

# Residential Inspection Report



1234 Your Street  
City, OH 12345-

Prepared for: Ryan Fisher

Prepared by: Arrow Inspection Services, LLC  
648 School Avenue  
Cuyahoga Falls, OH 44221

# Arrow Inspection Services, LLC

## Definitions

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

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

## General Information

### Property Information

**City** Deerfield **State** OH **Zip** 44411-

### Client Information

**City** Atwater **State** Ohio **Zip** 44201 -  
**Phone Fax** ( ) -

### Inspection Company

**Inspector Name** Ryan M. Fisher  
**Company Name** Arrow Inspection Services, LLC  
**Company Address** 648 School Avenue  
**City** Cuyahoga Falls **State** OH **Zip** 44221  
**Phone** 330-923-0579 **Fax** 330-923-3433  
**E-Mail** arrowinspect@msn.com  
**File Number** 2007-177

### Conditions

**Others Present** Home Owner **Property Occupied** Occupied  
**Estimated Age** built in 1973 **Entrance Faces** South  
**Inspection Date** 07/31/2007  
**Start Time** 12:00 P.M. **End Time** 3:15 P.M.  
**Electric On**  Yes  No  Not Applicable  
**Gas/Oil On**  Yes  No  Not Applicable  
**Water On**  Yes  No  Not Applicable  
**Temperature** 87° F  
**Weather** Sunny **Soil Conditions** Dry  
**Space Below Grade** Basement  
**Building Type** Single family **Garage** Detached  
**Sewage Disposal** Septic **How Verified** Visual Inspection  
**Water Source** Well **How Verified** Visual Inspection

## 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 N P N I M D**

- 1.      **Driveway:** Gravel
- 2.      **Walks:**
- 3.      **Steps/Stoops:** Wood Missing handrails
- 4.      **Deck:** Treated wood Handrails missing, supports to roof not secure, center support post missing



- 5.      **Deck:** Treated wood Handrails missing, The deck has been built below acceptable building standards and is not safe in it's current state(handrails are not safe, leaning). Recommend further evaluation and estimate to bring deck up to an acceptable building standard.



- 6.      **Patio:**
- 7.      **Balcony:**
- 8.      **Grading:** Negative slope Grading has negative slope and water is pooling against the foundation.
- 9.      **Swale:** Pooling due to improper drainage Recommend improvements be made to the grade, swale slope and depth to improve water control
- 10.      **Vegetation:** Shrubs/Weeds
- 11.      **Window Wells:**
- 12.      **Retaining Walls:**
- 13.      **Basement Stairwell:**
- 14.      **Basement Stairwell Drain:**
- 15.      **Exterior Surface Drain:**

## Exterior Surface and Components

**A N P N I M D**

**Main Exterior Surface** \_\_\_\_\_

- 1.      **Type:** Aluminum siding Gaps not properly sealed at south side



- 2.      **Trim:** Fiborous
- 3.      **Fascia:** Wood Wood rot at front porch
- 4.      **Soffits:** Wood Penetration at east peak
- 5.      **Entry Doors:** Wood
- 6.      **Patio Door:** Vinyl sliding
- 7.      **Windows:** Vinyl slider Window seal broken or damaged

## Exterior Surface and Components (Continued)

- 8.       **Storm Windows:**
- 9.       **Window Screens:** Metal
- 10.       **Basement Windows:** Aluminum casement
- 11.       **Exterior Lighting:** Surface mount
- 12.       **Exterior Electric Outlets:** 110 VAC Non-GFCI outlet
- 13.       **Hose Bibs:** Gate Note: Valves are not operated as part of this inspection, any reference to any valve inspected is visual only unless otherwise noted.
- 14.       **Gas Meter:**
- 15.       **Main Gas Valve:**

## Roof

Chimney flue inspection is limited due to height. The inspection covers only the visible portion of the flue.

