



This Professional Inspection Report Has Been Prepared Exclusively For:

Pedro Arguello 191 Paradise Trail Coldspring, TX 77331 May 30, 2020

Inspected By: Bill Greer 21533 Inspector's cell (936) 661-7258

# "One Call Inspects All"









# PROPERTY INSPECTION REPORT East Texas Home Inspection Service P.O. Box 1009, Palestine, Texas 75801 Office # (903)727-0831 Cell # 936-661-7258 Fax # (903)729-0844 www.easttexashomeinspection.com Bill@easttexashomeinspection.com PROPERTY INSPECTION REPORT

	(Name of Client)	
Concerning:	<u>191 Paradise Trail, Coldspring, TX 77331</u> (Address or Other Identification of Inspecte	ed Property)
By:	Bill Greer, Lic #21533 (Name and License Number of Inspector)	05/30/2020 (Date)

(Name, License Number of Sponsoring Inspector)

# PURPOSE, LIMITATIONS AND INSPECTOR / CLIENT RESPONSIBILITIES

This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions. If any item or comment is unclear, you should ask the inspector to clarify the findings. It is important that you carefully read ALL of this information.

This inspection is subject to the rules ("Rules") of the Texas Real Estate Commission ("TREC"), which can be found at www.trec.texas.gov.

The TREC Standards of Practice (Sections 535.227-535.233 of the Rules) are the minimum standards for inspections by TREC-licensed inspectors. An inspection addresses only those components and conditions that are present, visible, and accessible at the time of the inspection. While there may be other parts, components or systems present, only those items specifically noted as being inspected were inspected. The inspector is NOT required to turn on decommissioned equipment, systems, utility services or apply an open flame or light a pilot to operate any appliance. The inspector is NOT required to climb over obstacles, move furnishings or stored items. The inspection report may address issues that are code-based or may refer to a particular code; however, this is NOT a code compliance inspection and does NOT verify compliance with manufacturer's installation instructions. The inspection does NOT imply insurability or warrantability of the structure or its components. Although some safety issues may be addressed in this report, this inspection is NOT a safety/code inspection, and the inspector is NOT required to identify all potential hazards.

In this report, the inspector shall indicate, by checking the appropriate boxes on the form, whether each item was inspected, not inspected, not present or deficient and explain the findings in the corresponding section in the body of the report form. The inspector must check the Deficient (D) box if a condition exists that adversely and materially affects the performance of a system or component or constitutes a hazard to life, limb or property as specified by the TREC Standards of Practice. General deficiencies include inoperability, material distress, water penetration, damage, deterioration, missing components, and unsuitable installation. Comments may be provided by the inspector whether or not an item is deemed deficient. The inspector is not required to prioritize or emphasize the importance of one deficiency over another.

Some items reported may be considered life-safety upgrades to the property. For more information, refer to Texas Real Estate Consumer Notice Concerning Recognized Hazards or Deficiencies below.

Promulgated by the Texas Real Estate Commission (TREC) P.O. Box 12188, Austin, TX 78711-2188 (512) 936-3000 (<u>http://www.trec.texas.gov</u>).

THIS PROPERTY INSPECTION IS NOT A TECHNICALLY EXHAUSTIVE INSPECTION OF THE STRUCTURE, SYSTEMS OR COMPONENTS. The inspection may not reveal all deficiencies. A real estate inspection helps to reduce some of the risk involved in purchasing a home, but it cannot eliminate these risks, nor can the inspection anticipate future events or changes in performance due to changes in use or occupancy. It is recommended that you obtain as much information as is available about this property, including any seller's disclosures, previous inspection reports, engineering reports, building/remodeling permits, and reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should also attempt to determine whether repairs, renovation, remodeling, additions, or other such activities have taken place at this property. It is not the inspector's responsibility to confirm that information obtained from these sources is complete or accurate or that this inspection is consistent with the opinions expressed in previous or future reports.

ITEMS IDENTIFIED IN THE REPORT DO NOT OBLIGATE ANY PARTY TO MAKE REPAIRS OR TAKE OTHER ACTIONS, NOR IS THE PURCHASER REQUIRED TO REQUEST THAT THE SELLER TAKE ANY ACTION. When a deficiency is reported, it is the client's responsibility to obtain further evaluations and/or cost estimates from qualified service professionals. Any such follow-up should take place prior to the expiration of any time limitations such as option periods. Evaluations by qualified tradesmen may lead to the discovery of additional deficiencies which may involve additional repair costs. Failure to address deficiencies or comments noted in this report may lead to further damage of the structure or systems and add to the original repair costs. The inspector is not required to provide follow-up services to verify that proper repairs have been made.

Property conditions change with time and use. For example, mechanical devices can fail at any time, plumbing gaskets and seals may crack if the appliance or plumbing fixture is not used often, roof leaks can occur at any time regardless of the apparent condition of the roof, and the performance of the structure and the systems may change due to changes in use or occupancy, effects of weather, etc. These changes or repairs made to the structure after the inspection may render information contained herein obsolete or invalid. This report is provided for the specific benefit of the client named above and is based on observations at the time of the inspection. If you did not hire the inspector yourself, reliance on this report may provide incomplete or outdated information. Repairs, professional opinions or additional inspection reports may affect the meaning of the information in this report. It is recommended that you hire a licensed inspector to perform an inspection to meet your specific needs and to provide you with current information concerning this property.

# TEXAS REAL ESTATE CONSUMER NOTICE CONCERNING HAZARDS OR DEFICIENCIES

Each year, Texans sustain property damage and are injured by accidents in the home. While some accidents may not be avoidable, many other accidents, injuries, and deaths may be avoided through the identification and repair of certain hazardous conditions. Examples of such hazards include:

- malfunctioning, improperly installed or missing ground fault circuit protection (GFCI) devices for electrical receptacles in garages, bathroom, kitchens, and exterior areas;
- malfunctioning arc fault protection (AFCI) devices;
- ordinary glass in locations where modern construction techniques call for safety glass;
- malfunctioning or lack of fire safety features such as, smoke alarms, fire-rated doors in certain locations, and functional emergency escape and rescue openings in bedrooms;
- malfunctioning carbon monoxide alarms;
- excessive spacing between balusters on stairways and porches;
- improperly installed appliances;
- improperly installed or defective safety devices;
- lack of electrical bonding and grounding; and
- lack of bonding on gas piping, including corrugated stainless steel tubing (CSST).

To ensure that consumers are informed of hazards such as these, the Texas Real Estate Commission (TREC) has adopted Standards of Practice requiring licensed inspectors to report these conditions as "Deficient" when performing an inspection for a buyer or seller, if they can be reasonably determined.

These conditions may not have violated building codes or common practices at the time of the construction of the home, or they may have been "grandfathered" because they were present prior to the adoption of codes prohibiting such conditions. While the TREC Standards of Practice do not require inspectors to perform a code compliance inspection, TREC considers the potential for injury or property loss from the hazards addressed in the Standards of Practice to be significant enough to warrant this notice.

Contract forms developed by TREC for use by its real estate licensees also inform the buyer of the right to have the home inspected and can provide an option clause permitting the buyer to terminate the contract within a specified time. Neither the Standards of Practice nor the TREC contract forms requires a seller to remedy conditions revealed by an inspection. The decision to correct a hazard or any deficiency identified in an inspection report is left to the parties to the contract for the sale or purchase of the home

INFORMATION INCLUDED UNDER "ADDITIONAL INFORMATION PROVIDED BY INSPECTOR", OR PROVIDED AS AN ATTACHMENT WITH THE STANDARD FORM, IS NOT REQUIRED BY THE COMMISSION AND MAY CONTAIN CONTRACTUAL TERMS BETWEEN THE INSPECTOR AND YOU, AS THE CLIENT. THE COMMISSION DOES NOT REGULATE CONTRACTUAL TERMS BETWEEN PARTIES. IF YOU DO NOT UNDERSTAND THE EFFECT OF ANY CONTRACTUAL TERM CONTAINED IN THIS SECTION OR ANY ATTACHMENTS, CONSULT AN ATTORNEY.

# ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Inspection Time Started: <u>9 am</u>

Weather Conditions Inspection: Sunny

Outside temperature inspection: 74 Degrees

Time Finished: <u>5:45 pm</u> Building Orientation South

Inspection Provided by this Inspector: Home Inspection, Guest house, Septic Inspection, Well Inspection, Bulkhead Inspection, Wood Destroying Insect Inspection

Property was: **Occupied** at the time of Inspection:

(When a property is Occupied during an Inspection there may be various areas where damages or deficiencies may be blocked from the Inspector's view. The inspector will do everything he can to observe and report these deficiencies. However there may be areas he cannot observe. )

Parties that were present during the inspection: Buyer, Seller



THIS REPORT IS PAID AND PREPARED FOR THE PERSONAL, PRIVATE AND EXCLUSIVE USE BY Pedro Arguello. THIS IS A COPYRIGHTED REPORT AND IS NOT VALID WITHOUT THE SIGNED INSPECTION AGREEMENT ATTACHED. THIS REPORT IS NOT TRANSFERABLE FROM THE CLIENT NAMED ABOVE.

This report contains representative pictures of certain deficiencies identified during the inspection. Additional photos, if any, can be viewed at the end of this report located in the PHOTO SUMMARY section,

Whenever a defect and/or deficiency of any kind is noted in a system and/or any part and/or item of this structure, we recommend that a qualified, licensed and/or certified specialist and/or technician to inspect, repair and/or service the entire system and/or part. Sometimes noted defects and/or deficiencies are symptoms of other and sometimes more serious conditions and/or defects.

It is also recommended that the buyer walks through the property the day before closing to assure conditions have not changed since inspection.

# **SCOPE OF INSPECTION**

These standards of practice define the minimum levels of inspection required for substantially completed residential improvements to real property up to four dwelling units. A real estate inspection is a non-technically exhaustive, limited visual survey and basic performance evaluation of the systems and components of a building using normal controls and does not require the use of specialized equipment or procedures. The purpose of the inspection is to provide the client with information regarding the general condition of the residence at the time of inspection. The inspector may provide a higher level of inspection performance than required by these standards of practice and may inspect components and systems in addition to those described by the standards of practice.

# **GENERAL LIMITATIONS**

# The inspector is **not** required to:

(A) inspect:

- (i) items other than those listed within these standards of practice;
- (ii) elevators;
- (iii) detached buildings, decks, docks, fences, or waterfront structures or equipment;
- (iv) anything buried, hidden, latent, or concealed;
- (v) sub-surface drainage systems;
- (vi) automated or programmable control systems, automatic shut-off, photoelectric sensors, timers, clocks, metering devices, signal lights, lightning arrestor system, remote controls, security or data distribution systems, solar panels or smart home automation components; or
- (vii) concrete flatwork such as; driveways, sidewalks, walkways, paving stones or patios;

(B) report:

- (i) past repairs that appear to be effective and workmanlike except as specifically required by these standards;
- (ii) cosmetic or aesthetic conditions; or
- (iii) wear and tear from ordinary use;
- (C) determine:
  - (i) insurability, warrant ability, suitability, adequacy, compatibility, capacity, reliability, marketability, operating costs, recalls, counterfeit products, product lawsuits, life expectancy, age, energy efficiency, vapor barriers, thermostatic performance, compliance with any code, listing, testing or protocol authority, utility sources, or manufacturer or regulatory requirements except as specifically required by these standards;
  - (ii) the presence or absence of pests, termites, or other wood-destroying insects or organisms;
  - (iii) the presence, absence, or risk of asbestos, lead-based paint, mold, mildew, corrosive or contaminated drywall "Chinese Drywall" or any other environmental hazard, environmental pathogen, carcinogen, toxin, mycotoxins, pollutant, fungal presence or activity, or poison;
  - (iv) types of wood or preservative treatment and fastener compatibility; or
  - (v) the cause or source of a conditions;
- (D) anticipate future events or conditions, including but not limited to:
  - (i) decay, deterioration, or damage that may occur after the inspection;
  - (ii) deficiencies from abuse, misuse or lack of use;
  - (iii) changes in performance of any component or system due to changes in use or occupancy;
  - (iv) the consequences of the inspection or its effects on current or future buyers and sellers;
  - (v) common household accidents, personal injury, or death;
  - (vi) the presence of water penetrations; or
  - (vii) future performance of any item;
- (E) operate shut-off, safety, stop, pressure or pressure-regulating valves or items requiring the use of codes, keys, combinations, or similar devices;
- (F) designate conditions as safe;
- (G) recommend or provide engineering, architectural, appraisal, mitigation, physical surveying, realty, or other specialist services;
- (H) review historical records, installation instructions, repair plans, cost estimates, disclosure documents, or other reports;
- (I) verify sizing, efficiency, or adequacy of the ground surface drainage system;
- (J) verify sizing, efficiency, or adequacy of the gutter and downspout system;
- (K) operate recirculation or sump pumps;
- (L) remedy conditions preventing inspection of any item;
- (M) apply open flame or light a pilot to operate any appliance;
- (N) turn on decommissioned equipment, systems or utility services; or
- (O) provide repair cost estimates, recommendations, or re-inspection services.

# The Client, by accepting this Property Inspection Report or relying upon it in any way, expressly agrees to the SCOPE OF INSPECTION, GENERAL LIMITATIONS and <u>INSPECTION AGREEMENT</u> included in this inspection report.

This inspection report is made for the sole purpose of assisting the purchaser to determine his and/or her own opinion of feasibility of purchasing the inspected property and does not warrant or guarantee all defects to be found. If you have any questions or are unclear regarding our findings, please call our office prior to the expiration of any time limitations such as option periods.

