to inspect area(s) which during the original inspection did not allow the inspector access to complete the inspection and cannot be defined as Section I or Section II.

SECTION I CONTAINS ITEMS WHERE THERE IS EVIDENCE OF ACTIVE INFESTATION, INFECTION OR CONDITIONS THAT HAVE RESULTED IN OR FROM INFESTATION OR INFECTION.

SECTION II ITEMS ARE CONDITIONS DEEMED LIKELY TO LEAD TO INFESTATION OR INFECTION BUT WHERE NO VISIBLE EVIDENCE OF SUCH WAS FOUND.

SECTION III / FURTHER INSPECTION ITEMS ARE DEFINED AS RECOMMENDATIONS TO INSPECT AREA(S) WHICH DURING THE ORIGINAL INSPECTION DID NOT ALLOW THE INSPECTOR ACCESS TO COMPLETE HIS INSPECTION AND CANNOT BE DEFINED AS SECTION I OR II.

3. FUNGUS / DRYROT:

3A - Section I

FINDING: Fungus damage was found to areas of lower siding and trim on the main house and garage.

RECOMMENDATION: Remove the damaged wood members and replace with new material. Prime paint only.

3B - Section I

FINDING: Fungus damage was found to the patio joist and trim.

RECOMMENDATION: Remove the damaged wood members and replace with new material. Prime paint only.

3C - Section I

FINDING: Fungus damage was found to the garage door.

RECOMMENDATION: Remove the damaged wood members and replace with new material. Prime paint only.

3D - Section I

FINDING: Fungus damage was found to the front garage door jambs.

RECOMMENDATION: Remove the damaged wood members and replace with new material. Prime paint only.

3E - Section I

FINDING: Carpenter ant frass was found in the garage.

RECOMMENDATION: We recommend the owner/agent engage the services of a licensed general pest control company to eliminate the carpenter ants as needed.

4. OTHER FINDINGS:

4A - Section II

FINDING: Water stains were noted on the patio roof.

RECOMMENDATION: The owner should employ a licensed roofing contractor to inspect and/or to repair the roof. This firm declines to submit a bid or an estimate for this recommendation.

5. FURTHER INSPECTION:

HOUSE DETECTIVE TERMITE CONTROL INC

Page 4 of 4 inspection report

714	Camellia Drive	Paradise	CA	95969
Address of Property Inspected		City	State	ZIP
04/04/2018	11995			
Date of Inspection	Corresponding Report No.		Escrow No.	

5A - Further Inspection

FINDING: A portion of the subarea is inaccessible due to plumbing lines and heating ducts blocking access. Flashlight visual inspection revealed no outward signs of any infestation or infections this date.

RECOMMENDATION: Further inspection will be performed upon request after proper access has been provided.

NOTES:

Note A

NOTE: The subflooring was found to be inaccessible for physical inspection due to insulation. It is impractical to remove the insulation at this time. No visible signs of infestation or infection are visible. If interested parties are concerned, an inspection will be made upon removal of the insulation and a supplemental report will be issued listing any findings and recommendations along with estimates for repair and/or treatment, if within the scope of this companies operations.

Note B

This inspection is from ground level only. We do not go on the roof. No opinion to areas which could not be probed from the ground.

Note C

Guarantee: All work performed is guaranteed fro a period of one (1) year from the date of completion, unless specifically mentioned elsewhere herein; except plumbing, grouting, or caulking which is guaranteed for 90 days.



- Front of the main house.



- Front of the guest house.



3A - Damaged siding and trim.



3A - Damaged siding.



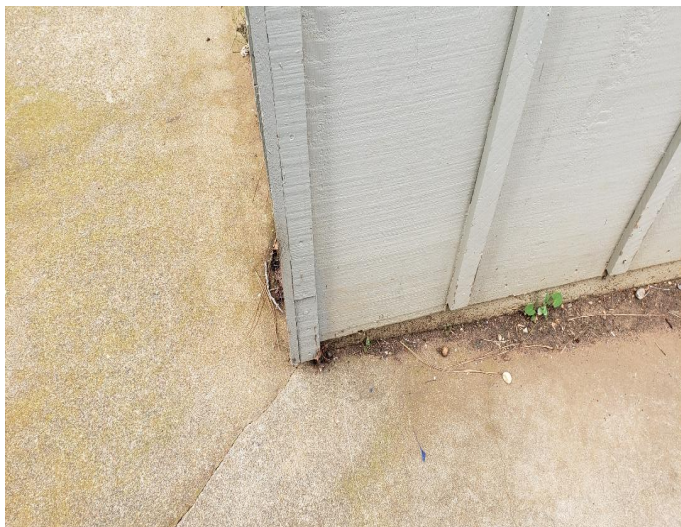
3A - Damaged siding and trim.



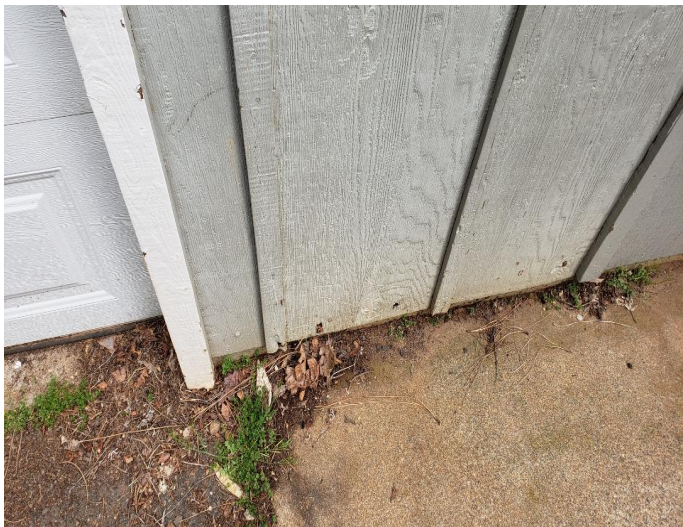
3A - Damaged siding and trim.



3A - Damaged siding.