### A N P N I M D

#### Main Roof Surface

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- 1. **Method of Inspection:** On roof
- 2.       **Unable to Inspect:** 10%
- 3.       **Material:** Asphalt shingle Shingles have little or no overhang over drip edge
- 4. **Type:** Gable
- 5. **Approximate Age:** +10 -15 years
- 6.       **Flashing:** Aluminum
- 7.       **Valleys:**
- 8.       **Skylights:**
- 9.       **Plumbing Vents:** Cast Iron
- 10.       **Electrical Mast:** Surface mount
- 11.       **Gutters:** Aluminum Need cleaning, Gutters have negative flow and are holding water, Loose nails
- 12.       **Downspouts:** Aluminum
- 13.       **Leader/Extension:** Plastic underground burial

#### West Chimney

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- 14.       **Chimney:** Brick
- 15.       **Flue/Flue Cap:** Clay Crown cracked , Repair chimney mortar crown, Recommend adding rain/snow cap, ) Clay flue deteriorating
- 16.       **Chimney Flashing:** Aluminum Improper installation-counter flashing is not recessed into mortar joints-requires corrections, Loose counter flashing- repair



## Garage/Carport

**A N P N I M D**

Rear Garage \_\_\_\_\_

1. **Type of Structure:** Tuck under **Car Spaces:** 3
2.      **Garage Doors:** Insulated aluminum
3.      **Door Operation:** Mechanized
4.      **Door Opener:** Genie No safety reverse system in operation on door on north side
5.      **Exterior Surface:** Wood
6.      **Roof:** Asphalt shingle Roof shows signs of deterioration due to acorns, shingles have little or no overhang over dripegde
7.      **Roof Structure:** 2x4 Truss
8.      **Service Doors:** Metal Door jam cracked or broken
9.      **Ceiling:** Exposed framing
10.      **Walls:** Exposed framing
11.      **Floor/Foundation:** Poured concrete
12.      **Hose Bibs:**
13.      **Electrical:** 110 VAC Install missing junction box cover plates, A licensed electrician is recommended to evaluate and estimate repairs, Insufficient outlets for space, wires connected outside of box, improper wire for burial, improper wire and breaker for application
14.      **Heating:**
15.      **Windows:**
16.      **Gutters:** Aluminum
17.      **Downspouts:** Aluminum Leaking, Loose or missing clamps
18.      **Leader/Extensions:** Extend runoff drains to move water away from foundation, Reconnect to downspout where pulling loose
19.

## 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 N P N I M D**

1. **Service Size Amps:** 100 **Volts:** 220 VAC
2.      **Service:** Aluminum Surface coating of service cable is cracked and may allow water to penetrate inside the cable.
3.      **120 VAC Branch Circuits:** Copper Covers missing from boxes, Evaluation by a licensed electrician is recommended, Improper routing



## Electrical (Continued)

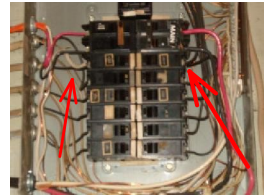
4.      **240 VAC Branch Circuits:** Copper Evaluation by a licensed electrician is recommended, Improper routing, Wires terminate outside protective box



5.      **Aluminum Wiring:**  
6.      **Conductor Type:** Non-metallic sheathed cable  
7.      **Ground:** Rod in ground only  
8.      **Smoke Detectors:** Battery operated

### Basement Electric Panel

9.      **Manufacturer:** Murray Double taps present, Evaluation by a licensed electrician is recommended, Improper cover screws  
10. **Maximum Capacity:** 100 Amps  
11.      **Main Breaker Size:** 100 Amps  
12.      **Breakers:** Copper and Aluminum Double tap wiring



13.      **Fuses:**  
14.      **AFCI:**  
15.      **GFCI:**  
16. Is the panel bonded?  Yes  No

### Basement Electric Panel

17.      **Manufacturer:** Murray  
18. **Maximum Capacity:** 125 Amps  
19.      **Main Breaker Size:** 50 Amps  
20.      **Breakers:** Copper and Aluminum  
21.      **Fuses:**  
22.      **AFCI:**  
23.      **GFCI:**  
24. Is the panel bonded?  Yes  No



