

# Property Condition Report



2891 E 150 N  
Rolling Prairie, Indiana 46371



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## Definitions

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

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

## General Information

### Property Information

Property Address 1234 E 123 N  
City Sample State Indiana Zip 46360  
Contact Name Sample  
Phone 219-379-7203 Fax N/A

### Client Information

Client Name Sample  
Client Address 1234 E 123 N  
City Chicago State Illinois Zip 60614  
Phone 219-379-7203 Fax N/A  
E-Mail jwichlas@lakeshorehomeinspections.net

### Inspection Company

Inspector Name Joerg Wichlas  
Company Name Lakeshore Home Inspections, LLC  
Address 2062 S Emmas Lane  
City LaPorte State Indiana Zip 46350  
Phone 219-379-7203 Fax N/A  
E-Mail info@lakeshorehomeinspections.net  
File Number jw362013  
Amount Received \$575

### Conditions

Others Present Buyer Property Occupied Occupied  
Estimated Age 17 Years Entrance Faces South  
Inspection Date 05/08/2013  
Start Time 9:00 am End Time 12:30 pm  
Electric On  Yes  No  Not Applicable  
Gas/Oil On  Yes  No  Not Applicable



## General Information (Continued)

Water On  Yes  No  Not Applicable  
Temperature 76 degrees fahrenheit  
Weather Sunny Soil Conditions Dry  
Space Below Grade Basement  
Building Type Single family Garage Attached  
Sewage Disposal Septic How Verified Multiple Listing Service  
Water Source Well How Verified Multiple Listing Service  
CBS Code: 3831293

## Inspection Agreement

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

1234 E 123 N, Michigan City, IN Inspection Agreement

---

Inspector Name Joerg Wichlas  
Company Name Lakeshore Home Inspections, LLC  
Company Address 2062 S Emmas Lane  
Company City State Zip LaPorte Indiana 46350

Client Name: Sample  
Address: 1234 E 123 N  
City, State Zip: Chicago, Illinois 60614  
Property Address: 1234 E 123 N  
City State Zip Sample, Indiana 46360

Pre- Inspection Agreement

This contract is between Client Sample and Lakeshore Home Inspections LLC to perform a visual home inspection on the property located at 1234 E 123 N, this inspection is limited to readily accessible systems and components of the property.

The Customer agrees to contract with the Company to perform an inspection of the property. The only purpose for the inspection is to alert the Customer of major faults in the Property. The Company will provide a Report (Report) with the findings of the inspection. The Report will then be delivered to the Customer for it's sole, exclusive and confidential use. The company will perform it's inspection in accordance with the Sate/or Province the inspection occurs in Standards of Practice for Home Inspectors. In the event the Sate/or Province does not have a Standard or Practice for Home Inspectors the inspection will include



## Inspection Agreement (Continued)

the following Structure, Exterior, Roof, Plumbing, Electrical, Heating System, Air Conditioning, Interior, Insulation & Ventilation, and Fireplaces and Solid Fuel Burning Appliances. Minor or cosmetic deflection will not be reported.

The Company will perform an inspection on the Property and will only inspect visible and accessible areas and components of the property and only reflect the apparent condition of the Property on the date the inspection was performed. Conditions may not be apparent at the time the inspection occurs due to inoperable systems, weather, ect. Conditions may make some problems undetectable. The inspection reduces some risk of purchasing the Property, but it DOES NOT eliminate risk. The Company is not liable for the failure to find hidden or concealed defects or problems that occur or become obvious after the inspection has been performed.

The Company will not perform invasive or destructive testing. The Company will not dismantle any systems, appliances or equipment. The Company will not perform a moisture content check on the walls, floors, siding, ceiling, ect. Only random testing will be performed for certain conditions.

The Inspection will not inspect for the presences of lead paint, mold, radon gas, asbestos, urea formaldehyde, carbon monoxide or any other toxic or potentially harmful or flammable chemicals. The inspection does not include any outbuildings, well systems(s), (available at an additional charge) septic tank or other buried drainage or storage systems, security system(s), central vacuum system(s), water softener(s), or treatment service, fire system(s), presence of rodent(s), termites, or other wood-destroying insects, ants, birds or other infestation.