This report contains technical information. If you were not present during this inspection, please call the office to arrange for a consultation with your inspector. If you choose not to consult with the inspector, this inspection company cannot be held liable for your understanding or misunderstanding of the reports content.

This report is not intended to be used for determining insurability or warrant ability of the structure and may not conform to the Texas Department of Insurance guidelines for property insurability. *This report is not to be used by or for any property and/or home warranty company.* 

The digital pictures in this report are a sample of the damages in place and should not be considered to show all of the damages and/or deficiencies found. There will be some damage and/or deficiencies not represented with digital imaging. When one or two like deficiencies are found they will be listed, when three to six like deficiencies are found the term various will be used but when seven or more like deficiencies are found the term multiple will be used. This eliminates the exhaustive reporting of like defects.

I=Inspected	NI=Not Inspected	N	P=Not Present	D=Deficient	
I NI NP D					
	A Foundations	I.	STRUCTURAL S	SYSTEMS	

A. Foundations *Type of Foundation(s)*: Monolithic *Comments*: Crawl Space (If Present) Viewed From: N/A

On 05/30/2020 at 9:00 am Inspector Bill Greer was of the opinion that the foundation *appeared to be in acceptable condition*. At this time, I did observe visible evidence that I would consider as being indications of movement and/or settlement. The areas inspected were, but may not be limited to the accessible walls, ceilings, floors, doors & windows which indicated minor signs of movement and/or settlement. As well as the attic space which showed no signs of visible indications of movement and/or settlement.

Property was occupied at the time of inspection. There are areas of the structure that may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed..However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the foundation that were noted on this structure at the time of the Inspection:

Buyers Advisory Notice: These opinions are based solely on the observations of the inspector which were made without sophisticated testing procedures, specialized tools and/or equipment. Therefore the opinions expressed are one's of apparent conditions and not absolute fact and are only good on 05/30/2020.

In this inspector's opinion the foundation was performing as designed at the time of inspection. There were minor indications of settlement and/or common cracks noted in the interior and/or exterior walls and/or ceilings. All accessible doors and windows opened and closed properly at the time of the inspection. There was no noticeable movement noted in the accessible attic space of this structure. If there are any concerns, I recommend having a certified & licensed structural and/or foundational specialist inspect structure.

**D-Common hairline cracks, generally referred to as spider cracks, were noted on the floor of the garage.** These are cosmetic in nature and are not considered a major concern.

TREC LIMITATIONS: The inspector is not required to inspect flatwork or detention/ retention pond (expect as related to slope and drainage); determine area hydrology or the presence or underground water; or determine the efficiency or operation of underground or surface drainage systems.

T.R.E.C. guidelines require that the structure be a minimum of 18 inches off the ground before the inspector can crawl underneath. This structure does not have that much clearance. Therefore, this structure is not accessible and was not crawled.

ImageImageImageB. Grading and DrainageComments:

In this Inspector's opinion the <u>Grading and Drainage</u> appeared to be <u>in fair condition</u>

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient
I NI NP D			

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the grading and drainage that were noted on this structure at the Time of the Inspection:



# **D** - Foundation does not have positive grading.

The soil line is too high on various areas of the structure. Under current building standards there should be at least 4-inches of foundation visible below masonry veneer and 6-inches of foundation visible below wood type veneer.

The drainage strategy of the foundation is important. Expansive soils can be very destructive to the foundation if the moisture content of the perimeter varies. Some improvement should be made to the grading of the yard.



# **D** - Structure has heavy foliage.

Recommend trimming foliage away from structure to reduce the possibility of insects' invasion. (I.e. Carpenter ants)

# **Gutters and downspouts**

# In this Inspector's opinion the <u>Gutter & Downspout System</u> appeared to be <u>in poor condition</u>

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the gutter & downspout system that were noted on this structure at the Time of the Inspection:



• <u>Runoff from the valley onto the balcony is causing deterioration of the balcony and its support structure.</u>

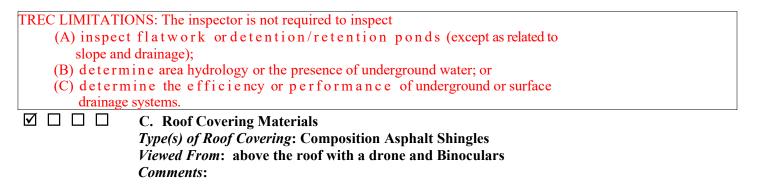
I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient	
I NI NP D				



• The valley flashing "kick-out" directly onto the roofing shingles causes premature wear on the roofing material. There should be a downspout to the gutter below.

<u>A complete gutter system with extensions is recommended on this structure</u>. The gutter system is designed to expedite the drainage of water away from the property. Splash plates located under the down spouts can help direct water away from the foundation and reduce soil erosion, which can reduce the effectiveness of the termite chemicals placed in the soil. A properly installed gutter system is an important tool in maintaining even moisture content in the surrounding soil.

Buyers Advisory Notice: The proper care and maintenance of the grading is important to the foundation. Improper care for trees, large shrubs and bushes around foundation may cause foundational issues. It is generally recommended that you water outside the current root area to assist roots in growing outside and away from the foundation area.Watering the foundation is also recommended. A soaker hose position 6 to 12 inches away and 6 to 12 inches deep around the foundation, will assist in keeping the soil stable and will assist in providing proper maintenance for the foundation. Consulting a qualified foundation, soil and/or landscaping specialist to inspect the structure would be beneficial in developing a care and maintenance plan for your foundation.



# **Roof Cover Material:**

This structure has a 35 - 40 year Composition Asphalt Shingles and was estimated to be in the Top of its Life.

The roof was inspected from above the roof with a drone and from the Ground as well as portions of the roof being inspected from inside the Attic space. The roof decking appeared to be a **Plywood type decking** and it appeared to be in **acceptable condition**, with the roof fasteners appearing to be fastened properly.

At the Time of the Inspection: the Inspector did not observe any repairs noted on the Roof

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient
I NI NP D			

In this Inspector's opinion the <u>Roof Covering Material</u> appeared to be\_in <u>acceptable condition</u> at the Time of the Inspection

TREC LIMITATIONS: The inspector is not required to determine the remaining life expectancy of the roof covering; inspect the roof from the roof level if, in the inspector's reasonable judgment, the inspector cannot safely reach or stay on the roof, or significant damage to the roof covering materials may result from walking on the roof; determine the number of layers of roof covering material; identify latent hail damage; or provide an exhaustive list of locations of water penetrations or previous repairs.

The performance of this roof is subjective and it is sometimes difficult for two individuals to agree on the life of a roof. Consulting a qualified roofing specialist may assist you to better understand the roof conditions. Asking your roofing specialist to create a roof maintenance schedule for your roof will assist you in minimizing your overall expense.

$\square \sqcap \square \square$	D. Roof Structures and Attics
	Viewed From: Attic Decked Space Only
	Approximate Average Depth of Insulation: 4" to 6"
	Approximate Average Thickness of Vertical Insulation: 4" - 6"
	Comments:
	(Note: Recommended depth of attic floor insulation is approx. 10+ inches to achieve a R30 rating.)
	Insulation Type: Batt or Blanket, Loose Filled
	Description of Roof Structure: Rafter Assembly
	Attic Accessibility: Partial / Limited

# **Roof & Attic Structure:**

At the time of the Inspection it was the Inspector's opinion that your roofing and attic structure appeared to be in fair condition

To receive the best R Factor from your insulation. The suggested depth for an "R" value of 30 is about 8 to 10 inches. Adding un-faced blankets of insulation or blown type insulation may be a good idea. Other materials are available such as thermal barrier plastic sheeting. There are no T.R.E.C. standard in the inspection guidelines for insulation depth.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Roof Structure and Attics that were noted on this structure at the time of the Inspection:

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient	
I NI NP D				



• The fascia board material has some deterioration and/or damage on various areas of the roof structure. Absence of a gutter system contributes to the deterioration of the fascia and soffit.

# Attic Insulation & Venting

The Ventilation for the Roof Structure and Attics was being provided by ridge vents and appeared to be in fair condition.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the attics insulation & venting that were noted on this structure at the time of the Inspection:



Attic ventilation is important. In cold weather, the hot moist air will condense on the roof members. In hot weather, the radiant heat will make the house uncomfortable. (The minimum specifications are 1 Sq. Ft. Net free ventilating area for every 150 sq ft of attic floor space)

TREC LIMITATIONS: The inspector is not required to enter attics or unfinished spaces where openings are less than 22 inches by 30 inches or headroom is less than 30 inches; operate powered ventilators; or provide an exhaustive list of locations or water penetrations.

Image: Image: Description of the sector of

Comments:

# <u>Interior</u>

<u>Property was occupied at the time of inspection.</u> Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed..However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property

At the time of the inspection the Inspector's opinion was that the <u>interior walls</u> were a sheet rock type and appeared to be in acceptable condition

NI NP D

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Interior Walls that were noted on this structure at the Time of the Inspection:



Some minor tape wrinkling and joint cracking was observed.

# **Exterior**

At the time of the inspection the Inspector's opinion was that the <u>exterior walls</u> were a brick veneer type and appeared to be in acceptable condition

TREC LIMITATIONS: The inspector is not required to report cosmetic damage or the condition of floor, wall, or ceiling coverings; paints, stains, or other surface coatings; cabinets; or countertops, or provide an exhaustive list of locations of water penetrations.

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F. Ceilings and Floors *Comments*:

# <u>Ceilings:</u>

In the Inspector's opinion the <u>ceilings</u> appeared to be in acceptable condition on the Day of this Inspection.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Ceilings that were noted on this structure at the Time of the Inspection:

• Upstairs NE Corner bedroom.



Upstairs main room

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I NI NP D				



#### **Downstairs living room**



#### Kitchen



# Floors:

<u>Property was occupied at the time of inspection.</u> Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed..However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

# In the Inspector's opinion the interior floors appeared to be in acceptable condition on the Day of this Inspection.

TREC LIMITATIONS: The inspector is not required to report cosmetic damage or the condition of floor, wall, or ceiling coverings; paints, stains, or other surface coatings; cabinets; or countertops, or provide an exhaustive list of locations of water penetrations.

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I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient			
I NI NP D						
$\boxdot \Box \Box \blacksquare$	G. Doors (Interior and Comments:	Exterior)				

**Property was occupied at the time of inspection.** Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed. However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Doors that were noted on this structure at the Time of the Inspection:

At the time of the Inspection the <u>Interior Doors</u> appeared to be in acceptable condition.

**Upstairs SE corner bedroom** 



• Doors should be trimmed and/or adjusted as necessary to work properly.

At the time of the Inspection the Front & Back Exterior Doors appeared to be in acceptable condition



• **Door trim or entry ways with wood rot should be repaired.** Wet and rotten wood trim increases the possibility of insect infestation.

At the time of the Inspection the Garage Service Door appeared to be in serviceable condition.



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• The garage entry door is not equipped with a self-closing device.

**R302.5.1 Opening protection.** Openings from a private garage directly into a room used for sleeping purposes shall not be permitted. Other openings between the garage and residence shall be equipped with solid wood doors not less than 13/8 inches (35 mm) in thickness, solid or honeycomb-core steel doors not less than 13/8 inches (35 mm) thick, or 20-minute fire-rated doors, equipped with a self-closing device.

At the time of the Inspection the Garage Vehicle Doors appeared to be in acceptable condition.

H. Windows *Comments*:

# Interior Window/s:

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<u>Property was occupied at the time of inspection.</u> Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed..However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

At the time of the Inspection the Inspector's opinion was that the <u>Interior Windows</u> appeared to be in acceptable condition.

The Inspector observed no signs of leakage at the windows at the time of this inspection.

# **Exterior Windows:**

At the time of the Inspection the Inspector's opinion was that the <u>Exterior Windows</u> appeared to be in acceptable condition.

#### Window Screen/s:

At the time of the Inspection the Inspector's opinion was that the <u>Window Screens</u> appeared to be in acceptable condition.

TREC LIMITATIONS: The inspector is not required to exhaustively observe insulated windows for evidence of broken seals; exhaustively observe glazing for identifying labels; or identify specific locations of damage.

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I. Stairways (Interior and Exterior) *Comments*:

# **Interior Stairs:**

**Property was occupied at the time of inspection.** Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed. However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property

In the Inspector's opinion the interior Stairs appeared to be in acceptable condition.

# **Exterior Step/s:**

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I NI NP D				

In the Inspector's opinion the Exterior Steps appeared to be in acceptable condition.

TREC LIMITATIONS: The inspector is not required to exhaustively measure every stairway component.

 ☑ □ □ ☑ J. Fireplaces and Chimneys Comments: Type of Fireplace: wood burning - built-in Coping, Cap & Crown was inspected from above the roof, with drone Spark Arrestor was not present at the time of inspection.

# Fireplace:

**Property was occupied at the time of inspection.** Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed..However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the fireplace that were noted on this structure at the Time of the Inspection:



# Chimney:

At the time of the Inspection the Inspector's opinion was that the exterior chimney/s appeared to be in fair condition.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Chimney/s that were noted on this structure at the Time of the Inspection:

# **D** - Flue has an excessive amount of creosote build up.

Recommend having a chimney sweep check and clean the system before using.

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I NI NP D



- <u>The masonry chimney shows evidence of substantial deterioration</u>. Recommend contacting a qualified contractor.
- <u>Concrete on top of the chimney stack has minor cracks</u>. Recommend these cracks be caulked or refinished to avoid water penetration into the fireplace framework area.

TREC LIMITATIONS: The inspector is not required to verify the integrity of the flue; perform a chimney smoke test; or determine the adequacy of the draft.