## Structure

**A NPNI M D**

1.      **Structure Type:** Wood frame
2.      **Foundation:** Block Stair step cracks
3.      **Differential Movement:** Crack with displacement Cracks will require monitoring
4.      **Beams:** Steel I-Beam
5.      **Bearing Walls:** Frame
6.      **Joists/Trusses:** 2x8 Joists have been modified and will require evaluation
  
7.      **Piers/Posts:** Steel posts Improper post type for load.
8.      **Floor/Slab:** Poured slab Cracks
9.      **Stairs/Handrails:** Wood stairs with wood handrails
10.      **Subfloor:** Dimensional wood



## Attic

**A NPNI M D**

**Main Attic** \_\_\_\_\_

1. **Method of Inspection:** In the attic
2.      **Unable to Inspect:** 20%
3.      **Roof Framing:** 2x6 Rafter
4.      **Sheathing:** Dimensional wood Mold like subdtance present
5.      **Ventilation:** Gable and soffit vents Insufficient ventilation for size of structure, Vents covered or blocked, Recommend additional ventilation be installed
  
6.      **Insulation:** Fiberglass
7.      **Insulation Depth:** 6"
8.      **Vapor Barrier:** Paper
9.      **Attic Fan:**
10.      **House Fan:**
11.      **Wiring/Lighting:** 110 VAC Improper routing of attic wiring
12.      **Moisture Penetration:** Ongoing water penetration noted
13.      **Bathroom Fan Venting:** Electric fan

## Basement

**A NP NI M D**

**Main Basement** \_\_\_\_\_

- |     |                                     |                                     |                          |                                     |                          |  |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Unable to Inspect:</b> 10%                                    |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Ceiling:</b> Exposed framing                                  |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Walls:</b> Paint  |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Floor:</b> Poured   |
| 5.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Floor Drain:</b>  |
| 6.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Doors:</b>  |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Windows:</b> Aluminum casement                                |
| 8.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Electrical:</b> 110 VAC Missing covers                        |
| 9.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>HVAC Source:</b> Heating system register                      |
| 11. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Vapor Barrier:</b>  |
| 12. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Insulation:</b>   |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Ventilation:</b> Windows                                      |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Sump Pump:</b> Submerged                                      |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Moisture Location:</b> Eastern half                           |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Basement Stairs/Railings:</b> Wood stairs with wood handrails |

## Fireplace/Wood Stove

**A NP NI M D**

**Basement Fireplace** \_\_\_\_\_

- |    |                          |                                     |                                     |                                     |                          |  |
|----|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Freestanding Stove:</b>                             |
| 2. | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Smoke Chamber:</b>                                  |
| 3. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Flue:</b> Metal Recommend cleaning and reinspection |
| 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Damper:</b>   |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Hearth:</b>   |

## Heating System

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. | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Heating System Operation:</b> Appears functional Service recommended, no oil |
| 2. | <b>Manufacturer:</b> Rheem   |                          |                                     |                          |                          |   |
| 3. | <b>Type:</b> Forced air <b>Capacity:</b>                           |                          |                                     |                          |                          |   |
| 4. | <b>Area Served:</b> Whole building <b>Approximate Age:</b> Unknown |                          |                                     |                          |                          |   |
| 5. | <b>Fuel Type:</b> Oil  |                          |                                     |                          |                          |   |
| 6. | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Heat Exchanger:</b>  |
| 7. | <b>Unable to Inspect:</b> 100%                                     |                          |                                     |                          |                          |   |
| 8. | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Blower Fan/Filter:</b>   |
| 9. | <input checked="" type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>Distribution:</b> Metal duct   |



## Heating System (Continued)

- 10.      **Draft Control:** Automatic
- 11.      **Flue Pipe:** Single wall
- 12.      **Humidifier:**
- 13.      **Thermostats:** Programmable
- 14.      **Fuel Tank:** Oil tank
- 15. **Tank Location:** Under south deck
- 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 N P N I M D**

- 1.      **Service Line:** Polybutelene
- 2.      **Main Water Shutoff:** Basement A licensed plumber is recommended to evaluate and estimate repairs, handle broke
- 3.      **Water Lines:** Copper Not properly supported in hangers