This Inspection or Report DOES NOT constitute or should be implied to be any of the following:

- "A compliance inspection with respect to any code, standard or regulation;
- "A guaranty, warranty of policy of insurance;
- "A survey, appraisal or flood plain certification;
- "A wood-destroying organism report;
- "An option regarding the condition of title, zoning or compliance with restrictive covenants;
- "An environmental or engineering analysis;
- "Technically exhaustive.

The Customer has the option any may wish to seek advise or recommendations from proper professionals concerning conditions revealed in the Report, and areas excluded from the extent of the inspection.



## Inspection Agreement (Continued)

The Company assumes no liability for the cost of repair or replacement of unreported defects or deficiencies either current or arising in the future. The Company's liability for mistakes or omissions in the conduct of this inspection and its Report is limited to the refund of the fee paid. This limitation of liability is binding upon customer, heirs, successors and assigns, and all other parties claiming by or through the customer.

Any other agreement, modification or amendment to this Agreement must be in writing and signed by the affected party. In the event any portion of this Agreement is determined to be unenforceable, the remainder of it will still remain in effect.

This Agreement is binding upon and available to the heirs, successors and, to the extent permitted hereunder, the assigns of each of the parties.

If any controversy of claim between the parties arises out of or relating to the interpretation of this Agreement, the services rendered hereunder or any other matter pertaining to this Agreement, the parties will mutually appoint an arbitrator who is knowledgeable with the Home Inspection industry. Judgment on any award may be entered in any courts having jurisdiction and the arbitration decision shall be binding on all parties, secondary or consequential damages are specifically excluded. All claims must be presented with (1) one year after the date of the inspection. All liability is no longer with the Company after (1) year after the date the inspection was performed. If the Company commences arbitration and is unsuccessful, the Customer at the Customer's own cost will bear all expenses the Company incurred in connection with the arbitration including, but not limited to, attorney's fees, fees to employees of the Company to investigate, prepare for attend any proceeding or examination. Customer may not present or pursue any claim against the Company until (1) written notice of the defect or omission is provided to the Company and (2) the Company is provided access to and the opportunity to cure the defect.

The Customer has the opportunity to participate in the inspection and accept responsibility for incomplete information should the Customer not participate in the inspection. The Customer's participation shall be at the Customer's own risk for injury, property damage, ect. The Customer agrees that this report may be used for educational purposes and may be provided to the Property owner and those involved with the real estate transaction.

This inspection is not a substitute for a pre-settlement inspection for which the Customer is responsible since damages, mechanical failures, an symptoms, cures, ect., may appear after this work and before Customer's legal acceptance of the property. Customer waives all claims against the inspector of Company in the absence of diligently performing Customer's pre-settlement and for lack or more extensive investigation and follow through with a specialist on any problems noted



## Inspection Agreement (Continued)

including conformation of any cost approximations.

This inspection is not a technically exhaustive inspection.

By signing below the Customer requests the standard visual inspection of the readily accessible areas of the structure. The inspection is limited to visual observation existing at the time of inspection. The Customer agrees and understands that the maximum liability incurred by The Inspector/The Company for errors and omissions in the inspection shall be limited to the fee paid for the inspection. Signer is responsible for payment. The inspection fee is due upon presentation of the inspection Report or as otherwise agreed by both parties in writing. The Inspection fee is for a single visit from the Company. If the Company is called upon for litigation or testimony as a result of the inspection, like services are not included in this scope of this inspection.

By signing below the Customer requests the standard visual inspection of the readily accessible areas of the structure. The inspection is limited to visual observation existing at the time of inspection. The Customer agrees and understands that the maximum liability incurred by The Inspector/The Company for errors and omissions in the inspection shall be limited to the fee paid for the inspection. Signer is responsible for payment.

Signature

Inspection Date: Signature on file      5/8/2013

# Lakeshore Home Inspections, LLC

21:24 July 24, 2013

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sample2.inspx



## Invoice

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

1234 E 123 N, Michigan City, IN Invoice

---

Inspector Name Joerg Wichlas  
Company Name Lakeshore Home Inspections, LLC  
Company Address 2062 S Emmas Lane  
Company City State Zip LaPorte Indiana 46350

Client Name: Sample  
Client Address: 1234 E 123 N  
Client City State Zip: Chicago, Illinois 60614  
Property Address: 1234 E 123 N  
Property City: Sample

Services Performed	Amount Due
Home Inspection 5500-6000 sq ft	\$400
WDI Termite Inspection	\$50
Water Test, Nitrite, Nitrate, E.Coli or Coliform, Bacteria, Non E.Coli	\$125
Total:	\$575