✓ □ □ □ K. Porches, Balconies, Decks, and Carports Comments:

# Porch/s

At the time of the Inspection the Inspector's opinion was that the <u>porches</u> appeared to be in acceptable condition.

# Patio:

At the time of the Inspection the Inspector's opinion was that the <u>patio</u> appeared to be in acceptable condition.

TREC LIMITATIONS: The inspector is not required to exhaustively measure the porch, balcony, deck, or attach carport components; or enter any area where the headroom is less than 18 inches or the access opening is less than 24 inches wide and 18 inches high.

 $\boxdot \Box \Box \blacksquare$ 

Comments:

L. Cabinets

# Cabinet/s:

**Property was occupied at the time of inspection.** Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed. However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

In the Inspector's opinion the <u>cabinets</u> appeared to be in acceptable condition.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Cabinet/s that were noted on this structure at the Time of the Inspection:

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient	
I NI NP D				



 Water stains in upstairs master bath
 ☑ □ □ □ M. Sidewalks & Driveways Comments:

# Sidewalks & Driveways

In the Inspector's opinion the sidewalks and driveways appeared to be in acceptable condition.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Sidewalk/s & Driveway/s that were noted on this structure at the Time of the Inspection:

**D-Cracks noted on the driveway.** Recommend sealing cracks.

**D-Cracks noted on the sidewalk**. Recommend sealing cracks.

Re	Report Identification: 20200530-01, 191 Paradise Trail, Coldspring, TX						
I=	=Insp	ected	l	NI=Not Inspected	NP=Not Present	D=Deficient	
Ι	NI	NP	D				
					II. ELECTRICAL SY	<b>YSTEMS</b>	
V	1 🗆		$\checkmark$	A. Service Entrance a	and Panels		
				Comments: Panel Box Siemens			
				Box Rating : 200 amps			
			<b>Box Location:</b> Southeast, Exterior Wall				
				Main Service Entranc	•••••		
	Type of Main Service Wiring: Copper						
				Size of Main Service V	8		
				Main Disconnect Rati	ng: 200 amps		

# Main Electrical :

In the Inspector's opinion the <u>Main Electrical System</u> appeared to be in fair condition on the day of the Inspection.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Main Electrical Panel/s that were noted on this structure at the Time of the Inspection:



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Report Identification	: <u>20200530-01, 191 Paradis</u>	e Trail, Coldspring, TX		
I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient	
I NI NP D				

# <u>Sub-Panel:</u>

In the Inspector's opinion the <u>Sub-Panel Electrical System</u> appeared to be in fair condition on the day of the Inspection.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Sub- Panel/s that were noted on this structure at the Time of the Inspection:

• There was no main disconnect observed in the panel box. This may be an "as-built" condition but <u>Per TREC</u> standards of practice we are required to report this condition as a deficiency.



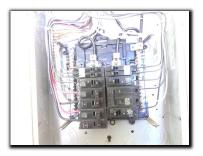
Sub Panel Box General Electric - GE Sub Box Rating : 200 amps Sub Panel Box Location: Garage Sub Panel Service Entrance: Underground Type of Sub Panel Service Wiring: Copper Size of Sub Panel Service Wiring: 2/0 Sub Panel Disconnect Rating: No main disconnect



Sub Panel Box General Electric - GE Sub Box Rating : 200 amps Sub Panel Box Location: Garage Sub Panel Service Entrance: Underground Type of Sub Panel Service Wiring: Copper

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient
I NI NP D			

# Size of Sub Panel Service Wiring: 4 Sub Panel Disconnect Rating: No main disconnect



# **Grounding / Bonding:**

# A grounding conductor was applied and appeared to be properly connected.

All boxes and conduit appeared to be bonded properly. I **did not** observe any indications of overheating or arcing within the panel box at the time of the inspection.

TREC LIMITATIONS: The inspector is not required to determine present or future sufficiency of service capacity amperage, voltage, or the capacity of the electrical system; test arc-fault circuit interrupter devices when the property is occupied or damage to personal property may result, in the inspector's reasonable judgment; report the lack of arc-fault circuit interrupter protection when the circuits are in conduit; conduct voltage drop calculations; determine the accuracy of overcurrent devices labeling; remove covers where hazardous as judged by the inspector; verify the effectiveness of overcurrent devices; or operate overcurrent devices.

# **Arc-Fault Circuit Interrupter Protection (AFCI)**



# **Buyer** Advisory Notice:

Today's building standards require that AFCI devices be used for all circuits serving family rooms, dining rooms, living rooms, parlors, libraries, dens, bedrooms, sunroom's, recreation rooms, closets, hallways, or similar rooms or areas. This may not have been required at the time of construction, Please read the "Consumer Notice Concerning Hazards Or Deficiencies" document and the "Arc Fault Information" document located at the attachment page near the beginning of the report".

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient
I NI NP D			

Yours were not installed according to today's standards .

Please read the OPI statement on the first page of this report!

This home does not meet current arc-fault circuit-interrupter (AFCI) requirements. *This is an "as-built" condition*, Some items reported as Deficient may be considered upgrades to the property. For more information, refer to Texas Real Estate Consumer Notice Concerning Recognized Hazards, form OP-I.

2008 National Electrical Code 210.12 Arc-Fault Circuit-Interrupter Protection.

(A) Definition: Arc-Fault Circuit Interrupter (AFCI). A device intended to provide protection from the effects of arc faults by recognizing characteristics unique to arcing and by functioning to de-energize the circuit when an arc fault is detected.

(B) Dwelling Units. All 120-volt, single phase, 15- and 20-ampere branch circuits supplying outlets installed in dwelling unit family rooms, dining rooms, living rooms, parlors, libraries, dens, bedrooms, sunrooms, recreation rooms, closets, hallways, or similar rooms or areas shall be protected by a listed arc-fault circuit interrupter, combination-type, installed to provide protection of the branch circuit.

**NEC's Definition of an Outlet**: A point on the wiring system at which current is taken to supply utilization equipment. (i.e. Lighting outlet, receptacle outlet etc.)

Utilization Equipment: Equipment that utilizes electric energy for electronic, electromechanical, chemical, heating, lighting or similar purposes.

 ☑ □ □ ☑
 B. Branch Circuits, Connected Devices, and Fixtures *Type of Wiring*: Copper *Comments*:

In the Inspector's opinion the <u>branch service</u> appeared to be in fair condition on the day of the Inspection.

**Property was occupied at the time of inspection.** Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed..However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

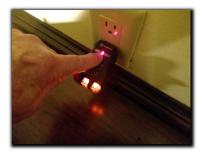
The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Branch Service that were noted on this structure at the Time of the Inspection:

**Branch Wires:** 

All components were found to be performing and in satisfactory condition on the day of the inspection

**Outlets / Receptacles** 

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient
I NI NP D			



• No ground fault circuit interrupter (GFCI) protection was observed for the receptacles in the upstairs master bathroom.

Under current electrical standards, all of the exterior receptacles, all kitchen counter top receptacles, all bathroom receptacles, wet bar countertop receptacles, laundry room sink countertop receptacles, garage non-appliance dedicated receptacles and pool lighting should have GFCI protection.

# **Switches**

All Switches were found to be performing and in satisfactory condition on the day of the inspection

# <u>Fixtures & Fans</u>

# All Fixtures & Fans were found to be performing and in satisfactory condition on the day of the inspection.

TREC LIMITATIONS: The inspector is not required to inspect low voltage wiring; disassemble mechanical appliances; verify the effectiveness of smoke alarms; verify the interconnectivity of smoke alarms; activate smoke alarms that are being actively monitored or require the use of codes; or verify that smoke alarms are suitable for the hearing-impaired.

Switches & Receptacles were randomly selected and uncovered for internal inspection for deficiencies. The selection of receptacles & switches were based on the appearance, deficiencies and/or other exceptions that were noted by the Inspector on the structure at the time of the inspection.

#### **Doorbell Button:**

In the Inspector's opinion the Doorbell Button components appeared to be in acceptable condition at the time of this inspection.

# Chime:

In the Inspector's opinion the Chime components appeared to be in acceptable condition at the time of this inspection.

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I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient		
I NI NP D					
$\boxdot \Box \Box \blacksquare$	D. Smoke, Fire & Carb <i>Comments</i> :	on Monoxide Detectors			

# Smoke & Fire Detectors:

In my opinion the Smoke & Fire Alarms appeared to be in serviceable condition on the Day of the Inspection.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Smoke & Fire Alarms that were noted on this structure at the Time of the Inspection:

Your smoke detectors are recommended to be hardwired with battery back up and tied to a central alarm system.