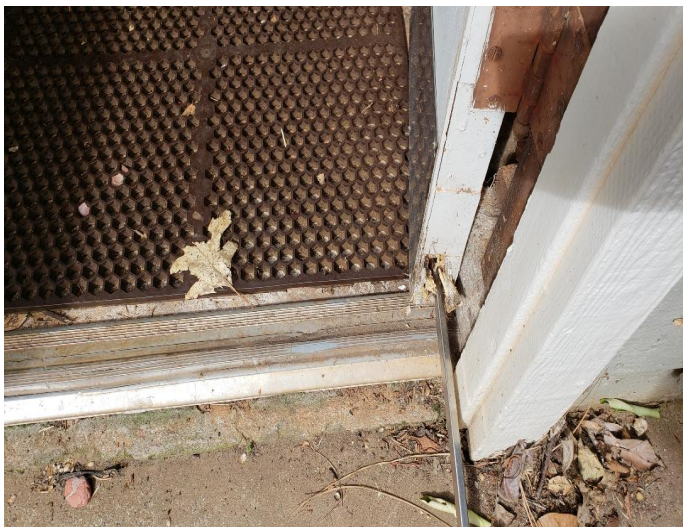
3A - Damaged siding and trim.



3A - Damaged siding and trim.



3B - Damaged patio joist and trim.



3C - Damaged garage door.



3D - Damaged garage door jambs.



3D - Damaged garage door jambs.



3E - Carpenter ants in the garage.



HOUSE DETECTIVE TERMITE CONTROL INC
11 COMMERCE CT. SUITE 10
 CHICO CA 95928
 (530) 894-7900 (530) 591-7079
 hdetective@att.net Fax (530) 894-7902

WORK AUTHORIZATION

Report #: 11995

No work will be performed until a signed copy of this agreement has been received.

Address of Property : 714 Camellia Drive
 City: Paradise
 State/ZIP: CA 95969

The inspection report of the company dated, 04/04/2018 is incorporated herein by reference as though fully set forth. The company is authorized to proceed with the work outlined in the items circled below from the Termite Inspection Report for the property inspected, for a total sum of \$ _____. This total amount is due and payable within 30 days from completion repair work and/or chemical application.

THE COMPANY AGREES

To guarantee all repair completed by this company for one year from date of completion except for caulking, grouting, or plumbing, which is guaranteed for a period of **ninety (90) days**. We assume no responsibility for work performed by others, to be bound to perform this work for the price quoted in our cost breakdown for a period not to exceed 30 days, to use reasonable care in the performance of our work but to assume no responsibility for damage to any hidden pipes, wiring, or other facilities or to any shrubs, plants, or roof.

THE OWNER OR OWNER'S AGENT AGREES

To pay for services rendered in any additional services requested upon completion of work to pay a service charge of one and one-half percent (1 1/2%) interest per month, or portion of any month, annual interest rate of eighteen percent (18%) on accounts exceeding the ten (10) day full payment schedule. The Owner grants to The Company a security interest in the property to secure payment sum for work and inspection fee completed. In case of non-payment by The owner, reasonable attorney fees and costs of collection shall be paid by owner, whether suit be filed or not.

ALL PARTIES AGREE

If any additional work is deemed necessary by the local building inspector, said work will not be performed without additional authorization from owner or owner's agent. This contract price does not include the charge of any Inspection Report fees. Circle the items you wish performed by The Company, below and enter total amount above:

NOTICE TO OWNER

Under the California Mechanics Lien Law, any structural pest control company which contracts to do work for you, any contractor, subcontractor, laborer, supplier or other person who helps to improve your property, but is not paid for his or her work or supplies, has a right to enforce a claim against your property. This means that after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your structural pest control company in full if the subcontractor, laborers or suppliers remain unpaid.

To preserve their right to file a claim or lien against your property, certain claimants such as subcontractors or material suppliers are required to provide you with a document entitled "Preliminary Notice." Prime contractors and laborers for wages do not have to provide this notice. A Preliminary Notice is not a lien against your property. Its purpose is to notify you of persons who may have a right to file a lien against your property if they are not paid.

ITEMS

Prefix	Section I	Section II	Further Inspection	Other
3A	1,120.00	0.00	0.00	0.00
3B	205.00	0.00	0.00	0.00
3C	550.00	0.00	0.00	0.00
3D	150.00	0.00	0.00	0.00
3E	Other trades.	0.00	0.00	0.00
4A	0.00	Roofer	0.00	0.00
5A	0.00	0.00	Upon request.	0.00
Total:	2,025.00	0.00	0.00	0.00
Grand Total:	2,025.00			

Property Owner: _____ Date: _____ Inspected By: _____ Date: _____
 Owner's Agent: _____ Date: _____



INVOICE / STATEMENT
HOUSE DETECTIVE TERMITE CONTROL INC
11 COMMERCE CT. SUITE 10
CHICO CA 95928
(530) 894-7900 (530) 591-7079
hdetective@att.net Fax (530) 894-7902

Date: 04/04/2018
Report Number: 11995
Invoice Number: 11995-1
Escrow Number:

Property 714 Camellia Drive
Inspected: Paradise, CA 95969

Bill To: Jared Gilmore

Inspection: \$	200.00
Invoice Total: \$	200.00
Payments: \$	200.00
Total Due: \$	0.00

Description of Service
Original inspection fee paid in full.

RETAIN THIS COPY FOR YOUR RECORDS
THANK YOU FOR YOUR BUSINESS

CUT HERE

CUT HERE

CUT HERE



INVOICE / STATEMENT
HOUSE DETECTIVE TERMITE CONTROL INC
11 COMMERCE CT. SUITE 10
CHICO CA 95928
(530) 894-7900 (530) 591-7079
hdetective@att.net Fax (530) 894-7902

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Bill To: Jared Gilmore

Inspection: \$	200.00
Invoice Total: \$	200.00
Payments: \$	200.00
Total Due: \$	0.00

Description of Service
Original inspection fee paid in full.

RETURN THIS COPY WITH REMITTANCE
THANK YOU FOR YOUR BUSINESS



HOME INSPECTION REPORT



714 Camellia Circle Paradise CA, 95969

Inspection Date: April 8, 2018

Prepared For: Jared Gilmore

Prepared By:
MD PROPERTY INSPECTIONS
25030 THIRD AVE
LOS MOLINOS CA 96055

530-736-3509
mdpropertyinspections@yahoo.com

Report Number: 2562

Inspector: Mitch Dean
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REPORT OVERVIEW

THE HOUSE IN PERSPECTIVE

CONVENTIONS USED IN THIS REPORT

SATISFACTORY - Indicates the component is functionally consistent with its original purpose but may show signs of normal wear and tear and deterioration.

MARGINAL - Indicates the component will probably require repair or replacement anytime within five years.

POOR - Indicates the component will need repair or replacement now or in the very near future.

MAJOR CONCERNS - A system or component that is considered significantly deficient or is unsafe.

SAFETY HAZARD - Denotes a condition that is unsafe and in need of prompt attention.