**THANK YOU!**

*We value the opportunity to provide you with a comprehensive inspection report essential to your purchasing decision.*

*If you have any questions about your home inspection, please call us at 219-379-7203*





## Receipt

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

1234 E 123 N, Michigan City, IN Receipt

---

Inspector Name Joerg Wichlas  
Company Name Lakeshore Home Inspections, LLC  
Company Address 2062 S Emmas Lane  
Company City State Zip LaPorte Indiana 46350

Client Name Sample  
Client Address 1234 E 123 N  
Client City State Zip Chicago, Illinois 60614

1. Property Inspected 1234 E 123 N Sample, Indiana 46360 05/08/2013

Method of Payment	Check	Amount Received	\$575
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2. *Thank you for choosing Our Company to perform your Home Inspection.*



## Lots and Grounds

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

1.      Driveway: Gravel, Concrete, Asphalt Noted some cracks in driveway, recommend resealing of cracks.



2.      Walks: Concrete  
 3.      Steps/Stoops: Composite, Concrete, Wood  
 4.      Porch: Wood Noted deterioration of decking planks, recommend repair.



5.      Patio: Concrete Noted cracks in patio, recommend resealing of cracks.



6.      Deck: Composite  
 7.      Balcony:  
 8.      Grading: Minor slope  
 9.      Swale: Adequate slope and depth for drainage  
 10.      Vegetation: Trees and Shrubs  
 11.      Window Wells:  
 12.      Retaining Walls:  
 13.      Basement Stairwell:  
 14.      Basement Stairwell Drain:



## Lots and Grounds (Continued)

- 15.      Exterior Surface Drain: Surface drain
- 16.      Fences: Vinyl Fence
- 17.      Lawn Sprinklers: Front and back yard

## Exterior Surface and Components

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A NP NI M D

### Main Exterior Surface

- 1.      Type: Vinyl siding Noted damaged siding panels at south and east side, recommend replacement or repair, the siding at west side next to sliding door has melted and should be replaced.



- 2.      Trim: Vinyl
- 3.      Fascia: Aluminum
- 4.      Soffits: Aluminum
- 5.      Door Bell: Hard wired
- 6.      Entry Doors: Wood
- 7.      Patio Door: Wood sliding
- 8.      Windows: Wood
- 9.      Storm Windows:
- 10.      Window Screens: Vinyl mesh
- 11.      Basement Windows: Wood
- 12.      Exterior Lighting: Surface mount
- 13.      Exterior Electric Outlets: 110 VAC GFCI
- 14.      Hose Bibs: Ball



## Exterior Surface and Components (Continued)

- 15.      Gas Meter: Exterior surface mount at west side of home
- 16.      Main Gas Valve: Located at gas meter

## Air Conditioning

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A NP NI M D

### Outside, west side of house AC System

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- 1.      A/C System Operation: Functional
- 2.      Condensate Removal: Plastic tubing
- 3.      Exterior Unit: Pad mounted
- 4. Manufacturer: Bryant
- 5. Model Number: 552AN036D Serial Number: 3899E05684
- 6. Area Served: North Side Approximate Age: 14 Years
- 7. Fuel Type: 220-240 VAC Temperature Differential: 18 degrees fahrenheit
- 8. Type: Central A/C Capacity: Not listed
- 9.      Visible Coil: Copper core with aluminum fins
- 10.      Refrigerant Lines: Low pressure and high pressure
- 11.      Electrical Disconnect: Breaker disconnect

### Outside, west side of house AC System

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- 12.      A/C System Operation: Functional
- 13.      Condensate Removal: PVC
- 14.      Exterior Unit: Pad mounted
- 15. Manufacturer: Bryant
- 16. Model Number: 598BN060B Serial Number: 1803E03446
- 17. Area Served: South Side and 2nd floor Approximate Age: 10 Years
- 18. Fuel Type: 220-240 VAC Temperature Differential: 20 degrees fahrenheit
- 19. Type: Central A/C Capacity: Not listed
- 20.      Visible Coil: Copper core with aluminum fins
- 21.      Refrigerant Lines: Low pressure and high pressure
- 22.      Electrical Disconnect: Breaker disconnect
- 23.      Exposed Ductwork: Metal
- 24.      Blower Fan/Filters: Direct drive with disposable filter Recommend monthly filter replacement.
- 25.      Thermostats: Multi-zone