Your's were Tested and they are not installed correctly.

~~~~~~

.....



#### **Buyers** Advisory Notice:

One or more of the smoke alarms do not appear to be interconnected together. Under today's building standards: When more than one smoke alarm is required to be installed within an individual dwelling unit the alarm devices shall be interconnected in such a manner that the actuation of one alarm will activate all of the alarms in the individual unit. The alarm shall be clearly audible in all bedrooms over background noise levels with all intervening doors closed.

Buyers Advisory Notice: All smoke detectors should be installed in accordance with the NFPA guidelines.

**Buyers Advisory Notice:** Due to location, height or conditions outside the control of the inspector, one or more of the smoke alarms were inaccessible and could not be tested at the time of this inspection

**Buyers Advisory Note:** It is recommended to replace the batteries in all of the smoke detectors once a year for reasons of safety.

#### Carbon Monoxide Detectors:

In my opinion the <u>Carbon Monoxide Detectors</u> appears to be in serviceable condition on the Day of the Inspection.

Your Carbon Monoxide Detector should be no higher than four feet off the floor and should be replaced every two years! The age of these Detectors are undetermined.

| Report Identification: 20200530-01, 191 Paradise Trail, Coldspring, TX |                  |                |             |  |
|------------------------------------------------------------------------|------------------|----------------|-------------|--|
| I=Inspected                                                            | NI=Not Inspected | NP=Not Present | D=Deficient |  |
| I NI NP D                                                              |                  |                |             |  |

# Carbon Monoxide Detectors: are not present

The following observations, deficiencies and/or exceptions if any associated with the **Carbon Monoxide Detector** that were observed on this structure are noted below

| Report Identification: 20200530-01, 191 Paradise Trail, Coldspring, TX |                                                                                                                                                                                   |                |                      |  |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|--|--|
| I=Inspected                                                            | NI=Not Inspected                                                                                                                                                                  | NP=Not Present | D=Deficient          |  |  |
| I NI NP D                                                              |                                                                                                                                                                                   |                |                      |  |  |
|                                                                        | A. Heating Equipment<br><i>Type of System</i> : Central<br><i>Energy Source</i> : Electric<br><i>Comments</i> :<br><u>Unit #1</u><br>Date Built: 2007<br><i>Brand Name</i> : York |                | CONDITIONING SYSTEMS |  |  |

#### **ID** Plate



**Electric Furnace:** 

On the day and time of the inspection it is my opinion that the Electric Furnaces appeared to be in acceptable condition



Type of System: Central and ZonedEnergy Source: ElectricComments:Unit #2Date Built: 2007Brand Name: YorkToday's Avg Temperature Reading: 102 Degrees - 107 Degrees

#### **ID** Plate

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
|-------------|------------------|----------------|-------------|--|
| I NI NP D   |                  |                |             |  |



On the day and time of the inspection it is my opinion that the Electric Furnaces appeared to be in acceptable condition



Type of System: Central and Zoned Energy Source: Electric Comments: Unit #3 Date Built: 2007 Brand Name: York Today's Avg Temperature Reading: 101 Degrees - 106 Degrees

ID Plate



On the day and time of the inspection it is my opinion that the Electric Furnaces appeared to be in acceptable condition

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
|-------------|------------------|----------------|-------------|--|
| I NI NP D   |                  |                |             |  |



#### <u>Thermostat</u>

On the day and time of the inspection it is my opinion that the Thermostats appeared to be in acceptable condition



**B.** Cooling Equipment



*Type of System*: central - air conditioner *Comments*: <u>Unit #1 Master bedroom</u>

Today's Temperature Differential (Delta-T): <u>15 Degrees</u> Approximate System Age: 2007 Approximate System SEER: Unable To Determine Approximate System Size: 2 ton Brand Name: York

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |
|-------------|------------------|----------------|-------------|
| I NI NP D   |                  |                |             |

# **ID** Plate



The Unit was tested with the following results applying:



<u>Unit 1</u> the output temperature =  $49^{\circ}$  and the input temperature =  $64^{\circ}$  for a differential of  $15^{\circ}$  (normal range  $14^{\circ}$  -  $23^{\circ}$ ). These temperatures are within the recommended tolerances.

# Cooling System:

# At the of the time of the inspection it is my opinion the cooling system & equipment appeared to be in acceptable condition.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Cooling System that were noted on this structure at the Time of the Inspection:

# **Unit #1 downstairs**

Today's Temperature Differential (Delta-T): <u>16 Degrees</u> Approximate System Age: 2007 Approximate System SEER: Unable To Determine Approximate System Size: 5 ton Brand Name: York

ID Plate

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |
|-------------|------------------|----------------|-------------|
| I NI NP D   |                  |                |             |
|             |                  |                |             |



The Unit was tested with the following results applying:



<u>Unit 1</u> the output temperature =  $47^{\circ}$  and the input temperature =  $63^{\circ}$  for a differential of  $16^{\circ}$  (normal range  $14^{\circ}$  -  $23^{\circ}$ ). These temperatures are **within** the recommended tolerances.

# **Unit #1 upstairs**

Today's Temperature Differential (Delta-T): <u>15 Degrees</u> Approximate System Age: 2007 Approximate System SEER: Unable To Determine Approximate System Size: 4 ton Brand Name: York

# **ID** Plate



The Unit was tested with the following results applying:

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |
|-------------|------------------|----------------|-------------|
| I NI NP D   |                  |                |             |



<u>Unit 1</u> the output temperature =  $58^{\circ}$  and the input temperature =  $73^{\circ}$  for a differential of  $15^{\circ}$  (normal range  $14^{\circ}$  -  $23^{\circ}$ ). These temperatures are **within** the recommended tolerances.

# <u>Thermostat</u>

# On the day and time of the inspection it is my opinion that the Thermostats appeared to be in acceptable condition

**Buyers Advisory Notice:** Temperature differential readings are a fundamental standard for testing the proper operation of the cooling system. The normal acceptable range is considered approximately **between 14 to 23 degrees F**. total difference between the return air and supply air. Unusual conditions such as excessive humidity, low outdoor temperatures, and restricted airflow may indicate abnormal operation even through the equipment is functioning basically as designed and occasionally may indicate normal operation in spite of an equipment malfunction.

 ☑ □ □ □ C. Duct Systems, Chases, and Vents <u>Duct & Filter System</u> *Comments*: *Filter Size*: various throughout the house *Location*: Ceiling Mounted

# **Supply Air Ducts**

The air supply registers appeared to be in acceptable condition and appears to have equal distribution.

**Return Air Ducts:** 

# The return duct system appeared to be in acceptable condition

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Return Duct System that were noted on this structure at the Time of the Inspection:

| I=Inspected | NI=Not Inspected         | NP=Not Present                                                                                                                         | D=Deficient    |  |
|-------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
| I NI NP D   |                          |                                                                                                                                        |                |  |
|             | Location of water meter: | IV. PLUMBING SY<br>istribution Systems and F<br>On Well, no meter in plac<br><i>upply valve</i> : At water Wel<br><i>ding</i> : 60 PSI | ixtures<br>ce. |  |

This structure has **6 bathrooms**. Cold and/or Hot water faucets were run 4 Faucets for approximately **30** minutes at a rate of **1.0** gallon per minute per faucet, for a total estimate of approximately **120 gallons** that flowed through the drains. Functional flow was present in this structure:

# Water Supply:

**Property was occupied at the time of inspection.** Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed..However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

The Water Supply System appeared to be in acceptable condition on the day of the Inspection

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Plumbing Supply System that were noted on this structure at the Time of the Inspection:

#### Static water pressure test.

The static water Pressure appeared to be in acceptable condition on the day of the Inspection

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the static water pressure test that were noted on this structure at the Time of the Inspection:



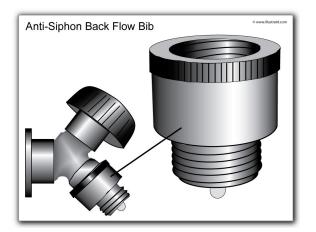
#### **Exterior Faucet/s:**

The Exterior Faucets appeared to be in acceptable condition on the day of the Inspection

| Report Identification: | 20200530-01, 191 Paradis | e Trail, Coldspring, TX |             |  |
|------------------------|--------------------------|-------------------------|-------------|--|
| I=Inspected            | NI=Not Inspected         | NP=Not Present          | D=Deficient |  |
| I NI NP D              |                          |                         |             |  |

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Exterior Faucets that were noted on this structure at the Time of the Inspection:

• One or more of the exterior water hose bibbs (faucet) do not have a back-flow or anti-siphon device (Vacuum Breakers) in place. Note: *This is not uncommon to observe with a home of this age.* 



# Kitchen Sink:

The Kitchen Sink appeared to be in acceptable condition on the day of the Inspection

# **Bathtub/Showers:**

# The Bathtub / Shower/s appeared to be in acceptable condition on the day of the Inspection

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Bathtub/Showers that were noted on this structure at the Time of the Inspection:



| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |
|-------------|------------------|----------------|-------------|
| I NI NP D   |                  |                |             |
|             |                  |                |             |



# <u>Sinks:</u>

# The Sinks appeared to be in acceptable condition on the day of the Inspection

**Toilets:** 

The Toilet/s appeared to be in acceptable condition on the day of the Inspection Laundry Tub:

# The Laundry Tub appeared to be in acceptable condition on the day of the Inspection

TREC LIMITATIONS: The inspector is not required to operate any main, branch, or shut-off valves; operate or inspect sump pumps or waste ejector pumps; inspect any system that has been winterized, shut down, or otherwise secured; circulating pumps, free-standing appliances, solar water heating systems, water conditioning equipment, filter systems, water mians, private water supply systems, water wells, pressure tanks, sprinkler systems, swimming pools, or fire sprinkler systems; the inaccessible gas supply system for leaks; for sewer clean-outs; or for the presence or operation of private sewage disposal systems; determine quality, potability, or volume of the water supply; or effectiveness of back flow or anti-siphon devices; or verify the functionality of clothes washing drains or floor drains.

**Buyers Advisory Notice:** The Inspector has attempted to discover and report conditions requiring further evaluation or repair. However; determining the condition of any component that is not visible and/or accessible, such as plumbing components that are buried, beneath the foundation, located within construction voids or otherwise concealed, and reporting any deficiency that does not appear or become evident during our limited cursory and visual survey is outside the scope of this inspection.

| $\blacksquare \Box \Box \Box$ | <b>B.</b> Drains, Wastes, and Vents   |
|-------------------------------|---------------------------------------|
|                               | Comments:                             |
|                               | <b>Type of Drain Pipes: PVC</b>       |
|                               | <b>Clean Outs Location: Side Yard</b> |
|                               | Toilet Loose: No                      |
|                               | Functional Drain Flow: Yes            |

**4 Faucets**, were ran for approximately **30** minutes at a rate of **1.0** gallon per minute per drain. For a total estimate of approximately **120 gallons** that flowed through the drains.

# Water Drains & Vents

| Report Identification | n: <u>20200530-01, 191 Paradis</u> | e Trail, Coldspring, TX |             |  |
|-----------------------|------------------------------------|-------------------------|-------------|--|
| I=Inspected           | NI=Not Inspected                   | NP=Not Present          | D=Deficient |  |
| I NI NP D             |                                    |                         |             |  |

<u>Property was occupied at the time of inspection.</u> Areas of the structure may have been blocked from the view of the inspector. Once the furniture and other objects are removed certain signs may be revealed..However the inspector inspected the structure as thoroughly as possible to provide you the best information regarding this property.

# The Water Drains & Vents appeared to be in acceptable condition on the day of the Inspection.

TREC LIMITATIONS: The inspector is not required to operate any main, branch, or shut-off valves; operate or inspect sump pumps or waste ejector pumps; inspect any system that has been winterized, shut down, or otherwise secured; circulating pumps, free-standing appliances, solar water heating systems, water conditioning equipment, filter systems, water mains, private water supply systems, water wells, pressure tanks, sprinkler systems, swimming pools, or fire sprinkler systems; the inaccessible gas supply system for leaks; for sewer clean-outs; or for the presence or operation of private sewage disposal systems; determine quality, pot ability, or volume of the water supply; or effectiveness of back flow or anti-siphon devices; or verify the functionality of clothes washing drains or floor drains.

**Buyers Advisory Notice:** Reporting the condition of drains, wastes and vent piping that is not completely visible and/or accessible or; reporting any defect or deficiency that requires extended use of the system to develop or does not become evident during our limited cursory and visual survey is outside the scope of the inspection. This is a limited cursory and visual survey of the accessible general conditions and circumstances present at the time of this inspection. Opinions are based on general observations made without the use of specialized tools or procedures. Therefore, the opinions expressed are one of apparent conditions and not of absolute fact and are only good for the date and time of this inspection.

 $\boxdot \Box \Box \Box$ 

C. Water Heating Equipment Energy Source:Electric Capacity: 50 Gallons Comments:

# <u>Unit 1</u>:

| US Craftmaster                | Approximate Age: 2006                    |
|-------------------------------|------------------------------------------|
| Safety Pan: Yes               | Location: Upstairs Bedroom Closet        |
| Rust Present: No              | Expansion Tank Applied:No                |
| Pressure Regulator:Not locate | ed Static water pressure reading: 60 PSI |
| Average Temp Setting: 120 °   | Avg. Hot Water Temperature: 119 °        |



Recommended Hot Water setting should between 115 - 120°

ID Plate

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |
|-------------|------------------|----------------|-------------|
| I NI NP D   |                  |                |             |
|             |                  |                |             |



Water Heater:

## The Water Heater appeared to be in fair condition on the Day of the Inspection.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Water Heating System that were noted on this structure at the Time of the Inspection:



*Energy Source*:Electric *Capacity*: 40 Gallons <u>Unit 2</u> US Craftmaster *A* Safety Pan: Yes Rust Present: No Pressure Regulator:Not located Average Temp Setting: 120 °

Approximate Age: 2006 Location: Upstairs Bedroom Closet Expansion Tank Applied:No Static water pressure reading: 60 psi Avg. Hot Water Temperature: 109 °



ID Plate

I=Inspected NI=Not Inspected NP=Not Present D=Deficient

I NI NP D





## • Two units connected in series.

TREC LIMITATIONS: The inspector is not required to operate any main, branch, or shut-off valves; operate or inspect sump pumps or waste ejector pumps; inspect any system that has been winterized, shut down, or otherwise secured; circulating pumps, free-standing appliances, solar water heating systems, water conditioning equipment, filter systems, water mains, private water supply systems, water wells, pressure tanks, sprinkler systems, swimming pools, or fire sprinkler systems; the inaccessible gas supply system for leaks; for sewer clean-outs; or for the presence or operation of private sewage disposal systems; determine quality, pot ability, or volume of the water supply; or effectiveness of back flow or anti-siphon devices; or verify the functionality of clothes washing drains or floor drains.

TREC LIMITATIONS: The inspector is not required to verify the effectiveness of the temperature and pressure relief valve, discharge piping, or pan drain pipes; operate the temperature and pressure relief valve if the operation of the valve may, in the inspector's reasonable judgment, cause damage to persons or property; or determine the efficiency or adequacy of the unit.

| I=Inspected | NI=Not Inspected                                                                | NP=Not Present | D=Deficient   |
|-------------|---------------------------------------------------------------------------------|----------------|---------------|
| I NI NP D   |                                                                                 |                |               |