THE SCOPE OF THE INSPECTION

All components designated for inspection in the NACHI® Standards of Practice are inspected, except as may be noted in the "Limitations of Inspection" sections within this report.

It is the goal of the inspection to put a home buyer in a better position to make a buying decision. Not all improvements will be identified during this inspection. Unexpected repairs should still be anticipated. The inspection should not be considered a guarantee or warranty of any kind.

Please refer to the pre-inspection contract for a full explanation of the scope of the inspection.

BUILDING DATA

Approximate Age:	50 Years
Style:	Single Family
Main Entrance Faces:	West
State of Occupancy:	Vacant
Weather Conditions:	Sunny
Recent Rain:	Yes
Ground cover:	Temperature: 50-60°F

RECEIPT / INVOICE

MD PROPERTY INSPECTIONS
25030 THIRD AVE
LOS MOLINOS CA 96055
530-736-3509

Date: April 8, 2018

Inspection Number: 2562

Name: Jared Gilmore

Inspection: 400.00

Total:

 \$400.00

- Check #: 1028
- Cash
- Credit Card:

Inspected By: Mitch Dean
License/Certification #: 5293675



SERVICE WALKS		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	<input type="checkbox"/> <i>Public sidewalk needs repair</i>
Material:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Gravel	<input type="checkbox"/> Brick
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Trip Hazard</i>
	<input type="checkbox"/> <i>Settling cracks</i>			<input type="checkbox"/> Typical cracks

DRIVEWAY/PARKING		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	
Material:	<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Gravel/Dirt	<input type="checkbox"/> Brick
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Settling Cracks</i>
	<input type="checkbox"/> <i>Pitched towards home</i>		<input checked="" type="checkbox"/> <i>Trip hazard</i>	<input type="checkbox"/> Typical cracks
				<input type="checkbox"/> Fill cracks and seal

PATIO		<input type="checkbox"/> None		
Material:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flagstone	<input type="checkbox"/> Kool-Deck®	<input type="checkbox"/> Brick
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Settling Cracks</i>
	<input type="checkbox"/> <i>Pitched towards home</i>			<input type="checkbox"/> <i>Trip hazard</i>
				<input type="checkbox"/> Drainage provided
				<input checked="" type="checkbox"/> Typical cracks

BALCONY (flat, floored, roofless area)		<input type="checkbox"/> None	<input type="checkbox"/> Not visible	
Material:	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Composite	<input type="checkbox"/> <i>Railing/Balusters recommended</i>
Finish:	<input type="checkbox"/> Treated	<input checked="" type="checkbox"/> Painted/Stained		<input type="checkbox"/>
	<input type="checkbox"/> <i>Safety Hazard</i>	<input type="checkbox"/> <i>Improper attachment to house</i>	<input type="checkbox"/> <i>Railing loose</i>	
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Wood in contact with soil</i>

LANDSCAPING AFFECTING FOUNDATION				
Negative Grade:	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> North	<input type="checkbox"/> South
	<input type="checkbox"/> <i>Recommend additional backfill</i>	<input type="checkbox"/> <i>Recommend window wells/covers</i>	<input checked="" type="checkbox"/> <i>Trim back trees/shrubberies</i>	<input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> <i>Wood in contact with/improper clearance to soil</i>			

RETAINING WALL		<input type="checkbox"/> None	Material:	<input type="checkbox"/> <i>Drainage holes recommended</i>
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Safety Hazard</i>
				<input type="checkbox"/> <i>Leaning/cracked/bowed</i>
<small>(Relates to the visual condition of the wall)</small>				

HOSE BIBS		<input type="checkbox"/> None	<input checked="" type="checkbox"/> No anti-siphon valve	<input type="checkbox"/> Recommend Anti-siphon valve
Operable:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not tested	<input type="checkbox"/> Not on

GENERAL COMMENTS

WALKWAYS: Walkway had some cracking, but is usable. DRIVEWAY: Trip hazard in driveway, repair and/or replace as necessary. Driveway has heaved, repair and/or replace as needed. LANDSCAPING AFFECTING FOUNDATION: Maintain a positive drainage slope away from the foundation. General site drainage was properly sloping away from the house. Trimming and/or removal of vegetation would be helpful. RETAINING WALLS: Retaining walls were for landscaping purposes only.



ROOF VISIBILITY All Partial None Limited by:

INSPECTED FROM Roof Ladder at eaves Ground (*Inspection Limited*) With Binoculars

STYLE OF ROOF

Type: Gable Hip Mansard Shed Flat
Pitch: Low Medium Steep Flat

Roof #1 Main house Type: **Asphalt** Layers: **1 Layer** Approx. age **1-5+Yrs.**

Roof #2 Garage Type: **Asphalt** Layers: **1 Layer** Approx. age **Unknown** Yrs.

Roof #3 Guest home Type: **Asphalt** Layers: **1 Layer** Approx. age **Unknown** Yrs.

VENTILATION SYSTEM **Type:** Soffit Ridge Gable Roof Turbine Powered

Ventilation Present: Yes No

FLASHING

Material: Not visible Galv/Alum Asphalt
 Copper Foam Rubber Lead

Condition: Not visible Satisfactory Marginal Poor *Rusted* *Missing*
 Separated from chimney/roof *Recommend Sealing*

VALLEYS

N/A **Material:** Not Visible Galv/Alum Asphalt Lead
 Copper

Condition: Not visible Satisfactory Marginal Poor
 Holes *Rusted* *Recommend Sealing*

CONDITION OF ROOF COVERINGS

Roof #1: Satisfactory Marginal Poor

Roof #2: Satisfactory Marginal Poor

Roof #3: Satisfactory Marginal Poor

Condition: Curling Cracking Ponding Burn Spots Broken/Loose Tiles/Shingles
 Nail popping Granules missing Alligatoring Blistering Missing Tabs/Shingles/Tiles
 Moss buildup on 2& 3 Exposed felt Cupping Incomplete/Improper Nailing
 Recommend roofer evaluate *Evidence of Leakage*

SKYLIGHT

N/A Not visible *Cracked/Broken*

Condition: Satisfactory Marginal Poor

PLUMBING VENTS

Not Visible Yes No Satisfactory Marginal Poor

Conditions reported above reflect visible portion only. See additional Comments

GENERAL COMMENTS

ROOF: Roof inspection was limited to inspecting from the eaves due to roof pitch. Roof coverings appeared overall satisfactory, but will need minor maintenance. Recommend cleaning moss and mold off of the roof.