## Structure

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

1.      Structure Type: Wood frame
2.      Foundation: Poured
3.      Differential Movement: No movement or displacement noted
4.      Beams: Steel I-Beam
5.      Bearing Walls: Frame
6.      Joists/Trusses: 2x12, Engineered wood
7.      Piers/Posts: Steel posts
8.      Floor/Slab: Poured slab
9.      Stairs/Handrails: Wood stairs with wood handrails
10.      Subfloor: OSB

## Roof

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A NP NI M D

### Main Roof Surface

1. Method of Inspection: On roof
2.      Unable to Inspect: N/A
3.      Material: Asphalt shingle
4. Type: Gable
5. Approximate Age: 10 Years +
6.      Flashing: Aluminum
7.      Valleys: Asphalt shingle
8.      Skylights: Insulated glass
9.      Plumbing Vents: PVC
10.      Electrical Mast: Underground utilities
11.      Gutters: Aluminum
12.      Downspouts: Aluminum
13.      Leader/Extension: Aluminum, Covered drain, Plastic

### West Chimney



## Roof (Continued)

14.      Chimney: Brick Noted loose brick veneer, brick is unstable and should be tuck pointed.



15.      Flue/Flue Cap: Metal surface mount direct vent  
 16.      Chimney Flashing: Aluminum

East Chimney

17.      Chimney: Metal pipe  
 18.      Flue/Flue Cap: Metal surface mount direct vent  
 19.      Chimney Flashing: Aluminum

## Garage/Carport

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A NP NI M D

### Tuck under Garage

1. Type of Structure: Tuck under Car Spaces: 2  
 2.      Garage Doors: Insulated aluminum  
 3.      Door Operation: Mechanized  
 4.      Door Opener: Lift Master  
 5.      Exterior Surface: Vinyl siding  
 6.      Roof: Asphalt shingle  
 7.      Roof Structure: Inaccessible due to no attic access.  
 8.      Service Doors: Fire rated  
 9.      Ceiling: Drywall  
 10.      Walls: Drywall  
 11.      Floor/Foundation: Poured concrete





## Garage/Carport (Continued)

- |     |                                     |                                     |                          |                          |                          |   |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 12. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose Bibs:                                      |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI                        |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired with battery back up |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heating: Surface mount                          |
| 16. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows:  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gutters: Aluminum                               |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downspouts: Aluminum                            |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leader/Extensions: Covered drain                |

## Living Space

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

- |                          |                                     |                          |                          |                          |                          |                                       |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| Living Room Living Space |                                     |                          |                          |                          |                          |                                       |
| 1.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Single                        |
| 2.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall                      |
| 3.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall                        |
| 4.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet                         |
| 5.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood                           |
| 6.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Wood                         |
| 7.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC                   |
| 8.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |
| 9.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired            |

- |                          |                                     |                                     |                          |                          |                          |                                       |
|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| Dining Room Living Space |                                     |                                     |                          |                          |                          |                                       |
| 10.                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet:                               |
| 11.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall                      |
| 12.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Wallpaper                      |
| 13.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet                         |
| 14.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood                           |
| 15.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Wood                         |
| 16.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC                   |
| 17.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |
| 18.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired            |

- |                     |                                     |                                     |                          |                          |                          |                  |
|---------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------|
| Office Living Space |                                     |                                     |                          |                          |                          |                  |
| 19.                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet:          |
| 20.                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall |
| 21.                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall   |
| 22.                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet    |



## Living Space (Continued)

- 23.      Doors: French
- 24.      Windows: Wood
- 25.      Electrical: 110 VAC
- 26.      HVAC Source: Air exchange ventilation
- 27.      Smoke Detector: Hard wired

### Dining Room East Living Space

- 28.      Closet: Single
- 29.      Ceiling: Drywall
- 30.      Walls: Wallpaper
- 31.      Floor: Hardwood
- 32.      Doors: Wood
- 33.      Windows: Wood
- 34.      Electrical: 110 VAC Noted light switch cover at east wall, recommend installation of cover.