|             | A. Dishwashers<br>Comments:<br>Manufacturer: Samsung<br>Serial Number: B03RG80K | V. APPLIANCES  | : DW80K7050US |

At the time if the inspection it is the Inspector's opinion that the <u>Dishwasher</u> appeared to be in acceptable condition.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Dishwasher System that were noted on this structure at the Time of the Inspection:



TREC LIMITATIONS: The inspector is not required to operate or determine the condition of other auxiliary components of inspected items; test for microwave oven radiation leaks; inspect self-cleaning functions; test trash compactor ram pressure; or determine the adequacy of venting systems.

 $\square \square \square$ 

**B.** Food Waste Disposers

Comments: Manufacturer: In-sink-erator Serial Number: 06101961304 Model Number: SEPTIC ASSIST\_\_\_



| Report Identification: 20200530-01, 191 Paradise Trail, Coldspring, TX |                  |                |             |  |  |
|------------------------------------------------------------------------|------------------|----------------|-------------|--|--|
| I=Inspected                                                            | NI=Not Inspected | NP=Not Present | D=Deficient |  |  |
| I NI NP D                                                              |                  |                |             |  |  |

At the time of the inspection it is the Inspector's opinion that the Food Waste Disposer appeared to be in acceptable condition

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the <u>Food Waste Disposer</u> System that were noted on this structure at the Time of the Inspection:



TREC LIMITATIONS: The inspector is not required to operate or determine the condition of other auxiliary components of inspected items; test for microwave oven radiation leaks; inspect self-cleaning functions; test trash compactor ram pressure; or determine the adequacy of venting systems.

| $\Box  \blacksquare  \blacksquare  \Box$ | C. Range Hood and Exhaust Systems          |
|------------------------------------------|--------------------------------------------|
|                                          | Comments: NOT PRESENT                      |
| $\boxdot \Box \Box \Box$                 | D. Ranges, Cooktops, and Ovens             |
|                                          | Comments:                                  |
|                                          | Manufacturer: General Electric             |
|                                          | Serial Number & Model Number Not available |

At the time of the inspection it is the Inspector's opinion that the Range appeared to be in acceptable condition.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Range, Cook top or Ovens System that were noted on this structure at the Time of the Inspection:

## Electric Range:



Induction cook-top was not tested with iron pots.

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |
|-------------|------------------|----------------|-------------|
| I NI NP D   |                  |                |             |
|             |                  |                |             |



## Second kitchen range

Manufacturer: General Electric Serial Number & Model Number Not available



TREC LIMITATIONS: The inspector is not required to operate or determine the condition of other auxiliary components of inspected items; test for microwave oven radiation leaks; inspect self-cleaning functions; test trash compactor ram pressure; or determine the adequacy of venting systems.

E. Microwave Ovens Comments: Manufacturer: General Electric Serial Number: VL900618 B Model Number: JVM1730DM1BB



At the time of the inspection it is the Inspector's opinion that the Oven appeared to be in acceptable condition.

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 $\square$   $\square$   $\square$   $\square$ 

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
|-------------|------------------|----------------|-------------|--|
| I NI NP D   |                  |                |             |  |
|             |                  |                |             |  |
|             |                  |                |             |  |





F. Mechanical Exhaust Vents and Bathroom Heaters *Comments*:

At the time of the inspection it is the Inspector's opinion that the Mechanical Exhaust Fan components appeared to be in acceptable condition.

TREC LIMITATIONS: The inspector is not required to operate or determine the condition of other auxiliary components of inspected items; test for microwave oven radiation leaks; inspect self-cleaning functions; test trash compactor ram pressure; or determine the adequacy of venting systems.

 $\square \square \square \square$ 

G. Garage Door Operators *Comments*: Manufacturer: Liftmaster

At the time of the inspection it is the Inspector's opinion that the <u>Garage Door Operator</u> appeared to be in good condition

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Garage Door Operator System that were noted on this structure at the Time of the Inspection:



TREC LIMITATIONS: The inspector is not required to operate or determine the condition of other auxiliary components of inspected items; test for microwave oven radiation leaks; inspect self-cleaning functions; test trash compactor ram pressure; or determine the adequacy of venting systems.

 $\boxdot \Box \Box \Box$ 

H. Dryer Exhaust Systems *Comments*:

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| I NI NP D             |                                    |                         |             |  |

At the time of the inspection it is the Inspector's opinion the Dryer Vent component appeared to be in acceptable condition .

TREC Limitations: The inspector is not required to operate or determine the condition of other auxiliary components of inspected items, test for microwave oven radiation leaks, inspect self-cleaning functions, disassemble appliances, determine the adequacy of venting systems or determine proper routing and lengths of duct systems.

## **Important Buyers Notice**

Whenever a deficiency of any kind is noted in a system or any part of this structure, we recommend that a certified qualified & licensed specialist and/or technician inspect, repair and/or service the entire system or part. Sometimes noted defects or deficiencies are symptoms of other and sometimes more serious conditions or defects.

It is also recommended that the buyer walks through the property the day before closing to assure conditions have not changed since inspection.

If other built in appliance are located in this structure such as but may not limited to Built-in Blenders, Can Openers, Ice Makers, Knife Sharpeners, Wine Coolers or any other type of Appliances such as but may not limited to Washers, Dryers, Refrigerators, Freezers or any other like appliances, are not included with this inspection unless specifically requested and noted.

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|             |                  |                | 0) (075140  |  |



VI. OPTIONAL SYSTEMS

## **GUEST HOUSE:**



## FOUNDATION: Monolithic.

## **ROOF COVERING**



• Metal roof in fair condition. Overhanging tree limbs need to be removed and the roof cleaned of debris.

## **GRADING AND DRAINAGE**



• The structure has foliage that is growing too close to the side of the exterior wall. This is conducive to the infestation of insects into the home Recommend trimming the foliage at least 6 inches from the side of the exterior wall.

# **CEILINGS AND FLOORS**

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |
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| I NI NP D   |                  |                |             |
|             |                  |                |             |



• There is a high area in the floor between the bedroom and the laundry room. The inspector cannot explain this.



• Unfinished ceiling in parts of the structure.

## WALLS



• Minor wall cracks are indicative of some foundation movement at some time.

## DOORS



• More than one door is out of alignment and does not latch or close properly.

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
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| I NI NP D   |                  |                |             |  |
|             |                  |                |             |  |



• Wood rot was noted adjacent to the garage overhead door.

## SERVICE ENTRANCE

Panel Box Siemens *Box Rating* : 200 amps *Box Location*: Garage Main Service Entrance: overhead Type of Main Service Wiring: Copper Size of Main Service Wiring: 4 Main Disconnect Rating: 200 amps





• <u>The #4 gage wire[s] are not rated for the 200 Amps breakers.</u> Determining the capacity of the circuit is limited specifically in the T.R.E.C. Guidelines. A licensed electrician can determine the correct hardware configuration. A licensed electrician should service the system.

Sub Panel Box not determined Sub Box Rating : Rating Not Determined / Box Not Properly Labeled Sub Panel Box Location: Bedroom Closet Sub Panel Service Entrance: Overhead Type of Sub Panel Service Wiring: Copper

## Size of Sub Panel Service Wiring: 4 Sub Panel Disconnect Rating: No main disconnect

#### Sub-panel

NI NP D

I











## Smoke & Fire Detectors:

In my opinion the Smoke & Fire Alarms appeared to be in poor condition on the Day of the Inspection.

| Report Identification | : <u>20200530-01, 191 Paradis</u> | e Trail, Coldspring, TX |             |  |
|-----------------------|-----------------------------------|-------------------------|-------------|--|
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| I NI NP D             |                                   |                         |             |  |

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Smoke & Fire Alarms that were noted on this structure at the Time of the Inspection:

Your smoke detectors are recommended to be hardwired with battery back up and tied to a central alarm system.

Your's were Tested and they **are not** installed correctly.



There did not appear to be any carbon monoxide alarms in the building

## HEATING AND COOLING EQUIPMENT:

 Type of System: Central

 Energy Source: Electric

 Comments:

 Unit #1

 Date Built: Unable To Determine

 Brand Name: Not determined

 Today's Avg Temperature Reading: 102 Degrees - 109 Degrees



• The central heating equipment in this structure appears to be in acceptable condition at the time of the inspection.

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |
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| I NI NP D   |                  |                |             |
|             |                  |                |             |



Air Handler/furnace is above the ceiling and is not accessible for inspection.

## COOLING ID Plate



The Unit was tested with the following results applying:



<u>Unit 1</u> the output temperature =  $52^{\circ}$  and the input temperature =  $67^{\circ}$  for a differential of  $15^{\circ}$  (normal range  $14^{\circ}$  -  $23^{\circ}$ ). These temperatures are within the recommended tolerances.

*Type of System*: central - air conditioner *Comments*: <u>Unit #1 Guest House</u>

Today's Temperature Differential (Delta-T): <u>15 Degrees</u> Approximate System Age: 2013 Approximate System SEER: Unable To Determine Approximate System Size: 2 ton Brand Name: Bryant

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
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| I NI NP D   |                  |                |             |  |



## PLUMBING



• The commode is loose at the floor mount.



There was no water supply to the sink at the time of the inspection.



• Sink, toilet and shower behind the guest house. Not operational at the time of this inspection.

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|-------------|------------------|----------------|-------------|--|
| I NI NP D   |                  |                |             |  |



• Water supply well head and pressure tank for the buildings at this address.

## WATER HEATER

Energy Source:Electric Capacity: 40 Gallons Unit 1: General Electric - GE Safety Pan: No Rust Present: No Pressure Regulator:Not located Average Temp Setting: 125 °

Approximate Age: 2005 Location: Laundry Room Expansion Tank Applied:No Static water pressure reading: 60 PSI Avg. Hot Water Temperature: 123 °

## **ID PLATE**





- There is no pan installed under the water heater.
- The temperature and pressure relief (TPR) valve discharge pipe has been downsized. The TPR discharge pipe should be no smaller than <sup>3</sup>/<sub>4</sub>-inch at any point.
- Note: I was unable to locate the exterior termination point for the temperature and pressure relief (TPR) valve discharge pipe.

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|-------------|------------------|----------------|-------------|
| I NI NP D   |                  |                |             |
|             |                  |                |             |



• Corrosion was observed at the top heater element.



Water Heater control switch wiring needs to be "cleaned up".



## SHOWERS



Shower door is off track

CABINETS

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
|-------------|------------------|----------------|-------------|--|
|             |                  |                |             |  |

I NI NP D



• There was an unknown dark mold like substance observed in the kitchen cabinet. Evaluation of this substance is beyond the scope of this inspection. If any concerns exist on the type and/or nature of this substance, we recommend further evaluation by a professional in the Air Quality sampling field.



The light function of the mechanical exhaust fan is not operating.

## APPLIANCES

## Dishwasher



• The dishwasher appears to be in acceptable condition at the time of the inspection.

# Range and range hood

## O'Keefe & Merritt

The cook-top and oven appeared to be in acceptable condition at the time of the inspection.

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|-------------|------------------|----------------|-------------|--|
| I NI NP D   |                  |                |             |  |



The microwave/vent-a-hood above the range is inoperative at the time of the inspection.



## **MECHANICAL VENTS**



• Noisy vent in the laundry room

GARAGE DOOR OPENER

I=Inspected NI=Not Inspected NP=Not Present D=Deficient

I NI NP D



• There are two garage door openers in the structure. One is inoperative due to a broken or damaged chain drive mechanism. The other door is propped open witha length of PVC pipe and was not tested.

## SEPTIC SYSTEM





*Type of System*: Aerobic *Location of Drain Field: South East Side Comments*:

In the Inspector's opinion the septic system appeared to be in acceptable condition on the Day of the Inspection of this Inspection.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Septic system that were noted on this structure at the Time of the Inspection:

## Performance Opinion: Acceptable -

The private sewage disposal (septic) system and related components appear to be operating at an acceptable level at the time of this inspection.

| Report Identification | e: <u>20200530-01, 191 Paradis</u> | e Trail, Coldspring, TX |             |  |
|-----------------------|------------------------------------|-------------------------|-------------|--|
| I=Inspected           | NI=Not Inspected                   | NP=Not Present          | D=Deficient |  |
| I NI NP D             |                                    |                         |             |  |

There was no visible evidence of deficiencies in accessible components, stopped main drains and no unusual septic olfactory odors. The water was allowed to run for approximately 20 minutes at all of the water fixtures with drains and there was no visible evidence of deficiencies with functional drain flow. Approximately 120 gallons of water was added to the system. The inspection included a general visual survey of the probable tank and absorption system areas (surface and perimeter) at the beginning, during and the end of the operational test and there was no visible evidence surfacing water in the drain field.

Due to the lack of maintenance records, apparent servicing or apparent recent excavation of the septic system access ports, we recommend that the septic tank be pumped out and the interior of the septic tank be inspected for any possible deficiencies that can not otherwise be detected.

## BASIC INFORMATION:

Information Source:Inspector System Age: **unknown** Years Recent Number of Occupants: NONE Year Round: Yes Number of Bedrooms: 1 Anticipated Number of New Occupants: Unknown In-home business: No What Type of Business: N/ACurrently Occupied: No Vacant since: N/A Has there ever been a backup into the house: Unknown Have there been any recent repairs: No Has there been any recent inspection: Unknown Name of Inspection Company: N/A Is there a service contract on this system: Yes Name of Service Company: Chester Moore & Sons, Inc. Date tank Last Pumped: Unknown Garbage Disposal: No Separate Drywell/Drain for Washer/Grey water Tank: No Calculated or other Specific Flow or Load: 150 gallons X 3 bedrooms = 450 gallons per day.

## TREATMENT TANK INFORMATION & CONDITION:

LOCATION: South East SideInformation Source:InspectorTYPE: AerobicInformation Source:InspectorIs System Shared: NoPrevious Inspection Records Attached: NoDamage/Defects Observed:None Observed

## CAPACITY:

Gallons: Estimated **1000** Number of tanks: **2**  Information Source:Inspector

COVER VISIBLE: Yes Information Source:Inspector Damage/Defects Observed: None Observed

| I=Inspected   | NI=Not Inspected | NP=Not Present               | D=Deficient |
|---------------|------------------|------------------------------|-------------|
| I NI NP D     |                  |                              |             |
| AGE OF COMPOR | NENTS: Unknown   | Information Source: Inspecto | pr          |

## AEROBIC PUMPING EQUIPMENT:

TYPE PUMP:Pump was visible: NoAir supply was working: YesOperating Satisfactorily: YesInformation Source:InspectorSettling chamber appearance: GoodControl working properly: YesFilters Condition: GoodPUMP-Ejector: Not VisibleOperating Satisfactorily: YesInformation Source:InspectorChlorine tablets present: NoDisinfection chamber working properly: YesOxidation operating properly: Yes

## ABSORPTION SYSTEM:

LOCATION: **South East Side** Reported/observed at: 4-4:30 pm Sprinkler system working properly: **Yes** Number of Heads: **03** Head positioned properly: **Yes** Damage/Defects Observed: **None Observed** 

Information Source: Inspector

Indications of previous failure: Odors Present: **No** Seepage visible: **No** Lush Vegetation: **No** Gray Water ditch to surface and / or stream: No Storm drain: **No** Parking and / or driveway over system: **No** Runoff: No Shrubs and / or trees over drain field: **No** Construction and / or additions over drain field: No

#### SYSTEM OPERATION:COMMENTS:

• System was performing properly at the time of inspection.

## VISUAL OBSERVATIONS COMMENTS:

• System was performing properly at the time of inspection.

## **CONCLUSIONS & RECOMMENDATIONS:**

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