- 4.      **Drain Pipes:** Cast iron A licensed plumber is recommended to evaluate and estimate repairs, needs hangers on pvc drain pipe



- 5.      **Service Caps:** Accessible
- 6.      **Vent Pipes:** Cast iron
- 7.      **Gas Service Lines:**

**Basement Water Heater**

- 8.      **Water Heater Operation:** Functional at time of inspection
- 9. **Manufacturer:** Whirlpool
- 10. **Model Number:** E1F50RD045V **Serial Number:** 0415130744
- 11. **Type:** Electric **Capacity:** 50 Gal.
- 12. **Approximate Age:** week 15 2004 **Area Served:** Whole building
- 13.      **Flue Pipe:**
- 14.      **TPRV and Drain Tube:** Missing Missing drain tube, Not inspected due to possible leaks to valve after opening

## 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 NPNI M D**

**1st floor main Bathroom** \_\_\_\_\_

- |     |                                     |                          |                          |                                     |                          |   |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Ceiling:</b> Texture paint   |
| 3.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Walls:</b> Wallpaper Crack in shower needs sealed  |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Floor:</b> Vinyl floor covering  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Doors:</b> Hollow wood   |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Windows:</b> Aluminum slider   |
| 7.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Electrical:</b> 110 VAC Non-GFCI circuit   |
| 8.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Counter/Cabinet:</b> Laminate and wood Resecure vanity base cabinet, Resecure vanity sink bowl to base cabinet |
| 9.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Sink/Basin:</b> Molded single bowl The sink is loose   |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Faucets/Traps:</b> Moen fixtures with a PVC trap Worn finish   |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Tub/Surround:</b> Fiberglass tub and fiberglass surround   |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Toilets:</b> Mancesa   |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>HVAC Source:</b> Heating system register   |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Ventilation:</b> 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 NPNI M D**

**1st Floor Kitchen** \_\_\_\_\_

- |     |   |                                     |                                     |                                     |                          |  |
|-----|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Cooking Appliances:</b>   |
| 2.  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Ventilator:</b>   |
| 3.  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Disposal:</b> Wiring present under sink, not recommended for septic systems |
| 4.  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Dishwasher:</b>   |
| 5.  | <b>Air Gap Present?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No |                                     |                                     |                                     |                          |  |
| 6.  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Trash Compactor:</b>  |
| 7.  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Refrigerator:</b>   |
| 8.  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Microwave:</b>  |
| 9.  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Sink:</b> Stainless Steel   |
| 10. | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Electrical:</b> 110 VAC Non-GFCI circuit                                    |
| 11. | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Plumbing/Fixtures:</b> PVC  |
| 12. | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Counter Tops:</b> ceramic tile  |
| 13. | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Cabinets:</b> Wood  |
| 14. | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Ceiling:</b> Texture paint Cracks present                                   |
| 15. | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Walls:</b> Paint  |
| 16. | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Floor:</b> Vinyl floor covering Loose flooring, raised in areas             |
| 17. | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Windows:</b> Aluminum slider Window has fogging between the layers of glass |
| 18. | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <b>HVAC Source:</b> Heating system register                                    |

## 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.

### A N P N I M D

#### North Bedroom

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- |    |                                     |                                     |                          |                                     |                          |  |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Closet:</b> Single small  |
| 2. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Ceiling:</b> Texture paint Evidence of possible truss uplift-repair as required, monitor for further movement |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Walls:</b> Paint  |
| 4. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Floor:</b> Hardwood Gapping in hardwood flooring noted, raised possible moisture                              |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Doors:</b> Hollow wood  |
| 6. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Windows:</b> Aluminum slider  |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Electrical:</b> 110 VAC   |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>HVAC Source:</b> Heating system register  |
| 9. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  |

#### South Bedroom

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- |     |                                     |                                     |                          |                                     |                          |   |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Closet:</b> Single   |
| 11. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Ceiling:</b> Texture paint Evidence of past or present water staining            |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Walls:</b> Paint   |
| 13. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Floor:</b> Hardwood Gapping in hardwood flooring noted, raised possible moisture |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Doors:</b> Hollow wood   |
| 15. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Windows:</b> Aluminum slider Moisture present inside the layers of glass         |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Electrical:</b> 110 VAC  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>HVAC Source:</b> Heating system register   |
| 18. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |

#### South central Bedroom

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- |     |                                     |                                     |                          |                                     |                          |   |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Closet:</b> Single   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Ceiling:</b> Texture paint   |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Walls:</b> Paint   |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Floor:</b> Hardwood Did not refinish inside closet                       |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Doors:</b> Hollow wood   |
| 24. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Windows:</b> Aluminum slider Moisture present inside the layers of glass |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>Electrical:</b> 110 VAC  |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>HVAC Source:</b> Heating system register                                 |
| 27. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |

## 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.

A NP NI M D

### Living Room Living Space

1.      **Closet:** Single small
2.      **Ceiling:** Texture paint Cracks present
3.      **Walls:** Paint
4.      **Floor:** Hardwood
5.      **Doors:** Solid wood
6.      **Windows:** Aluminum slider
7.      **Electrical:** 110 VAC
8.      **HVAC Source:** Heating system register
9.      **Smoke Detector:** Battery operated

## 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.

A NP NI M D

### Basement Laundry Room/Area

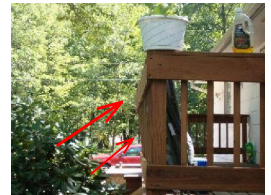
1.      **Closet:**
2.      **Ceiling:** Exposed framing
3.      **Walls:** Paint
4.      **Floor:** Poured
5.      **Doors:**
6.      **Windows:** Steel casement
7.      **Electrical:** 110 VAC
8.
9.      **HVAC Source:** Heating system register
10.      **Laundry Tub:** PVC
11.      **Laundry Tub Drain:** ABS
12.      **Washer Hose Bib:** Gate valves
13.      **Washer and Dryer Electrical:** 110-240 VAC Improper routing, secure dryer electric to wall
14.      **Dryer Vent:**
15.      **Dryer Gas Line:**
16.      **Washer Drain:** Drains to laundry tub
17.      **Floor Drain:**

## 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. Steps/Stoops:** Wood Missing handrails
- 2. Deck:** Treated wood Handrails missing, supports to roof not secure, center support post missing
- 3. Deck:** Treated wood Handrails missing, The deck has been built below acceptable building standards and is not safe in it's current state(handrails are not safe, leaning). Recommend further evaluation and estimate to bring deck up to an acceptable building standard.
- 4. Swale:** Pooling due to improper drainage Recommend improvements be made to the grade, swale slope and depth to improve water control



### Exterior Surface and Components

- 5. Main Exterior Surface Type:** Aluminum siding Gaps not properly sealed at south side
- 6. Fascia:** Wood rot at front porch
- 7. Soffits:** Wood Penetration at east peak
- 8. Windows:** Vinyl slider Window seal broken or damaged
- 9. Exterior Electric Outlets:** 110 VAC Non-GFCI outlet



### Roof

- 10. Main Roof Surface Material:** Asphalt shingle Shingles have little or no overhang over drip edge
- 11. Gutters:** Aluminum Need cleaning, Gutters have negative flow and are holding water, Loose nails
- 12. West Chimney Flue/Flue Cap:** Clay Crown cracked , Repair chimney mortar crown, Recommend adding rain/snow cap, ) Clay flue deteriorating
- 13. West Chimney Chimney Flashing:** Aluminum Improper installation- counter flashing is not recessed into mortar joints- requires corrections, Loose counter flashing- repair



## Marginal Summary (Continued)

### Garage/Carport

- 14. **Rear Garage Door Opener:** Genie No safety reverse system in operation on door on north side
- 15. **Rear Garage Roof:** Asphalt shingle Roof shows signs of deterioration due to acorns, shingles have little or no overhang over drip edge
- 16. **Rear Garage Service Doors:** Metal Door jam cracked or broken
- 17. **Rear Garage Electrical:** 110 VAC Install missing junction box cover plates, A licensed electrician is recommended to evaluate and estimate repairs, Insufficient outlets for space, wires connected outside of box, improper wire for burial, improper wire and breaker for application
- 18. **Rear Garage Downspouts:** Aluminum Leaking, Loose or missing clamps

### Electrical

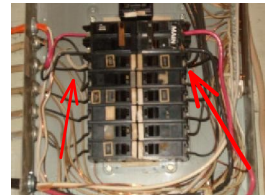
- 19. **Service:** Aluminum Surface coating of service cable is cracked and may allow water to penetrate inside the cable.