- 35.      HVAC Source: Air exchange ventilation
- 36.      Smoke Detector: Hard wired

## Kitchen

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

### Main Kitchen

- 1.      Cooking Appliances: Kitchenaid, Thermador
- 2.      Ventilator:
- 3.      Disposal: In-Sinkerator
- 4.      Dishwasher: Asko
- 5. Air Gap Present?  Yes  No
- 6.      Trash Compactor:
- 7.      Refrigerator: Whirlpool, Kitchenaid
- 8.      Microwave: Sharp
- 9.      Sink: Composite
- 10.      Electrical: 110 VAC GFCI
- 11.      Plumbing/Fixtures: PVC





## Kitchen (Continued)

- 12.      Counter Tops: Composite materials
- 13.      Cabinets: Wood
- 14.      Pantry:
- 15.      Ceiling: Drywall
- 16.      Walls: Wallpaper
- 17.      Floor: Hardwood
- 18.      Doors: Wood
- 19.      Windows: Wood
- 20.      HVAC Source: Air exchange ventilation

## Fireplace/Wood Stove

It is recommended to have a chimney sweep done before using the Fireplace in an annual basis.

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A NP NI M D

### Dining Room Fireplace

- 1.      Freestanding Stove:
- 2.      Fireplace Construction: Prefab
- 3. Type: Gas log
- 4.      Fireplace Insert: Standard
- 5.      Smoke Chamber: Metal
- 6.      Flue: Metal
- 7.      Damper: Metal
- 8.      Hearth: Flush mounted

### Living Room Fireplace

- 9.      Freestanding Stove:
- 10.      Fireplace Construction: Prefab
- 11. Type: Gas log
- 12.      Fireplace Insert: Standard
- 13.      Smoke Chamber: Metal
- 14.      Flue: Metal
- 15.      Damper: Metal
- 16.      Hearth: Flush mounted

### Master Bedroom Fireplace

- 17.      Freestanding Stove:
- 18.      Fireplace Construction: Prefab
- 19. Type: Gas log



## Fireplace/Wood Stove (Continued)

- 20.      Fireplace Insert: Standard
- 21.      Smoke Chamber: Metal
- 22.      Flue: Metal
- 23.      Damper: Metal
- 24.      Hearth: Flush mounted

## Bedroom

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A NP NI M D

### South East Bedroom

- 1.      Closet: Single
- 2.      Ceiling: Drywall
- 3.      Walls: Drywall
- 4.      Floor: Carpet
- 5.      Doors: Wood
- 6.      Windows: Wood
- 7.      Electrical: 110 VAC
- 8.      HVAC Source: Air exchange ventilation
- 9.      Smoke Detector: Hard wired

### North East Bedroom

- 10.      Closet: Single
- 11.      Ceiling: Drywall
- 12.      Walls: Drywall
- 13.      Floor: Carpet
- 14.      Doors: Wood
- 15.      Windows: Wood
- 16.      Electrical: 110 VAC
- 17.      HVAC Source: Air exchange ventilation
- 18.      Smoke Detector: Hard wired

### Master Bedroom

- 19.      Closet:
- 20.      Ceiling: Drywall
- 21.      Walls: Drywall
- 22.      Floor: Carpet
- 23.      Doors: Wood



## Bedroom (Continued)

24.      Windows: Wood Noted torn window screen, recommend repair.



25.      Electrical: 110 VAC  
 26.      HVAC Source: Air exchange ventilation  
 27.      Smoke Detector: Hard wired

### Basement East Bedroom

28.      Closet: Single  
 29.      Ceiling: Drywall  
 30.      Walls: Drywall  
 31.      Floor: Carpet  
 32.      Doors: Wood  
 33.      Windows: Wood Noted cloudy windows, due to broken window seal and deteriorated window frame, recommend replacement of window.



34.      Electrical: 110 VAC  
 35.      HVAC Source: Air exchange ventilation  
 36.      Smoke Detector: Hard wired

### Basement West Bedroom

37.      Closet: Single  
 38.      Ceiling: Drywall  
 39.      Walls: Drywall  
 40.      Floor: Carpet  
 41.      Doors: Wood  
 42.      Windows: Wood  
 43.      Electrical: 110 VAC  
 44.      HVAC Source: Air exchange ventilation  
 45.      Smoke Detector: Hard wired