|-------------|------------------|----------------|-------------|--|
| I NI NP D   |                  |                |             |  |

#### acceptable condition

I did not observe visual evidence of system failure. My Opinion was that functional drain flow was in acceptable condition.

## EXPLANATION:

At the time of our inspection the sewage disposal system appeared to be working normally and adequately. There was no evidence of stopped main drains, no unusual septic odors.

Water was added to the system using the drain next to the toilet/toilets located in 2 bathrooms at a rate of approximately 1.0 gallons per minute - 4 faucets, for approximately 30 minutes, applying approximately 120 gallons water into the system.

There was no evidence of recent excavation or repair - which suggests that additional questions to owner or investigation are in order to determine if recent repairs have been made.

## ADDITIONAL COMMENTS:

The following observations, deficiencies and/or exceptions if any associated with the **Private Sewage Disposal** that were observed on this structure are noted below:

#### **Company Disclaimer**

Based on what we were able to observe and our experience with Private Sewage Disposal (Septic) System technology, we submit this inspection report based on the present condition, working under current use and habits of the current occupants of the residences for the Septic System.

We have not been retained to warrant, guarantee or certify the proper functionality of the system for any period of time, either expressed or implied. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which may effect the proper operation of the System as well as the inability of the Inspector to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer.

We are also not ascertaining the impact the system is having on the environment.

Excavation or pumping of the system is outside the scope of our load testing procedures and survey.

Septic systems are a "buried" component which are hidden from normal general visual surveys and many possible problems may not show themselves at the time of a visual survey and thus we cannot make accurate predictions of the future performance of the system or associated components. Accurate determination of location, condition, or life expectancy of the system components is not possible from any visual survey.

This inspection includes a general visual survey of probable tank and absorption system areas, surfaces at the beginning, during, and end of the load test.

Periodic pumping is recommended to prevent costly damage to the absorption system. Pumping frequency depends on the system usage, tank size, and other factors.

| Report Identification    | on: <u>20200530-01, 191 Paradis</u> | e Trail, Coldspring, TX   |                                                                                                   |
|--------------------------|-------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------|
| I=Inspected              | NI=Not Inspected                    | NP=Not Present            | D=Deficient                                                                                       |
| I NI NP D                |                                     |                           |                                                                                                   |
|                          |                                     |                           | ;The inspector is not required to, excavate o<br>efficiency of the system or determine the type o |
| $\boxdot \Box \Box \Box$ | B. Private Water Wells              | (A coliform analysis is r | ecommended)                                                                                       |
|                          | Type of Pump: Submers               | ible Deep Well            |                                                                                                   |
|                          | Type of Storage Equipme             | ent: Bladder tank located | in an outbuilding                                                                                 |

Comments:

# In the Inspector's opinion the water well Private Water Well System appeared to be in acceptable condition on the Day of this Inspection '

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the <u>Private water well system and Associated Components</u> System that were noted on this structure at the Time of the Inspection:



## WHY TAKE WATER SAMPLES FOR BACTERIOLOGY TESTING?

Safe drinking water must not contain any organisms that could indicate the presence of disease causing bacteria. To prevent possible contamination, constant vigilance must be maintained to avoid the consequences of drinking contaminated water. You do not want the water you drink, cook with, or wash dishes in to be contaminated with microorganisms that cause disease. Unsafe water can spread a number of diseases known as "waterborne" infections and include such illnesses as typhoid, cholera, and dysentery, to name a few. All of these illnesses are caused by microorganisms in the intestines of infected people or animals, which may not always appear to be sick. Water supply can be contaminated when the feces (bodily wastes) from infected people or animals seep into underground water or run off into surface water supplies. Unfortunately, disease producing microorganisms are difficult to detect in water samples, but fortunately, coliform bacteria are not hard to detect.

"COLIFORM" are a group of microorganisms that do not cause disease, but which are found in the lower intestinal tract of human beings and other warm-blooded animals. Millions of coliform are expelled each time a person or animal defecates. So when coliforms are found in a water sample, this is an indication that feces may have contaminated the water and that immediate action should be taken to stop the contamination. When well water shows coliforms, disinfection procedures should be followed. If a doctor suggests that gastric cramps or chronic diarrhea may have been caused by contaminated water, well disinfection should be performed immediately and water samples should be submitted for analysis. In addition, recently constructed or recently repaired wells must be disinfected to prevent bacterial growth in the well and in the plumbing system.

## PRIVATE WELL DISINFECTION INSTRUCTIONS

| I=Inspected                  | NI=Not Inspected                                    | NP=Not Present                                        | D=Deficient                                                                                                                                                                                             |
|------------------------------|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I NI NP D                    |                                                     |                                                       |                                                                                                                                                                                                         |
| When<br>well<br>disinfe<br>• | ection:<br>FIRST Locate the well head a<br>exposed. | und remove an access plug<br>our in an appropriate am | orm organisms, use the following procedure for<br>or bolt so that the area within the well casing is<br>ount of liquid chlorine bleach (Clorox, Purex,                                                  |
|                              | CHLORINE BLEACH DO                                  | OSAGE TABLE FOR WE                                    | LL DISINFECTION                                                                                                                                                                                         |
|                              | WELL DEPTH                                          |                                                       | GALLONS OF BLEACH                                                                                                                                                                                       |
|                              | Less than 100 Ft                                    |                                                       | <sup>1</sup> / <sub>2</sub> to 1 Gallon                                                                                                                                                                 |
|                              | 100 to 200 Ft                                       |                                                       | 1 to 1 <sup>1</sup> / <sub>2</sub> Gallon                                                                                                                                                               |
|                              | 200 to 300 Ft                                       |                                                       | 2 Gallons                                                                                                                                                                                               |
|                              | 300 Ft and deeper                                   |                                                       | 2 <sup>1</sup> / <sub>2</sub> Gallons or more                                                                                                                                                           |
| •                            | for two or three hour                               | rs. This will circulate the                           | www.ater to run through the funnel into the well<br>chlorinated well water and improve the germ<br>ent to be exposed to the chlorine solution.                                                          |
| •                            |                                                     |                                                       | le, the garden hose and funnel may be removed<br>rocess should be extended throughout the entire                                                                                                        |
| •                            | to run until the bleac<br>plumbing system at eac    | h odor can be detected, the faucet. Then, allow the   | m, turn on the next available faucet and allow it<br>nen turn it off. Repeat this step throughout the<br>e chlorinated water to remain in the plumbing<br>g this time, the water should not be used for |
| •                            |                                                     | ater is clear of any debris                           | stem, flush all faucets until the bleach odor<br>or color. Flush outside faucets first; you do not                                                                                                      |
| •                            | SEVENTH Then, submit and successful.                | other bacteriological samp                            | le to determine if the disinfection process was                                                                                                                                                         |
| •                            | EIGHTH Retrace the proper<br>unsuitable sample can  | · · · ·                                               | ully following guidelines. Most reasons for an                                                                                                                                                          |
| I                            |                                                     |                                                       |                                                                                                                                                                                                         |

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| I=Inspected       | NI=Not Inspected                                       | NP=Not Present                        | D=Deficient                                                                                                                                  |
|-------------------|--------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| I NI NP D         |                                                        |                                       |                                                                                                                                              |
| •                 | shallow wells, hand                                    | dug wells, wells in fissure           | icient because certain well systems, particular<br>ed areas and old wells, are more vulnerable<br>should be checked by periodically submitti |
| lines,            | or other components of the sy                          | · · · · · · · · · · · · · · · · · · · | ncover, or remove the pump, heads, screen<br>bility of the water supply or source;] or loca                                                  |
| or ver<br>☑ □ □ □ | ify underground water leaks.<br>C. Private Sewage Disp | osal (Septic) Systems                 |                                                                                                                                              |

C. Private Sewage Disposal (Septic) System *Type of System*: Aerobic *Location of Drain Field: South East Side Comments*:

# In the Inspector's opinion the septic system appeared to be in acceptable condition on the Day of the Inspection of this Inspection.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Septic system that were noted on this structure at the Time of the Inspection:

## Performance Opinion: Acceptable -

The private sewage disposal (septic) system and related components appear to be operating at an acceptable level at the time of this inspection.

There was no visible evidence of deficiencies in accessible components, stopped main drains and no unusual septic olfactory odors. The water was allowed to run for approximately 20 minutes at all of the water fixtures with drains and there was no visible evidence of deficiencies with functional drain flow. Approximately 120 gallons of water was added to the system. The inspection included a general visual survey of the probable tank and absorption system areas (surface and perimeter) at the beginning, during and the end of the operational test and there was no visible evidence surfacing water in the drain field.

Due to the lack of maintenance records, apparent servicing or apparent recent excavation of the septic system access ports, we recommend that the septic tank be pumped out and the interior of the septic tank be inspected for any possible deficiencies that can not otherwise be detected.

## BASIC INFORMATION:

System Age: 13 YearsInformation Source:SellerRecent Number of Occupants:UnknownYear Round: YesNumber of Bedrooms:5Anticipated Number of New Occupants:UnknownIn-home business:NoWhat Type of Business:NoWhat Type of Business:N/ACurrently Occupied:YesVacant since:N/AHas there ever been a backup into the house:UnknownHave there been any recent repairs:No

| Report Identification: 20200530-01, 191 Paradise Trail, Coldspring, TX                                                                                                                                                                                                                                                                    |                                                                                                     |                  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|--|--|--|
| I=Inspected NI=Not Inspecte                                                                                                                                                                                                                                                                                                               | d NP=Not Present                                                                                    | D=Deficient      |  |  |  |
| I NI NP D                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                  |  |  |  |
| Has there been any recent inspection: UNAME of Inspection Company:N,<br>Is there a service contract on this system<br>Name of Service Company:C<br>Date tank Last Pumped: Unknown<br>Garbage Disposal: Yes<br>Separate Drywell/Drain for Washer/Gree<br>Calculated or other Specific Flow or Loc<br>TREATMENT TANK INFORMATION            | A<br>n: Yes<br>hester Moore & Sons, Inc<br>ey water Tank: No<br>had: 150 gallons X 3 bedrooms = 450 | gallons per day. |  |  |  |
| LOCATION: South East Side<br>TYPE: Aerobic<br>Is System Shared: No<br>Previous Inspection Records Attached:<br>Damage/Defects Observed: None Obse                                                                                                                                                                                         |                                                                                                     | or               |  |  |  |
| <u>CAPACITY:</u>                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                  |  |  |  |
| Gallons: Estimated <b>1000</b><br>Number of tanks: <b>3</b>                                                                                                                                                                                                                                                                               | Information Source:                                                                                 | :Inspector       |  |  |  |
| COVER VISIBLE: Yes<br>Damage/Defects Observed: None Observed:                                                                                                                                                                                                                                                                             | Information Source:Inspector<br>erved                                                               |                  |  |  |  |
| AGE OF COMPONENTS: Unknown COMMENTS:                                                                                                                                                                                                                                                                                                      | Information Source: Inspec                                                                          | tor              |  |  |  |
| AEROBIC PUMPING EQUIPMENT:                                                                                                                                                                                                                                                                                                                |                                                                                                     |                  |  |  |  |