- 20. **120 VAC Branch Circuits:** Copper Covers missing from boxes, Evaluation by a licensed electrician is recommended, Improper routing
- 21. **240 VAC Branch Circuits:** Copper Evaluation by a licensed electrician is recommended, Improper routing, Wires terminate outside protective box



- 22. **Basement Electric Panel Breakers:** Copper and Aluminum Double tap wiring



### Structure

- 23. **Foundation:** Block Stair step cracks
- 24. **Differential Movement:** Crack with displacement Cracks will require monitoring
- 25. **Joists/Trusses:** 2x8 Joists have been modified and will require evaluation



### Attic

- 26. **Main Attic Sheathing:** Dimensional wood Mold like substance present
- 27. **Main Attic Ventilation:** Gable and soffit vents Insufficient ventilation for size of structure, Vents covered or blocked, Recommend additional ventilation be installed
- 28. **Main Attic Wiring/Lighting:** 110 VAC Improper routing of attic wiring



## Marginal Summary (Continued)

29. **Main Attic Moisture Penetration:** Ongoing water penetration noted

### Basement

30. **Main Basement Electrical:** 110 VAC Missing covers

31. **Main Basement Moisture Location:** Eastern half

### Fireplace/Wood Stove

32. **Basement Fireplace Flue:** Metal Recommend cleaning and reinspection

### Plumbing

33. **Water Lines:** Copper Not properly supported in hangers



34. **Drain Pipes:** Cast iron A licensed plumber is recommended to evaluate and estimate repairs, needs hangers on pvc drain pipe



### Bathroom

35. **1st floor main Bathroom Walls:** Wallpaper Crack in shower needs sealed

36. **1st floor main Bathroom Electrical:** 110 VAC Non-GFCI circuit

37. **1st floor main Bathroom Counter/Cabinet:** Laminate and wood Resecure vanity base cabinet, Resecure vanity sink bowl to base cabinet

38. **1st floor main Bathroom Sink/Basin:** Molded single bowl The sink is loose

### Kitchen

39. **1st Floor Kitchen Electrical:** 110 VAC Non-GFCI circuit

40. **1st Floor Kitchen Floor:** Vinyl floor covering Loose flooring, raised in areas

41. **1st Floor Kitchen Windows:** Aluminum slider Window has fogging between the layers of glass

### Bedroom

42. **North Bedroom Ceiling:** Texture paint Evidence of possible truss uplift-repair as required, monitor for further movement

43. **North Bedroom Floor:** Hardwood Gapping in hardwood flooring noted, raised possible moisture

44. **North Bedroom Windows:** Aluminum slider

45. **South Bedroom Ceiling:** Texture paint Evidence of past or present water staining

46. **South Bedroom Floor:** Hardwood Gapping in hardwood flooring noted, raised possible moisture

47. **South Bedroom Windows:** Aluminum slider Moisture present inside the layers of glass

48. **South central Bedroom Windows:** Aluminum slider Moisture present inside the layers of glass

**Marginal Summary (Continued)**

**Laundry Room/Area**

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- 49. Basement Laundry Room/Area Washer and Dryer Electrical:** 110-240 VAC Improper routing, secure dryer electric to wall

## Defective Summary

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### Structure

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1. **Piers/Posts:** Steel posts Improper post type for load.

### Plumbing

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2. **Main Water Shutoff:** Basement A licensed plumber is recommended to evaluate and estimate repairs, handle broke
3. **Basement Water Heater TPRV and Drain Tube:** Missing Missing drain tube, Not inspected due to possible leaks to valve after opening