## Bathroom

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

### South Bathroom

- |     |                                     |                                     |                          |                          |                          |  |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet:  |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall                                     |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall                                       |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Ceramic tile                                  |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood  |
| 6.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows:   |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI                             |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Laminate and wood                   |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Molded dual bowl                         |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Generic faucet                        |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: Fiberglass tub and fiberglass surround |
| 12. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround:                                     |
| 13. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa Tub/Surround:                                    |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Generic                                     |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation                |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan                |

### North Bathroom

- |     |                                     |                                     |                          |                          |                          |   |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 17. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet:   |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Drywall  |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Drywall  |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Ceramic tile                                     |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood   |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Skylight                                       |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI                                |
| 24. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet:  |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Pedestal                                    |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Generic faucet                           |
| 27. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround:   |
| 28. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: Fiberglass pan and fiberglass surround |
| 29. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa Tub/Surround:                                       |



## Bathroom (Continued)

30.      Toilets: Generic The toilet is loose at the floor and will require replacement of the wax seal



31.      HVAC Source: Air exchange ventilation  
32.      Ventilation: Electric ventilation fan

### Master Bathroom

33.      Closet: Walk In  
34.      Ceiling: Drywall  
35.      Walls: Wallpaper  
36.      Floor: Carpet  
37.      Doors: Wood  
38.      Windows: Wood  
39.      Electrical: 110 VAC GFCI  
40.      Counter/Cabinet: Laminate and wood  
41.      Sink/Basin: Molded dual bowl  
42.      Faucets/Traps: Generic faucet  
43.      Tub/Surround:  
44.      Shower/Surround: Custom pan and ceramic tile surround  
45.      Spa Tub/Surround: Fiberglass tub and ceramic tile surround Noted no access to pump, could not find GFCI for jet pump in bathroom or main electrical panel. Recommend installation of GFCI outlet.



46.      Toilets: Generic  
47.      HVAC Source: Air exchange ventilation  
48.      Ventilation: Electric ventilation fan and window

### Basement Bathroom

49.      Closet:  
50.      Ceiling: Drywall  
51.      Walls: Drywall



## Bathroom (Continued)

- |     |                                     |                                     |                          |                          |                          |   |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 52. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Ceramic tile                                     |
| 53. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood   |
| 54. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows:  |
| 55. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI                                |
| 56. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet: Laminate and wood                      |
| 57. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Molded single bowl                          |
| 58. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Generic faucet                           |
| 59. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround:   |
| 60. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: Fiberglass pan and fiberglass surround |
| 61. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa Tub/Surround:                                       |
| 62. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Generic  |
| 63. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation                   |
| 64. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan                   |

## Laundry Room/Area

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

### Laundry Room Laundry Room/Area

- |    |                                     |                                     |                          |                                     |                          |   |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Closet:   |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Ceiling: Drywall  |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Walls: Drywall  |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Floor: Ceramic tile   |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Doors: Wood   |
| 6. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Windows:  |
| 7. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC Non-GFCI circuit -recommend GFCI circuit be installed |



- |     |                                     |                          |                          |                          |                          |                                       |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Hard wired            |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Air exchange ventilation |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub: PVC                      |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub Drain: PVC                |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer Hose Bib: Gate valves          |



## Laundry Room/Area (Continued)

13.      Washer and Dryer Electrical: 110-120 VAC Non-GFCI circuit  
-recommend GFCI circuit be installed



14.      Dryer Vent: Metal flex  
15.      Dryer Gas Line: Insulflex  
16.      Washer Drain: Drain pan to main drain system  
17.      Floor Drain:

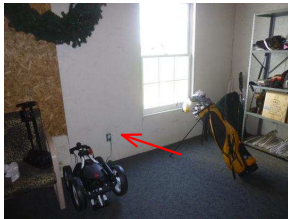
## Basement

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

### Main Basement

1.      Unable to Inspect: N/A  
2.      Ceiling: Exposed framing  
3.      Walls: OSB  
4.      Floor: Carpet  
5.      Floor Drain: Covered  
6.      Doors: Wood  
7.      Windows: Wood  
8.      Electrical: 110 VAC Noted missing outlet cover at north side and missing junction cover at south side, recommend installation of covers.



9.      Smoke Detector: Hard wired  
10.      HVAC Source: Air exchange ventilation  
11.      Vapor Barrier: Inaccessible, due wall covering  
12.      Insulation: Inaccessible, due wall covering  
13.      Ventilation: Windows  
14.      Sump Pump: Submerged





## Basement (Continued)

15.      Moisture Location:  
16.      Basement Stairs/Railings: Wood stairs with wood handrails

## Heating System

If you have a gas furnace, a professional tuning and cleaning every year is a good idea. Electric furnaces should be professionally inspected every two years and for oil furnaces; it's a good idea to schedule a tuning every year.