| TYPE PUMP:<br>Pump was visible: <b>No</b><br>Air supply was working: <b>Yes</b><br>Operating Satisfactorily: Yes<br>Settling chamber appearance: <u>Good</u><br>Control working properly: Yes<br>Filters Condition: <u>Good</u><br>PUMP-Ejector: <u>Not Visible</u><br>Operating Satisfactorily: Yes<br>Chlorine tablets present: Unknown | Information Source:Inspector<br>Information Source:Inspector                                        |                  |  |  |  |
| Disinfection chamber working properly<br>Oxidation operating properly: Yes                                                                                                                                                                                                                                                                | : Yes                                                                                               |                  |  |  |  |
| ABSORPTION SYSTEM:                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                  |  |  |  |
| LOCATION: <b>Northwest</b><br>Reported/observed at: 2:30 - 3 pm                                                                                                                                                                                                                                                                           |                                                                                                     |                  |  |  |  |

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
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Sprinkler system working properly: N/A Number of Heads: 00 Head positioned properly: N/A Damage/Defects Observed: None Observed Information Source: Inspector

NOTE: The interior condition of the field line is not visible and has not been inspected. If there are any concerns about the integrity of the field lines, a plumbing professional that has access to video inspection equipment should be consulted. This inspection cannot guarantee the condition or functionality of the field lines now or in the future.

Indications of previous failure: Odors Present: **No** Seepage visible: **No** Lush Vegetation: **No** Gray Water ditch to surface and / or stream: No Storm drain: **No** Parking and / or driveway over system: **No** Runoff: No Shrubs and / or trees over drain field: **No** Construction and / or additions over drain field: No

## SYSTEM OPERATION: COMMENTS:

• System was performing properly at the time of inspection.

## VISUAL OBSERVATIONS COMMENTS:

• System was performing properly at the time of inspection.

## **CONCLUSIONS & RECOMMENDATIONS:**

#### acceptable condition

I did not observe visual evidence of system failure. My Opinion was that functional drain flow was in acceptable condition.

## EXPLANATION:

At the time of our inspection the sewage disposal system appeared to be working normally and adequately. There was no evidence of stopped main drains, no unusual septic odors.

Water was added to the system using the drain next to the toilet/toilets located in 2 bathrooms at a rate of approximately 1.0 gallons per minute - 4 faucets, for approximately 30 minutes, applying approximately 120 gallons water into the system.

There was no evidence of recent excavation or repair - which suggests that additional questions to owner or investigation are in order to determine if recent repairs have been made.

| Report Identification | : <u>20200530-01, 191 Paradis</u> | <u>e Trail, Coldspring, TX</u> |             |  |
|-----------------------|-----------------------------------|--------------------------------|-------------|--|
| I=Inspected           | NI=Not Inspected                  | NP=Not Present                 | D=Deficient |  |
| I NI NP D             |                                   |                                |             |  |

## ADDITIONAL COMMENTS:

The following observations, deficiencies and/or exceptions if any associated with the **Private Sewage Disposal** that were observed on this structure are noted below:

#### **Company Disclaimer**

Based on what we were able to observe and our experience with Private Sewage Disposal (Septic) System technology, we submit this inspection report based on the present condition, working under current use and habits of the current occupants of the residences for the Septic System.

We have not been retained to warrant, guarantee or certify the proper functionality of the system for any period of time, either expressed or implied. Because of numerous factors (usage, soil characteristics, previous failures, etc.) which may effect the proper operation of the System as well as the inability of the Inspector to supervise or monitor the use or maintenance of the system, this report shall not be construed as a warranty by our company that the system will function properly for any particular buyer.

We are also not ascertaining the impact the system is having on the environment.

Excavation or pumping of the system is outside the scope of our load testing procedures and survey.

Septic systems are a "buried" component which are hidden from normal general visual surveys and many possible problems may not show themselves at the time of a visual survey and thus we cannot make accurate predictions of the future performance of the system or associated components. Accurate determination of location, condition, or life expectancy of the system components is not possible from any visual survey.

This inspection includes a general visual survey of probable tank and absorption system areas, surfaces at the beginning, during, and end of the load test.

Periodic pumping is recommended to prevent costly damage to the absorption system. Pumping frequency depends on the system usage, tank size, and other factors.

**Specific limitations for Private Sewage Disposal (Septic) Systems**; The inspector is not required to, excavate or uncover the system or its components, determine the size, adequacy or efficiency of the system or determine the type of construction.

## WARNINGS:

1. If property has been vacant more than a week or the system has been only minimally used, additional levels of testing and inspection are necessary to determine system condition.

If the system has been serviced recently, contact the septic pumping company to inquire about the type and condition of the waste disposal equipment.

If the system has not been serviced recently, limited but important additional information regarding the condition of the system may be obtained by having a septic contractor open, clean, and inspect the septic tank (and distribution boxes). Particularly in the case of older systems that have not been serviced, if the property owner will permit this step we recommend it.

| Report Identification | : <u>20200530-01, 191 Paradis</u> | e Trail, Coldspring, TX |             |  |
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| I NI NP D             |                                   |                         |             |  |

Excavation and pumping are beyond the scope of our loading and dye-test procedure. Practices in some states require pumping and inspection at sale.

2. Septic systems are basically a "buried" installation, which is hidden from normal visual inspection. Many possible problems may not show themselves at the time of a visual inspection, and thus one cannot make accurate prediction of the future condition of the system.

Determination of location, condition, or life expectancy of buried septic components is not possible from a visual inspection. Costly problems may not be visible.

3. Periodic pumping is recommended to prevent costly damage to the absorption system. Pumping frequency depends on system usage, tank size, and other factors.

4. The inspection includes visual examination of probable tank and absorption system areas, surface and perimeter, at the beginning, during, and at the end of a loading or dye test, if such was ordered and performed.5. Condition and / or type of subsurface equipment have not been inspected. If a determination of field lines is needed we recommend having a qualified, certified and licensed septic installing specialist inspect system.

6. Location and / or number of tanks cannot be guaranteed, without special equipment in which the tanks can be dug up. If you need this, I recommend having a qualified, certified and licensed septic installing specialist inspect system.

Septic system performs as to the number of occupants who use the system. An increase of occupants can sometime cause the system to malfunction. Consistent and regular maintenance will help this prevent certain conditions. I recommend having a qualified, certified and licensed septic pumping specialist inspect system.

7. Buyer should contact local septic controlling authorities to determine and all local regulations concerning waste water regulation in their area.

8. There has been no B.O.D and or T.S.S. testing conducted with this type of inspection. I recommend having a qualified, certified and licensed septic maintaining specialist inspect system.

9. The cleaning and grooming of pets is harmful with a septic system. I recommend not cleaning or grooming pets into sinks and / or tubs which discharge into septic systems.

10. Water softeners are harmful to septic systems. I recommend consulting with a qualified, certified and licensed septic specialist inspects system about softeners.

11. The use of additives is sometimes harmful to septic systems. I recommend consulting a qualified, certified and licensed septic specialist inspects system before using such additives.

12. Sub soil evaluations are not conducted with this type of inspection. I recommend consulting with a qualified, certified and licensed septic specialist inspects system.

13. Medicines, paints, chemicals, rubber products, feminine products and / or other non bio-degradable material must not be put into septic systems. I recommend having a qualified, certified and licensed septic pumping specialist regularly inspect system.

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|-------------|------------------|----------------|-------------|--|
| I NI NP D   |                  |                |             |  |

## WARNING:

Tanks not pumped regularly are at extra risk of hidden, potentially costly damage to the absorption system. Tanks pumped immediately prior to the inspection may prevent normal system testing (by loading with water) and may indicate a history of recent problems or failures.

Inspector's Signature: Bill Aleer William (Bill) Greer NAWT ID 12807ITC

# **ADDITIONAL PHOTOS**



 $\square \square \square$ **D.** Trash Compactor **Manufacturer: General Electric** Comments:

In my opinion the Trash Compactor appeared to be in acceptable condition on the Day of the Inspection.

The items listed below are the Inspector's observations of deficiencies and/or exceptions if any associated with the Trash Compacter that were noted on this structure at the Time of the Inspection:

| I=Inspected | NI=Not Inspected | NP=Not Present | D=Deficient |  |
|-------------|------------------|----------------|-------------|--|
|             |                  |                |             |  |

I NI NP D



# EAST TEXAS HOME INSPECTION AGREEMENT



This INSPECTION AGREEMENT (herein after known as the Agreement) is entered into on this the day <u>05/30/2020</u> between East Texas Home Inspection Service LLC and the (Inspector name and TREC license number) <u>Bill Greer 21533</u> (herein after known as the Inspector) and <u>Pedro Arguello</u> herein after known as the Client).

The Property to be inspected is (hereinafter as the Property@): <u>191 Paradise Trail Coldspring, TX 77331</u>

Date of Inspection: 05/30/2020

Time of Inspection : <u>9:00 am</u>

Inspection Fee: <u>\$1,234.34</u> Paid at time of Inspection \_Check\_

# PLEASE READ THIS AGREEMENT CAREFULLY BEFORE SIGNING

## I. <u>Scope of Services</u>

- A. In exchange for the Inspection Fee paid by Client, the Inspector agrees to provide the Client with an Inspection Report setting out the Inspector=s professional opinions concerning the condition of the Property further described in the report. The inspection will be performed in accordance with the Texas Standards of Practice promulgated by the Texas Real Estate Commission and/or the Texas Department of Agriculture ie: Structural Pest Control Service. Inspector will attempt to identify major defects and problems with the Property. However, Client acknowledges that the Inspection Report may not identify all deficiencies, defects or problems.
- B. The Inspector agrees to:
  - 1. inspect items, parts, systems, components and conditions which are present and visible at the time of the inspection, but the inspector is not required to determine or estimate the remaining life expectancy or future performance of any inspected item, part, system or component;
  - 2. operate mechanical and electrical equipment, systems, and appliances during an inspection in normal modes and operating range at the time of the inspection;
  - 3. report which of the parts, components, and systems present in the property have or have not been inspected;
  - 4. report as deficient inspected parts, components or systems that are not functioning or that the standards of practice required the inspector to report as Deficient; and

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- 5. address all of the parts, components, and systems contained in the standards of practice in the property being inspected.
- C. The inspection is limited to those items which can be seen, easily accessed and/or operated by the Inspector at the time of the inspection as set out in the Inspection Report. Inspector will not remove walls, floors, wall coverings, floor coverings and other obstructions in order to inspect concealed items. Systems and conditions which are not specifically addressed in the Inspection Report are excluded. The major systems which will be inspected include:
  - 1. Foundation; Grading & Drainage
  - 2. Interior doors, wall, ceilings and floors;
  - 3. Exterior walls and doors, windows and door glazing;
  - 4. Fireplace and chimney;
  - 5. Roof, Roof Structure and attic;
  - 6. Porches, Balconies and decks;
  - 7. Built-in Appliances;
  - 8. Heating, cooling and Vent Systems;
  - 9. Plumbing Supply & Drains, Water Heating System; and
  - 10. Electrical system.
- D. The Inspector may indicate one of the following opinions of the Inspector regarding a particular item:
  - 1. The item is performing its intended function at the time of the inspection;
  - 2. The item is in need of replacement or service for repair; or
  - 3. Further evaluation by a technician or expert is recommended.

## II. Inspection Report

- A. The Inspection Report provided by the Inspector will contain the Inspector=s professional, good-faith opinions concerning the need for repair or replacement of certain observable items. All statements in the report are the Inspector=s opinions and should not be construed as statements of fact or factual representations concerning the Property. By signing this Agreement, the Client understands that the services provided by the Inspector fall within the Professional Services Exemption of the Texas Deceptive Trade Practices Act (ADTPA) and agrees that no cause of action exists under the DTPA related to the services provided. Unless specifically stated, the report will not include and should not be read to indicate opinions as to the environmental conditions, presence of toxic or hazardous waste or substances, presence of termites or other wood-destroying organisms, or compliance with codes, ordinances, statutes or restrictions or the insurability, efficiency, quality, durability, future life or future performance of any item inspected.
- B. The Inspection Report is not a substitute for disclosures by sellers and real estate agents. Said disclosure statements should be carefully read for any material facts that may influence or affect the desirability and/or market value of the Property.
- C. As noted above, the Inspection Report may state that further evaluation of certain items is needed by an expert in the field of the item inspected. By signing this Agreement, Client acknowledges that qualified experts may be needed to further evaluate such items as structural systems, foundations, grading, drainage, roofing, plumbing, electrical systems, HVAC, appliances, sprinkler systems, fire/smoke detection systems, septic systems and other observable items as noted in the report.

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## III. <u>Disclaimer of Warranties</u>

## The inspector makes no guarantee or warranty, express or implied, as to any of the following:

- 1. That all defects have been found or that the Inspector will pay for repair of undisclosed defects;
- 2. That any of the items inspected are designed or constructed in a good and workmanlike manner;
- 3. That any of the items inspected will continue to perform in the future as they are performing at the time of the inspection; and
- 4. That any of the items inspected are merchantable or fit for any particular purpose.

## IV. <u>LIMITATION OF LIABILITY</u>

BY SIGNING THIS AGREEMENT, CLIENT ACKNOWLEDGES THAT THE INSPECTION FEE PAID TO THE INSPECTOR IS NOMINAL GIVEN THE RISK OF LIABILITY ASSOCIATED WITH PERFORMING HOME INSPECTIONS IF LIABILITY COULD NOT BE LIMITED. CLIENT ACKNOWLEDGES THAT WITHOUT THE ABILITY TO LIMIT LIABILITY, THE INSPECTOR WOULD BE FORCED TO CHARGE CLIENT MUCH MORE THAN THE INSPECTION FEE FOR THE INSPECTOR=S SERVICES. CLIENT ACKNOWLEDGES BEING GIVEN THE OPPORTUNITY TO HAVE THIS AGREEMENT REVIEWED BY COUNSEL OF HIS OR HER OWN CHOOSING AND FURTHER ACKNOWLEDGES THE OPPORTUNITY OF HIRING A DIFFERENT INSPECTOR TO PERFORM THE INSPECTION. BY SIGNING THIS AGREEMENT, CLIENT AGREES TO LIABILITY BEING LIMITED TO THE AMOUNT OF THE INSPECTION FEE PAID BY THE CLIENT.

INITIALED BY CLIENT:

Fee Paid \$1,234.34

## V. <u>Dispute Resolution</u>

In the event a dispute arises regarding an inspection that has been performed under this agreement, the Client agrees to notify the Inspector in writing, within ten (10) days of the date the Client discovers the basis for the dispute so as to give the Inspector a reasonable opportunity to reinspect the property. Client agrees to allow reinspection before any corrective action is taken. Client agrees not to disturb or repair or have repaired anything which might constitute evidence relating to a complaint against the Inspector. Client further agrees that the Inspector can either conduct the reinspection himself or can employ others (at Inspector=s expense) to reinspect the property, or both. In the event a dispute cannot be resolved by the Client and the Inspector, the parties agree that any dispute or controversy shall be resolved by mandatory and binding arbitration. The arbitration panel must include at least one licensed home inspector.

## VI. <u>Attorney=s Fees</u>

The Inspector and the Client agree that in the event any dispute or controversy arises as a result of this Agreement, and the services provided hereunder, the prevailing party in that dispute shall be entitled to recover all of the prevailing party=s reasonable and necessary attorneys= fees and costs incurred by that party.