EXTERIOR

CHIMNEY(S)	<input type="checkbox"/> None		Location(s): <u>Middle of roof</u>	
Viewed From:	<input type="checkbox"/> Roof	<input checked="" type="checkbox"/> Ladder at eaves	<input type="checkbox"/> Ground (<i>Inspection Limited</i>)	<input type="checkbox"/> With Binoculars
Rain Cap/Spark Arrestor:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> <i>Recommended</i>
Chase:	<input checked="" type="checkbox"/> Brick	<input type="checkbox"/> Stone	<input type="checkbox"/> Metal	<input type="checkbox"/> Blocks <input type="checkbox"/> Framed
Evidence of:	<input type="checkbox"/> Holes in metal	<input type="checkbox"/> Cracked chimney cap	<input type="checkbox"/> Loose mortar joints	<input type="checkbox"/> Flaking <input type="checkbox"/> Loose Brick <input type="checkbox"/> Rust
Flue:	<input type="checkbox"/> Tile	<input type="checkbox"/> Metal	<input type="checkbox"/> <i>Unlined</i>	<input checked="" type="checkbox"/> Not visible
Evidence of:	<input type="checkbox"/> Scaling	<input type="checkbox"/> Cracks	<input type="checkbox"/> Creosote	<input checked="" type="checkbox"/> <i>Not evaluated</i>
Condition:	<input checked="" type="checkbox"/> <i>Have flue(s) cleaned and re-evaluated</i>		<input type="checkbox"/> <i>Recommend Cricket/Saddle/Flashing</i>	
	<input checked="" type="checkbox"/> Visually Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Recommend Repair</i>

GUTTERS/DOWNSPOUTS	<input type="checkbox"/> None	<input checked="" type="checkbox"/> <i>Needs to be cleaned</i>	<input type="checkbox"/> <i>Downspouts needed</i>
Material:	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl/Plastic	<input type="checkbox"/> Galvanized/Aluminum
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> <i>Rusting</i>
Leaking:	<input type="checkbox"/> Corners	<input type="checkbox"/> Joints	<input type="checkbox"/> <i>Hole in main run</i>
Attachment:	<input type="checkbox"/> <i>Loose</i>	<input type="checkbox"/> <i>Missing spikes</i>	<input type="checkbox"/> <i>Improperly sloped</i>
Extension needed:	<input checked="" type="checkbox"/> North <input checked="" type="checkbox"/> South	<input checked="" type="checkbox"/> East <input checked="" type="checkbox"/> West	<input type="checkbox"/> <i>Recommend repair/replacement of damaged sections</i>

SIDING						
Material:	<input type="checkbox"/> Stone	<input type="checkbox"/> Slate	<input type="checkbox"/> Block/Brick	<input type="checkbox"/> Fiberboard	<input type="checkbox"/> Fiber-cement	<input type="checkbox"/> Stucco
	<input type="checkbox"/> EIFS* Not Inspected	<input type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Metal/Vinyl		
	<input type="checkbox"/> Typical cracks	<input type="checkbox"/> Peeling paint	<input type="checkbox"/> <i>Monitor</i>	<input type="checkbox"/> <i>Wood rot</i>	<input type="checkbox"/> <i>Loose/Missing/Holes</i>	
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> <i>Recommend repair/painting</i>		

1.)TRIM 2.)SOFFIT 3.)FASCIA 4.)FLASHING					
Material:	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Fiberboard	<input type="checkbox"/> Aluminum/Steel	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Stucco
	<input type="checkbox"/> <i>Recommend repair/painting</i>		<input type="checkbox"/> <i>Damaged wood</i>		
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		

CAULKING		
Condition:	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor
	<input checked="" type="checkbox"/> <i>Recommend around windows/doors/masonry ledges/corners/utility penetrations</i>	

WINDOWS & SCREENS	<input type="checkbox"/> <i>Failed/fogged insulated glass</i>			
Material:	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Vinyl	<input type="checkbox"/> Aluminum/Vinyl Clad
Screens:	<input type="checkbox"/> Torn	<input type="checkbox"/> Bent	<input type="checkbox"/> Not installed	<input type="checkbox"/> Glazing Compound/Caulk needed
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> <i>Wood rot</i>	<input type="checkbox"/> <i>Recommend repair/painting</i>

SLAB-ON-GRADE/FOUNDATION			
Foundation Wall:	<input type="checkbox"/> Concrete block	<input checked="" type="checkbox"/> Poured concrete	<input type="checkbox"/> Not visible <input type="checkbox"/>
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Monitor <input type="checkbox"/> Have Evaluated

Condition reported above reflect visible portion only.

GENERAL COMMENTS

CHIMNEYS: Flue not visible. Chimney flue was not accessible. GUTTERS AND DOWNSPOUTS: Gutters were in overall adequate condition. Maintain downspout discharge away from the house. Downspouts had some visible damage and were in need of repairs. SIDING: Siding was showing some wear, but still in functional condition. Normal caulking maintenance would be helpful. TRIM: Trim appeared to be intact and in overall maintained condition.



EXTERIOR

SERVICE ENTRY	<input type="checkbox"/> Underground	<input checked="" type="checkbox"/> Overhead	<input type="checkbox"/> <i>Weather head/mast needs repair</i>
Exterior receptacles:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
GFCI present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Overhead wires too low</i>
	<input type="checkbox"/> Reverse polarity	Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Safety Hazard</i>
Condition:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> <i>Open ground(s)</i>	<input type="checkbox"/> Recommend GFCI Receptacles
		<input type="checkbox"/> Poor	

BUILDING(S) EXTERIOR WALL CONSTRUCTION				
Type:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Framed	<input type="checkbox"/> Masonry	<input type="checkbox"/>
Condition:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor

EXTERIOR DOORS 1.) ENTRANCE 2.) PATIO 3.) STORM					
Weatherstripping:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Missing	<input type="checkbox"/> Replace
Door Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor		

EXTERIOR A/C MAIN HOUSE		
Brand: BRYANT	Location: Rear Exterior Wall	
Outside Disconnect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Model #: 583BNW048090AB	Approximate age: Unknown yrs.
Level: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maximum fuse/breaker rating: 50 Amp	Fuses/breakers installed: 60 Amp
Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> <i>Cabinet/housing rusted</i>	<input checked="" type="checkbox"/> <i>Improperly sized fuses/breakers</i>
		Improper Clearance (air flow) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EXTERIOR A/C – GUEST HOME		
UNIT #2: <input type="checkbox"/> N/A	Location: Rear exterior wall	
Brand: GREE	Model #: GWH24KG-D3DNA5A/0	Approximate age: Unknown yrs.
Outside Disconnect: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maximum fuse/breaker rating: 25 Amp	Fuses/breakers installed: 20 Amp
Level: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Cabinet/housing rusted</i>	<input type="checkbox"/> <i>Improperly sized fuses/breakers</i>
Condenser Fins: <input type="checkbox"/> <i>Damaged</i>	<input type="checkbox"/> Need cleaning	<input type="checkbox"/> <i>Damaged base/pad</i>
Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor		Improper Clearance (air flow) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

GENERAL COMMENTS

Main home needs properly sized fuse/breaker installed.