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

### Basement North Heating System

1.      Heating System Operation: Appears functional  
2. Manufacturer: Bryant  
3. Model Number: 350MAV036080 Serial Number: 2500A01185  
4. Type: Forced air Capacity: 80.000 BTU  
5. Area Served: North Approximate Age: 13 Years  
6. Fuel Type: Propane gas  
7.      Heat Exchanger: 4 Burner  
8. Unable to Inspect: N/A  
9.      Blower Fan/Filter: Direct drive with disposable filter Recommend monthly filter replacement.  
10.      Distribution: Metal duct  
11.      Circulator: Gravity  
12.      Draft Control: Automatic  
13.      Flue Pipe: PVC  
14.      Controls: Limit switch  
15.      Devices:  
16.      Humidifier:

### Basement East Heating System

17.      Heating System Operation: Appears functional  
18. Manufacturer: Bryant  
19. Model Number: 355MAV060120F Serial Number: 5102A10464  
20. Type: Forced air Capacity: 120,000 BTU  
21. Area Served: uth Side and 2nd floor Approximate Age: 11 Years  
22. Fuel Type: Propane gas  
23.      Heat Exchanger: 6 Burner  
24. Unable to Inspect: N/A





## Heating System (Continued)

- 25.      Blower Fan/Filter: Direct drive with disposable filter Recommend filter replacement every 6 months.
- 26.      Distribution: Metal duct
- 27.      Circulator: Gravity
- 28.      Draft Control: Automatic
- 29.      Flue Pipe: PVC
- 30.      Controls: Limit switch
- 31.      Devices:
- 32.      Humidifier: General
- 33.      Thermostats: Multi-zone
- 34. Suspected Asbestos: No

## Electrical

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

- 1. Service Size Amps: 200 Volts: 110-240 VAC
- 2.      Service: Aluminum
- 3.      120 VAC Branch Circuits: Copper
- 4.      240 VAC Branch Circuits: Copper
- 5.      Aluminum Wiring:
- 6.      Conductor Type: Romex
- 7.      Ground: Service ground, Rod in ground
- 8.      Smoke Detectors: Hard wired

### North side Basement Electric Panel

- 9.      Manufacturer: Siemens
- 10. Maximum Capacity: 200 Amps
- 11.      Main Breaker Size: 200 Amps
- 12.      Breakers: Copper
- 13.      Fuses:
- 14.      AFCI:
- 15.      GFCI: At GFCI receptacles only
- 16. Is the panel bonded?  Yes  No

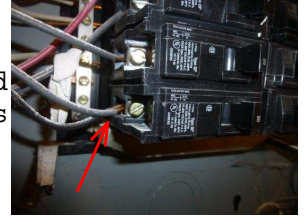
### North Side Basement left panel Electric Panel

- 17.      Manufacturer: Siemens
- 18. Maximum Capacity: 200 Amps
- 19.      Main Breaker Size: 200 Amps



## Electrical (Continued)

20.      Breakers: Copper Double taps are present at breakers. These circuits need to be moved to their own circuit breaker and cannot share a breaker. It is recommended that a qualified electrician inspect the new circuits and properly connect the new circuits to an individual breaker for each circuit



21.      Fuses:  
 22.      AFCI:  
 23.      GFCI: At GFCI receptacles only  
 24. Is the panel bonded?  Yes  No

## Plumbing

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

1.      Service Line: PVC Noted leaking water line at water main shut off, recommend repair.



2.      Main Water Shutoff: Basement  
 3.      Water Lines: Copper  
 4.      Drain Pipes: PVC  
 5.      Service Caps: Accessible  
 6.      Vent Pipes: PVC  
 7.      Gas Service Lines: Steel

### Basement Water Heater

8.      Water Heater Operation: Functional at time of inspection  
 9. Manufacturer: Lochinvar  
 10. Model Number: DVL051 Serial Number: BA5695334  
 11. Type: Propane Capacity: 48 Gal  
 12. Approximate Age: 8 Years Area Served: Whole building