GARAGE/CARPORT

TYPE None Attached Detached 1-car 2-car 3-car 4-car

AUTOMATIC OPENER Yes No Operable Inoperable

SAFETY REVERSE **Operable:** Yes No *Need(s) adjusting* *Safety hazard*

ROOFING **Material:** Same as house Type: Asphalt Approx. Age: Unknown Approx. layers: 1 Layer

GUTTERS / EAVESTROUGH **Condition:** Satisfactory Marginal Poor Same as House

SIDING / TRIM

Siding: Same as house Wood Metal Vinyl
 Stucco Masonry Slate Fiberboard
Trim: Same as house Wood Aluminum Vinyl

FLOOR

Material: Concrete Gravel Asphalt Dirt
Condition: Satisfactory Typical cracks *Large settling cracks* *Recommend evaluation/repair*
Burners less than 18" above garage floor: N/A Yes No *Safety hazard*

SILL PLATES Not visible Floor level Elevated *Rotted/Damaged* *Recommend repair*

OVERHEAD DOOR(S)

Material: Wood Fiberglass Masonite Metal *Recommend repair*
Condition: Satisfactory Marginal Poor *Overhead door hardware loose*

EXTERIOR SERVICE DOOR

None
Condition: Satisfactory Marginal Poor *Damaged/Rusted*

ELECTRICAL RECEPTALS PRESENT

Yes No Not visible
Reverse polarity: Yes No **Open ground:** Yes No *Safety hazard*
GFCI Present: Yes No **Operable:** Yes No *Handyman/extension cord wiring*
 Recommend GFCI Receptacles

FIRE SEPARATION WALLS & CEILING

N/A Present *(Between garage & living area)* *Missing*

GENERAL COMMENTS

GARAGE ROOF: Roof was showing normal wear, but was in overall adequate condition. **GARAGE GUTTERS:** Only on one side. **GARAGE SIDING:** Siding was in need of normal maintenance repairs. Some Dry rot visible. **GARAGE TRIM:** Trim was in need of normal maintenance repairs. Some Dry rot visible. **GARAGE FOUNDATION:** The foundation was overall adequate with no major defects evident. **GARAGE DOOR:** Garage door and opener was in normal working order.



COUNTERTOPS Satisfactory Marginal *Recommend repair/caulking*

CABINETS Satisfactory Marginal *Recommend repair/adjustment on one hinge on cabinet*

PLUMBING COMMENTS

Faucet Leaks: Yes No **Pipes leak/corroded:** Yes No
Sink/Faucet: Satisfactory Corroded Chipped Cracked *Recommend repair*
Functional Drainage: Satisfactory Marginal Poor **Functional Flow:** Satisfactory Marginal Poor

WALLS & CEILING

Condition: Satisfactory Marginal Poor Typical cracks *Moisture stains*

HEATING / COOLING SOURCE

Yes No

FLOOR

Condition: Satisfactory Marginal Poor Sloping Squeaks

APPLIANCES

Disposal *Operable:* Yes No Trash compactor *Operable:* Yes No
 Oven *Operable:* Yes No Exhaust fan *Operable:* Yes No
 Range *Operable:* Yes No Refrigerator *Operable:* Yes No
 Dishwasher *Operable:* Yes No Microwave *Operable:* Yes No
Dishwasher Airgap: Yes No and/or **Dishwasher Drain Line Looped:** Yes No
Receptacles Present: Yes No *Operable:* Yes No
GFCI: Yes No *Operable:* Yes No Recommend GFCI Receptacles
Open ground/Reverse polarity: Yes No *Potential safety hazard(s)*

GENERAL COMMENTS

COUNTERTOPS: Counter top has normal wear. CABINETS: Cabinets have normal wear. Hinges needed to be tightened. PLUMBING SUPPLY: Water flow was normal with several fixtures operated at the same time. There were no visible active piping leaks at the time of the inspection. DRAINAGE: Drain lines had no visible leaks or signs of backup at the time of inspection.



KITCHEN Guest Home

COUNTERTOPS Satisfactory Marginal *Recommend repair/caulking*

CABINETS Satisfactory Marginal

PLUMBING COMMENTS

Faucet Leaks: Yes No **Pipes leak/corroded:** Yes No
Sink/Faucet: Satisfactory Corroded Chipped Cracked *Recommend repair*
Functional Drainage: Satisfactory Marginal Poor **Flow:** Satisfactory Marginal Poor

WALLS & CEILING

Condition: Satisfactory Marginal Poor Typical cracks *Moisture stains*

HEATING / COOLING SOURCE Yes No

FLOOR **Condition:** Satisfactory Marginal Poor Sloping Squeaks

APPLIANCES

Disposal *Operable:* Yes No Trash compactor *Operable:* Yes No
 Oven *Operable:* Yes No Exhaust fan *Operable:* Yes No
 Range *Operable:* Yes No Refrigerator *Operable:* Yes No
 Dishwasher *Operable:* Yes No Microwave *Operable:* Yes No
Dishwasher Airgap: Yes No and/or **Dishwasher Drain Line Looped:** Yes No
Receptacles Present: Yes No *Operable:* Yes No
GFCI: Yes No *Operable:* Yes No Recommend GFCI Receptacles
Open ground/Reverse polarity: Yes No *Potential safety hazard(s)*

GENERAL COMMENTS

COUNTERTOPS: Counter top has normal wear. CABINETS: Cabinets have normal wear. PLUMBING SUPPLY: Water flow was normal with several fixtures operated at the same time. There were no visible active piping leaks at the time of the inspection. DRAINAGE: Drain lines had no visible leaks or signs of backup at the time of inspection.



LAUNDRY ROOM

LAUNDRY

Laundry sink: N/A **Faucet leaks:** Yes No **Pipes leak:** Yes No
Cross connections: Yes No **Heat source present:** Yes No **Room vented:** Yes No
Dryer vented: N/A Wall Ceiling Floor Not vented
 Plastic Dryer Vent not recommended *Not vented to Exterior* *Recommend repair* *Safety hazard*
Electrical: Open ground/reverse polarity within 6' of water: Yes No *Safety hazard*
GFCI present: Yes No **Operable:** Yes No Recommend GFCI Receptacles
Appliances: Washer Dryer Water heater Furnace/Boiler
Gas Shut-off Valve: N/A Yes No Cap Needed *Safety hazard* Not visible

GENERAL COMMENTS

GAS VALVES: Gas cap missing- SAFETY HAZARD.



BATHROOM(S)

BATH MASTER BATH FIRST FLOOR

Sinks: **Faucet leaks:** Yes No **Pipes leak:** Yes No
Shower: **Faucet leaks:** Yes No **Pipes leak:** Yes No N/A
Toilet: **Bowl Loose:** Yes No **Operable:** Yes No Cracked bowl Toilet leaks
Shower/Tub area: Ceramic Fiberglass Masonite
 Condition: Satisfactory Marginal Poor Rotted floors
 Caulk/Grouting Needed: Yes No
Drainage: Satisfactory Marginal Poor
Water flow: Satisfactory Marginal Poor
Moisture stains present: Yes No Walls Ceilings Cabinetry
Window/doors: Satisfactory Marginal Poor
Receptacles Present: Yes No **Operable:** Yes No
GFCI: Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No *Potential Safety Hazard(s)*
Heat source present: Yes No
Exhaust fan: Yes No **Operable:** Yes No Noisy

GENERAL COMMENTS

SHOWER/TUB: Area needs caulking/grouting. Sink was draining slow.

BATH FIRST FLOOR BATH IN HALL

Sinks: **Faucet leaks:** Yes No **Pipes leak:** Yes No
Tubs: **Faucet leaks:** Yes No **Pipes leak:** Yes No N/A
Showers: **Faucet leaks:** Yes No **Pipes leak:** Yes No N/A
Toilet: **Bowl loose:** Yes No **Operable:** Yes No Cracked bowl Toilet leaks
Shower/Tub area: Ceramic/Plastic Fiberglass Masonite
 Condition: Satisfactory Marginal Poor Rotted floors
 Caulk/Grouting Needed: Yes No
Drainage: Satisfactory Marginal Poor
Water flow: Satisfactory Marginal Poor
Moisture stains present: Yes No Walls Ceilings Cabinets
Window/doors: Satisfactory Marginal Poor
Receptacles Present: Yes No **Operable:** Yes No
GFCI: Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No *Potential Safety Hazard(s)*
Heat source present: Yes No
Exhaust fan: Yes No **Operable:** Yes No Noisy

GENERAL COMMENTS

Satisfactory condition at time of inspection.



**BATH SECOND FLOOR
BATH**

Sinks: **Faucet leaks:** Yes No **Pipes leak:** Yes No
Tubs: **Faucet leaks:** Yes No **Pipes leak:** Yes No N/A
Showers: **Faucet leaks:** Yes No **Pipes leak:** Yes No N/A
Toilet: **Bowl Loose:** Yes No **Operable:** Yes No Cracked bowl Toilet leaks
Shower/Tub area: Ceramic/Plastic Fiberglass Masonite
 Condition: Satisfactory Marginal Poor Rotted floors
 Caulk/Grouting Needed: Yes No
Drainage: Satisfactory Marginal Poor
Water flow: Satisfactory Marginal Poor
Moisture stains present: Yes No Walls Ceilings Cabinetsy
Window/doors: Satisfactory Marginal Poor
Receptacles Present: Yes No **Operable:** Yes No
GFCI: Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No *Potential Safety Hazard(s)*
Heat source present: Yes No
Exhaust fan: Yes No **Operable:** Yes No Noisy

GENERAL COMMENTS

Satisfactory condition at time of inspection.

BATH GUEST HOME

Sinks: **Faucet leaks:** Yes No **Pipes leak:** Yes No
Tubs: **Faucet leaks:** Yes No **Pipes leak:** Yes No N/A
Showers: **Faucet leaks:** Yes No **Pipes leak:** Yes No N/A
Toilet: **Bowl loose:** Yes No **Operable:** Yes No Cracked bowl Toilet leaks
Shower/Tub area: Ceramic/Plastic Fiberglass Masonite
 Condition: Satisfactory Marginal Poor Rotted floors
 Caulk/Grouting Needed: Yes No
Drainage: Satisfactory Marginal Poor
Water flow: Satisfactory Marginal Poor
Moisture stains present: Yes No Walls Ceilings Cabinets
Window/doors: Satisfactory Marginal Poor
Receptacles Present: Yes No **Operable:** Yes No
GFCI: Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No *Potential Safety Hazard(s)*
Heat source present: Yes No
Exhaust fan: Yes No **Operable:** Yes No Noisy

GENERAL COMMENTS

TOILET BOWL: Drain is leaking - recommend repair and/or replacement as necessary.



LOCATION: FIRST FLOOR
LIVING ROOM

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: Switches: Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass
 Loose locks on windows.

LOCATION: FIRST FLOOR
DINING ROOM

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: Switches: Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass

LOCATION: FIRST FLOOR
BEDROOM #1

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: Switches: Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass

LOCATION: FIRST FLOOR
BEDROOM #2

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: Switches: Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass



**LOCATION: FIRST FLOOR
MASTER BEDROOM**

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: Switches: Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass
 Wall has peeling paper on drywall by window

**LOCATION: SECOND FLOOR
BEDROOM**

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: Switches: Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass

**LOCATION: SECOND FLOOR
BEDROOM WITHOUT BATH**

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: Switches: Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass

**LOCATION: GUEST HOME
LIVING ROOM/DINING ROOM**

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: Switches: Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass

LOCATION: GUEST HOME OFFICE

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: **Switches:** Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings
Egress Restricted: N/A Yes No
Door: Satisfactory Marginal Poor Cracked glass

LOCATION: GUEST HOME SHOP

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Electrical: **Switches:** Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Egress Restricted: N/A Yes No
Doors & Windows: Satisfactory Marginal Poor Cracked glass

LOCATION: SECOND FLOOR LOFT

Walls & Ceiling: Satisfactory Marginal Poor Typical cracks Damage
Moisture stains: Yes No
Floor: Satisfactory Marginal Poor Squeaks Slopes
Ceiling Fan: N/A Satisfactory Marginal Poor
Electrical: **Switches:** Yes No **Receptacles:** Yes No **Operable:** Yes No
Open ground/Reverse polarity: Yes No Safety Hazard Cover plates missing
Heating Source Present: Yes Not visible **Holes:** Doors Walls Ceilings