## Plumbing (Continued)

13.      Flue Pipe: PVC Noted loose flue pipe, recommend attachment.



14.      TPRV and Drain Tube: Copper

## Attic

A = Acceptable, NP = Not Present, NI = Not Inspected, M = Marginal, D = Defective

A NP NI M D

### Main Attic

1. Method of Inspection: Inaccessible due to no attic access.
2.      Unable to Inspect: 100%
3.      Roof Framing: Rafter Inspected with infra red camera.
4.      Sheathing:
5.      Ventilation: Ridge and soffit vents Inspected with infra red camera.
6.      Insulation: Blown in Inspected with infra red camera.
7.      Insulation Depth:
8.      Vapor Barrier:
9.      Attic Fan:
10.      House Fan:
11.      Wiring/Lighting:
12.      Moisture Penetration: No moisture Inspected with infra red camera.
13.      Bathroom Fan Venting: Inaccessible



## Marginal Summary

Marginal items in the summary page are considered Maintenance items and not to be interpreted as "Major Defects". 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. **Driveway:** Gravel, Concrete, Asphalt Noted some cracks in driveway, recommend resealing of cracks.



2. **Porch:** Wood Noted deterioration of decking planks, recommend repair.



3. **Patio:** Concrete Noted cracks in patio, recommend resealing of cracks.



### Exterior Surface and Components

4. **Main Exterior Surface Type:** Vinyl siding Noted damaged siding panels at south and east side, recommend replacement or repair, the siding at west side next to sliding door has melted and should be replaced.





## Exterior Surface and Components (Continued)

Type: (continued)



### Living Space

5. Dining Room East Living Space Electrical: 110 VAC Noted light switch cover at east wall, recommend installation of cover.



### Bedroom

6. Master Bedroom Windows: Wood Noted torn window screen, recommend repair.



7. Basement East Bedroom Windows: Wood Noted cloudy windows, due to broken window seal and deteriorated window frame, recommend replacement of window.



### Bathroom

8. North Bathroom Toilets: Generic The toilet is loose at the floor and will require replacement of the wax seal





## Bathroom (Continued)

Toilets: (continued)



9. Master Bathroom Spa Tub/Surround: Fiberglass tub and ceramic tile surround. Noted no access to pump, could not find GFCI for jet pump in bathroom or main electrical panel. Recommend installation of GFCI outlet.

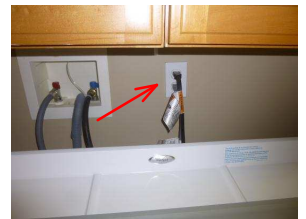


## Laundry Room/Area

10. Laundry Room Laundry Room/Area Electrical: 110 VAC Non-GFCI circuit -recommend GFCI circuit be installed

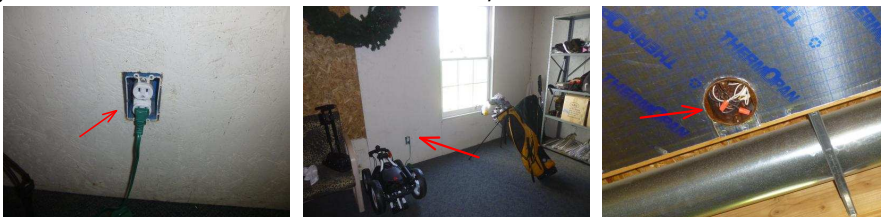


11. Laundry Room Laundry Room/Area Washer and Dryer Electrical: 110-120 VAC Non-GFCI circuit -recommend GFCI circuit be installed



## Basement

12. Main Basement Electrical: 110 VAC Noted missing outlet cover at north side and missing junction cover at south side, recommend installation of covers.





## Marginal Summary (Continued)

### Plumbing

13. Service Line: PVC Noted leaking water line at water main shut off, recommend repair.



14. Basement Water Heater Flue Pipe: PVC Noted loose flue pipe, recommend attachment.





## Defective Summary

Defective items are considered a safety concern and or a "Major Defect" Immediate repair is recommended. 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.

### Roof

1. West Chimney Chimney: Brick Noted loose brick veneer, brick is unstable and should be tuck pointed.



### Electrical

2. North Side Basement left panel Electric Panel Breakers: Copper Double taps are present at breakers. These circuits need to be moved to their own circuit breaker and cannot share a breaker. It is recommended that a qualified electrician inspect the new circuits and properly connect the new circuits to an individual breaker for each circuit