GENERAL COMMENTS

Satisfactory condition at time of inspection



INTERIOR

INTERIOR WINDOWS / GLASS

Condition: Satisfactory Marginal Poor *Needs repair*
 Representative number of windows operated Painted shut
 Glazing compound needed Cracked glass Hardware missing *Broken counter-balance mechanism*
Evidence of Leaking Insulated Glass: Yes No N/A **Safety Glazing Needed:** Yes No
Security Bars Present: Yes No Not tested *Safety hazard* *Test release mechanism before moving in*

FIREPLACE

None Location(s): Living room
Type: Gas Wood *Woodburner stove* Electric
Material: Masonry Metal (pre-fabricated) Metal insert
Damper Modified for Gas Operation: Yes No *Damper missing*
Hearth Extension Adequate: Yes No **Mantel:** N/A Secure Loose
Physical Condition: Satisfactory Marginal Poor *Recommend having flue cleaned and re-examined*

STAIRS

Satisfactory Marginal Poor None
Handrail: Satisfactory Marginal Poor *Safety hazard*
Risers/Treads: Satisfactory Marginal Poor *Risers/Treads uneven*

SMOKE / CARBON MONOXIDE DETECTORS

Present: Smoke Detector: Yes No **Operable:** Yes No Not tested
 CO Detector: Yes No **Operable:** Yes No Not tested

ATTIC/STRUCTURE/FRAMING/INSULATION

Access: Stairs Pulldown Door *No access*
Inspected From: Access panel In the attic
Location: Bedroom hall Bedroom closet Garage
Flooring: Complete Partial None
Insulation: Fiber glass Batts Loose Cellulose Foam
 Vermiculite Rockwool Depth: 9-12 *Recommend Baffles @ Eaves*
 Damaged *Displaced* *Missing* *Compressed*
Installed In: Rafters Walls Between ceiling joists Underside of Roof Deck Not visible
 Recommend additional
Vapor Barriers: Kraft/foil faced Plastic Not visible *Improperly Installed*
Ventilation: *Ventilation appears adequate* *Recommend additional ventilation*
Fans Exhausted To: **Attic:** Yes No **Outside:** Yes No Not visible
HVAC Duct: N/A Satisfactory *Damaged* *Split* *Disconnected* *Leaking* *Repair/Replace* *Recommend Insulation*
HVAC ducting in crawl space
Chimney Chase: N/A Satisfactory *Needs repair* Not visible
Structural Problems Observed: Yes No *Recommend repair* *Recommend Structural Engineer*
Roof Structure: Rafters Trusses Wood Metal
Ceiling Joists: Wood Metal Not visible
Sheathing: Plywood OSB Planking *Rotted* *Stained* *Delaminated*
Evidence of Condensation/Moisture Leaking: Yes No
Firewall between Units: N/A Yes No *Needs repair/sealing*

GENERAL COMMENTS

SMOKE DETECTOR: Recommend adding smoke detectors in all bedrooms. SHEATHING: Roof sheathing, examined from the attic, showed no major defects or moisture damage. ATTIC INSULATION: Insulation was sufficient for homes in this area. ATTIC VENTILATION: Ventilation was normal. ATTIC EXHAUST: Recommend extending bathroom vents toward the exterior.



CRAWL SPACE

CRAWL SPACE N/A Full crawlspace Combination basement/crawl space/slab
 Conditioned (heated/cooled): Yes No

ACCESS Exterior Interior hatch/door Via basement No Access
Inspected from: Access panel In the crawl space

FOUNDATION WALLS
Material: Satisfactory Marginal *Have evaluated* *Monitor*
 Concrete block Poured Concrete Stone IFC

FLOOR Concrete Gravel Dirt

SEISMIC BOLTS
 N/A None visible Appear satisfactory Recommend evaluation

DRAINAGE Sump pump: Yes No Operable: Yes No Pump Not tested
 Standing Water: Yes No Not visible **Evidence of moisture damage:** Yes No

VENTILATION Wall vents Power vents None apparent

GIRDERS / BEAMS / COLUMNS Steel Wood Masonry Not visible
Condition: Satisfactory Marginal Poor

JOISTS **Material:** Wood Steel Truss Not visible
Condition: Satisfactory Marginal Poor

INSULATION None **Type:** Fiberglass
Location: Walls Between floor joists

VAPOR BARRIER
 Yes No



GENERAL COMMENTS

INSULATION: Insulation limited the visibility of the crawl space.



WATER SERVICE **Main Shut-off Location:** Outside at curbside

Water Entry Piping: Not visible Galv. **Plastic*** (PVC, CPVC, Polybutylene, PEX) Lead

Lead Other Than Solder Joints: Yes No Unknown Service entry

Visible Water Distribution Piping: Copper Galvanized **Plastic*** (PVC, CPVC, Polybutylene, PEX)

Condition: Satisfactory Marginal Poor

Functional Flow: Satisfactory Marginal Poor *Water pressure over 80 psi*

Drain/Waste/Vent Pipe: Copper Cast iron Galvanized PVC ABS

Condition: Satisfactory Marginal Poor

Traps Proper P-Type: Yes No *P-traps recommended*

Functional Drainage: Satisfactory Marginal Poor

Gas Line: N/A Copper Brass Black iron Stainless steel CSST Not visible

Condition: Satisfactory Marginal Poor *Recommend plumber evaluate*

MAIN FUEL SHUT-OFF LOCATION On the side exterior wall N/A

WATER HEATER N/A

Brand name: Bradford White **Serial #:** FH12267887

Type: Gas Electric Oil

Capacity: 50 gal. Approx. age: Unknown year(s) **Combustion Air Venting Present:** Yes No N/A

Seismic restraints needed: Yes No N/A

Relief Valve: Yes No **Extension proper:** Yes No *Missing* *Recommend repair*

Vent Pipe: N/A Satisfactory Pitch proper *Improper* *Rusted* *Recommend repair*

Condition: Satisfactory Marginal Poor

GENERAL COMMENTS

Satisfactory condition at time of inspection.



HEATING SYSTEM

HEATING SYSTEM - UNIT #1

Location: On the rear exterior wall

#1 Brand Name:

Bryant

Approximate age: Unknown year(s)

Model #: 583BNW048090AB

Serial #: 2102G00997

Energy Source:
 Gas

 LP

 Oil

 Electric

 Solid Fuel
Warm Air System:
 Belt drive

 Direct drive

 Gravity

 Central system

 Floor/Wall unit
Heat Exchanger:
 N/A (sealed)

 Visual w/mirror

 Flame distortion

 Rusted

 Carbon/soot buildup
Combustion Air Venting Present:
 N/A

 Yes

 No
Controls:
 Disconnect: Yes

 No

 Normal operating and safety controls observed
Distribution:
 Metal duct

 Insulated flex duct

 Cold air returns

 Duct board

 Asbestos-like wrap
Flue Piping:
 N/A

 Satisfactory

 Rusted

 Improper slope

 Safety hazard
Filter:
 Standard

 Electrostatic

 Satisfactory

 Needs cleaning/replacement

 Missing
When Turned On By Thermostat:
 Fired

 Did not fire

 Proper Operation: Yes

 No

 Not tested
#1 Main home– System Condition:
 Satisfactory

 Marginal

 Poor

 Recommended HVAC Technician

Examine

#2 Guest home– System Condition:
 Satisfactory

 Marginal

 Poor

 Recommended HVAC Technician

Examine

GENERAL COMMENTS

Furnace in main home and guest home: Were in normal working order at the time of the inspection.



ELECTRIC/COOLING SYSTEM

MAIN PANEL	Location: <u>Exterior wall</u>	Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Adequate Clearance To Panel:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amperage: <u>200</u> Volts <u>120/240</u>	<input checked="" type="checkbox"/> Breakers	<input type="checkbox"/> Fuses
Appears Grounded:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not visible			
GFCI Breaker:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No		
AFCI Breaker:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MAIN WIRE:	<input type="checkbox"/> Copper <input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Not visible	<input type="checkbox"/> <i>Double tapping of the main wire</i>	
Condition:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor			
BRANCH WIRE:	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum*	<input type="checkbox"/> Not visible		
Condition:	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Poor	<input type="checkbox"/> <i>Recommend electrician evaluate/repair*</i>		
	<input checked="" type="checkbox"/> Romex <input type="checkbox"/> BX cable <input type="checkbox"/> Conduit			
	<input type="checkbox"/> <i>Double tapping</i>	<input type="checkbox"/> <i>Wires undersized/oversized breaker/fuse</i>		
	<input type="checkbox"/> Panel not accessible			

SUB PANEL(S)	<input type="checkbox"/> None apparent			
Location 1: <u>Hallway</u>				
Branch Wire:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum		
Neutral/ground separated:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Neutral isolated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <i>Safety hazard</i>
Condition:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> <i>Recommend separating/isolating neutrals</i>	

ELECTRICAL FIXTURES	A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be:			
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	<input type="checkbox"/> GFCIs not operating	<input type="checkbox"/> <i>Solid conductor aluminum branch wiring circuits*</i>		
	<input type="checkbox"/> Ungrounded 3-prong receptacles			
	<input type="checkbox"/> <i>Recommend electrician evaluate/repair*</i>			

UNIT	<input checked="" type="checkbox"/> Central system	<input type="checkbox"/> Wall Unit	Location: <u>On the rear exterior wall</u>	
Energy Source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas		
Unit Type:	<input checked="" type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Heat pump
Evaporator Coil:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Not visible	<input type="checkbox"/> Needs cleaning	<input type="checkbox"/> Damaged
Refrigerant lines:	<input type="checkbox"/> <i>Leak</i>	<input type="checkbox"/> <i>Damage</i>	<input type="checkbox"/> <i>Insulation missing</i>	<input checked="" type="checkbox"/> Satisfactory
Condensate Line/Drain:	<input type="checkbox"/> To exterior	<input type="checkbox"/> To pump	<input type="checkbox"/> Floor drain	<input type="checkbox"/>
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> <i>Recommend HVAC technician examine/clean/service</i>
	<input checked="" type="checkbox"/> <i>Not operated due to exterior temperature</i>			

UNIT	<input type="checkbox"/> Central system	<input checked="" type="checkbox"/> Wall Unit	Location: <u>Interior wall in guest home</u>	Age: <u>Unknown</u> yrs.
Energy Source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas		
Unit Type:	<input checked="" type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Heat pump
Evaporator Coil:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Not visible	<input type="checkbox"/> Needs cleaning	<input type="checkbox"/> Damaged
Refrigerant lines:	<input type="checkbox"/> <i>Leak</i>	<input type="checkbox"/> <i>Damage</i>	<input type="checkbox"/> <i>Insulation missing</i>	<input checked="" type="checkbox"/> Satisfactory
Condensate Line/Drain:	<input checked="" type="checkbox"/> To exterior	<input type="checkbox"/> To pump	<input type="checkbox"/> Floor drain	<input type="checkbox"/>
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> <i>Recommend HVAC technician examine/clean/service</i>
	<input checked="" type="checkbox"/> <i>Not operated due to exterior temperature</i>			

GENERAL COMMENTS

A/C was not operated due to outside temperature. Recommend an HVAC contractor examine



ITEMS NOT OPERATING

None apparent

MAJOR CONCERNS

Item(s) that have failed or have potential of failing soon.

None apparent

POTENTIAL SAFETY HAZARDS

Gas line needs cap in laundry room.

DEFERRED COST ITEMS

Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.

None apparent

* Items listed in this report may inadvertently have been left off the Summary Sheet. Customer should read the entire report, including the Remarks.

Photo Summary



Notice uneven asphalt under pole



Dry rot at bottom of siding



Recommend trimming vegetation



Upper gutter full of debris



Recommend repairing elec. Conduit in garden area



Shower tile needs re grouting in master bath



Dry rot at patio cover trim



Safety Issue: Gas valve needs cap



Loose hinge



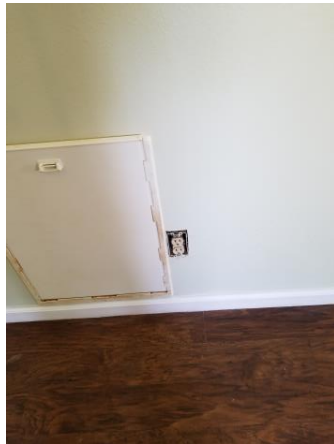
Vent pipe not directed outside



Ceiling stain upstairs in hall



Siding too close to concrete



Outlet cover missing in guest home Shop.



Window lock missing in guest home



Moss build up on guest home roof



Moss build up on garage



Dry rot on garage siding and trim



Missing outlet cover in garage