#### VII. **Exclusivity**

The Inspection Report is to be prepared exclusively for the Client named and is not transferable to anyone in any form. Client gives permission for the Inspector to discuss report findings with real estate agents, specialists, or repair persons for the sake of clarification. A copy of the Inspection Report may be released to the selling Real Estate Agent.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS CONTRACT AND THE ATTACHED DOCUMENTS, IF ANY; THAT I UNDERSTAND THE TERMS AND CONDITIONS AND THAT I AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS. IF CLIENT IS MARRIED, CLIENT REPRESENTS THAT THIS OBLIGATION IS A FAMILY OBLIGATION INCURRED IN THE INTEREST OF THE FAMILY.

CLIENT: \_\_\_\_\_ DATE: 05/30/2020 Time 9:00 am

THIS INSPECTOR Bill Aleer 21533 TPCL # 12100 - SPCB # 0623156 - NAWT # 121971TC

Bill GreerDATE:05/30/2020 Time 9:00 am



| TEXAS OFFICIAL WOOD | DESTROYING | <b>INSECT REPORT</b> |
|---------------------|------------|----------------------|
|---------------------|------------|----------------------|

<u>Coldspring</u>

191 Paradise Trail

Inspected Address

City

77331 Zip Code

# SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.
- C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.
- G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

| Deck       Sub Floors       Slab Joints       Crawl :         Soil Grade Too High       Heavy Foliage       Eaves       Weep         Other       Specify: N/A       Weep         7A. Conditions conducive to wood destroying insect infestation?       Yes       No       Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.         7B. Conducive Conditions include but are not limited to:       Wood to Ground Contact (G)       Form boards left in place         Debris under or around structure (K)       Footing too low or soil line too high (L)       Wood Rot (M)         Planter box abutting structure (O)       Wood Pile in Contact with Structure (Q)       Wooden Fence in Conta         Insufficient ventilation (T)       Other (C)       Specify: N/A       Specify: N/A         8. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infestation         88. Drywood Termites       Yes       No       Yes       No         88. Drywood Termites       Yes       No       Yes       No         80. Carpenter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u> PCL # 12100</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Address of Inspection Company       City       State       Zp         1D. <u>Bill Greer</u> 1E. Certified Applicator       Technician         2.       3. 05/30/2020       9:00       at         2.       Case Number (VAFHA/Other)       Seller       Agent       Buyer I Management O         4A. <u>Pedro Arguello</u> Seller       Agent       Buyer I Management O         4B.       Ownert/Seller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ise Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1D. Bill Greer       1E. Certified Applicator         Name of Inspector (Please Print)       Technician         2.       3.05/30/2020 9:00 at         Case Number (VA/FHA/Other)       Inspection Date         4A. Pectro Arguello       Seller         Name of Person Purchasing Inspection       Seller         4B.       Owner/Seller         4C. REPORT FORWARDED TO:       Tile Company or Mortgage         The structural Pest Control regulations only the purchaser of the service is required to receive a copy)         The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structure to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.         5. Residence Only       Scient Tracessible?       Yes       No         6A. Were any areas of the property obstructed or inaccessible?       Yes       No       Generation of the service is selected in conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.         6B. The obstructed or inaccessible?       Yes       No       Generation of the property obstructed or inaccessible?         74. Conditions conducive to wood destroying insect Infestation?       Yes       No       Generation         75. Conducive Conditions include but are not limited to:       Wood to Ground Contat with Structure(0)       Wood Rot (M)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 39 (903)-727-0831                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name of Inspector (Please Print)       Technician         2.       3. 05/30/2020 9:00 at<br>Inspection Date         44. Pedro Arquello<br>Name of Person Purchasing Inspection       Seller    Agent    Buyer    Management (<br>Management O<br>Name of Person Purchasing Inspection         48.       Owner/Seller         44. C. REPORT FORWARDED TO:       Title Company or Mortgagee    Purchaser of Service    Seller    Agent                                                                                                                                                                        | Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2.       3. 05/30/2020 9:00 at<br>Inspection Date         4A. Peciro Arguello<br>Name of Person Purchasing Inspection       Seller   Agent   Buyer   Management (<br>Agent   Case Number (VA/FHA/Other)         48.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (check one )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4A. Pedro Arguello       Seller       Agent       Buyer       Management O         As.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4A. Pedro Arguello       Seller       Agent       Buyer       Management (         Name of Person Purchasing Inspection       Agent       Buyer       Management (         4B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m74 Sunny Clear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Person Purchasing Inspection         48.         Owner/Seller         44.         46. REPORT FORWARDED TO:       Title Company or Mortgagee       Purchaser of Service       Seller       Agent       Agent         47. REPORT FORWARDED TO:       Title Company or Mortgagee       Purchaser of Service       Seller       Agent       Agent         48.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Owner/Seller         4C. REPORT FORWARDED TO: Title Company or Mortgagee □       Purchaser of Service □       Seller □       Agent ☑         (Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)         The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structu to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.         S. Residence Only         List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.         6A. Were any areas of the property obstructed or inaccessible?       Yes □       No □         6A. Were any areas of the property obstructed or inaccessible?       Yes □       No □         6A. Were any areas of the property obstructed or inaccessible?       Yes □       No □         6B. The obstructed or inaccessible areas include but are not limited to the following:       Attic       □       Insulated area of attic       □       Plumbing Areas       □       Plante         0ck       □       Insulated area of attic       □       Plumbing Areas       ☑       Plante         0ck       □       Issuerity: <u>N</u> /A       □       Issuerity: <u>N</u> /A       □       □         7A. Conditions conducive to wood destr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Co.  Other  Co.  O |
| (Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)         The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structure to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.         5. Residence Only         List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.         SB. The obstructed or inaccessible areas include but are not limited to the following:         Attic       Insulated area of attic       Plumbing Areas       Plante         Deck       Sub Floors       Stab Joints       Crawi         Soil Grade Too High       Heavy Foliage       Eaves       Weep         Other       Specify: <u>N</u> /A       No       Form boards left in place         7A. Conditions conducive to wood destroying insect infestation?       Yes       No       Form boards left in place         7B. Conducive Conditions include but are not limited to:       Wood to Ground Contact (G)       Form boards left in place         Debris under or around structure (K)       Footing too low or soil line too high (L)       Wood Rot (M)         Planter box abutting structure (O)       Wood ther (C)       Specify: <u>N/A</u> No       Refer to Part (C)       Previous Infests <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.  5. Residence Only  List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A,  6. Were any areas of the property obstructed or inaccessible?  7. Scope of Inspection) If "Yes" specify in 6B.  7. The obstructed or inaccessible areas include but are not limited to the following:  7. Attic  7. Insulated area of attic  7. Insulated area of attic  8. Insulated area of attic  7. Conditions conducive to wood destroying insect infestation? 7. Conditions include but are not limited to:  8. Object or around structure (K)  9. Footing too low or soil line too high (L)  9. Wood Rot (M)  9. Planter box abutting structure (O)  9. Wood Pile in Contact with Structure (Q)  9. Wood Rot (M)  9. Planter box abutting structure (O)  9. Wood Pile in Contact with Structure (Q)  9. Wooden Fence in Contact  9. Inspection Reveals Visible Evidence in or on the structure:  9. No  9. Carpenter Ants  9. No  9. Yes  9. No | Buyer 🗹                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.         SB. The obstructed or inaccessible areas include but are not limited to the following:         Attic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Attic       Insulated area of attic       Plumbing Areas       Plante         Deck       Sub Floors       Slab Joints       Crawl         Soil Grade Too High       Heavy Foliage       Eaves       Weep         Dther       Specify: N/A       No       Veep         7A. Conditions conducive to wood destroying insect infestation?       Yes       No       Veep         7A. Conditions conducive to wood destroying insect infestation?       Yes       No       Veep         7B. Conducive Conditions include but are not limited to:       Wood to Ground Contact (G)       Form boards left in place         Debris under or around structure (K)       Footing too low or soil line too high (L)       Wood Rot (M)         Planter box abutting structure (O)       Wood Pile in Contact with Structure (Q)       Wooden Fence in Conta         as. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infestation         3A. Subterranean Termites       Yes       No       Yes       No         3B. Drywood Termites       Yes       No       Yes       No         3C. Formosan Termites       Yes       No       Yes       No         3D. Carpenter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Deck       Sub Floors       Slab Joints       Crawl         Soil Grade Too High       Heavy Foliage       Eaves       Weep         Dther       Specify: N/A       Weep         7A. Conditions conducive to wood destroying insect infestation?       Yes       No         7B. Conducive Conditions include but are not limited to:       Wood to Ground Contact (G)       Form boards left in place         7B. Conducive Conditions include but are not limited to:       Wood to Ground Contact (G)       Wood Rot (M)         Planter box abutting structure (K)       Footing too low or soil line too high (L)       Wood Rot (M)         Planter box abutting structure (O)       Wood Pile in Contact with Structure (Q)       Wooden Fence in Contact         8. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infestation         8. Subterranean Termites       Yes       No       Yes       No         38. Drywood Termites       Yes       No       Yes       No         30. Carpenter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Soil Grade Too High       Image Heavy Foliage       Image I                                                 | r box abutting structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Control of the form of the system of the                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.         7B. Conducive Conditions include but are not limited to:         Wood to Ground Contact (G)       Form boards left in place         Debris under or around structure (K)       Footing too low or soil line too high (L)       Wood Rot (M)         Planter box abutting structure (O)       Wood Pile in Contact with Structure (Q)       Wooden Fence in Conta         Insufficient ventilation (T)       Other (C)       Specify: N/A         8. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infesta         36. Subterranean Termites       Yes       No       Yes       No         37. Formosan Termites       Yes       No       Yes       No         38. Corponeter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7B. Conducive Conditions include but are not limited to:       Wood to Ground Contact (G)       Form boards left in place         Debris under or around structure (K)       Footing too low or soil line too high (L)       Wood Rot (M)         Planter box abutting structure (O)       Wood Pile in Contact with Structure (Q)       Wooden Fence in Conta         nsufficient ventilation (T)       Other (C)       Specify: N/A         8. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infesta         38. Drywood Termites       Yes       No       Yes       No         36. Cormosan Termites       Yes       No       Yes       No         30. Carpenter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Wood to Ground Contact (G)       Form boards left in place         Debris under or around structure (K)       Footing too low or soil line too high (L)       Wood Rot (M)         Planter box abutting structure (O)       Wood Pile in Contact with Structure (Q)       Wood Rot (M)         No dther (C)       Specify: N/A       N/A         B. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infestation         B. Drywood Termites       Yes       No Ø       Yes       No         B. Drymood Termites       Yes       No       Yes       No         B. Drymood Termites       Yes       No       Yes       No         B. Drymood Termites       Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Planter box abutting structure (O)       Wood Pile in Contact with Structure (Q)       Wooden Fence in Contact Network Structure (Q)         Insufficient ventilation (T)       Other (C)       Specify: N/A         8. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infestation         8. Inspection Reveals Visible Evidence in or on the structure:       Yes       No       Yes       No         8. Inspection Reveals Visible Evidence in or on the structure:       Yes       No       Yes       No         8. Subterranean Termites       Yes       No       Yes       No         8. Drywood Termites       Yes       No       Yes       No         8. Formosan Termites       Yes       No       Yes       No         8. D. Carpenter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Insufficient ventilation (T)       Other (C)       Specify: N/A         8. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infestation         8. A. Subterranean Termites       Yes       No       Yes       No         8. Drywood Termites       Yes       No       Yes       No         8. Corrmosan Termites       Yes       No       Yes       No         8. Drymood Termites       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Heavy Foliage (N)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| B. Inspection Reveals Visible Evidence in or on the structure:       Active Infestation       Previous Infestation         BA. Subterranean Termites       Yes       No       Yes       No         BB. Drywood Termites       Yes       No       Yes       No         BC. Formosan Termites       Yes       No       Yes       No         BD. Carpenter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ct with the Structure (R)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3A. Subterranean Termites       Yes       No       Yes       No         3B. Drywood Termites       Yes       No       Yes       No         3C. Formosan Termites       Yes       No       Yes       No         3D. Carpenter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BB. Drywood Termites       Yes       No       Yes       No         3C. Formosan Termites       Yes       No       Yes       No         3D. Carpenter Ants       Yes       No       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ation Previous Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| A         Yes         No         ✓         Yes         No           3C. Formosan Termites         Yes         No         ✓         Yes         No           3D. Carpenter Ants         Yes         No         ✓         Yes         No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3D. Carpenter Ants Yes 🗌 No 🗹 Yes 🗌 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BE. Other Wood Destroying Insects Yes □ No ☑ Yes □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Specify: <u>N/A</u><br>8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · NI/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed on the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

\_\_\_\_\_

#### TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

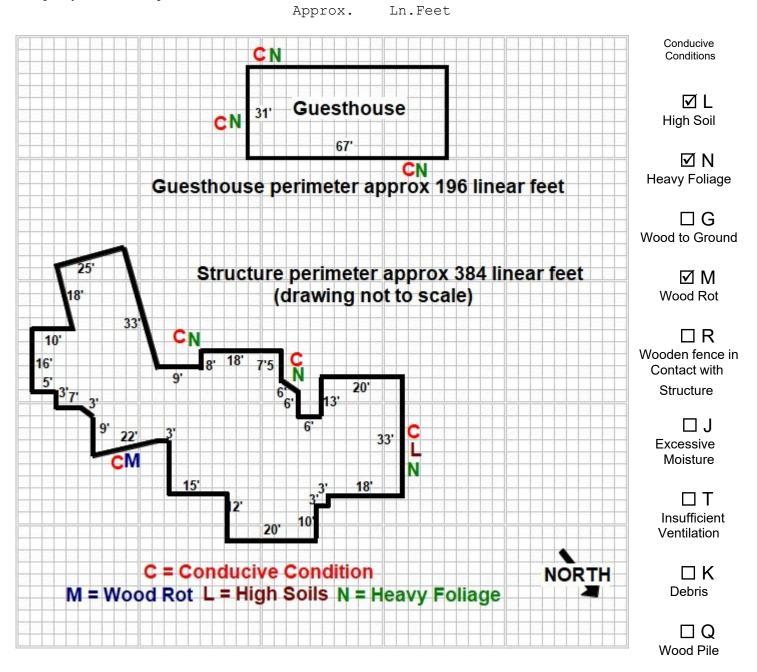
| The conditions conducive to insect infestation reported in 7A & 7B:                                             |                                    |                          |                     |                           |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|---------------------|---------------------------|
| 9. Will be or has been mechanically corrected by inspecting compa                                               | ny:                                |                          | Yes 🗌               | No 🗹                      |
| If "Yes", specify corrections: <u>N/A</u>                                                                       |                                    |                          |                     |                           |
| 9A. Corrective treatment recommended for active infestation or evid                                             | dence of previous infe             | estation with no prior t | treatment           |                           |
| as identified in Section 8. (Refer to Part G, H and I, Scope of                                                 | Inspection)                        |                          | Yes 🗌               | No 🗹                      |
| 9B. A preventive treatment and/or correction of conducive condition                                             | ns as identified in 7A             | & 7B is recommended      | d as follows: Yes 🗹 | 1 No 🗆                    |
| Specify reason: <u>Recommend to treat or remove</u><br>Refer to Scope of Inspection Part J                      | conducive con                      | nditions <b>-heavy</b>   | foliage, high soils | , wood rot.               |
| 10A. This company has treated or is treating the structure for the fo                                           | llowing wood destroy<br>Partial    |                          | Bait 🔲              | Other                     |
| If treating for subterranean termites, the treatment was:                                                       |                                    | Spot                     | Dail 🗖              | Other 🗖                   |
| If treating for drywood termites or related insets, the treatment was:                                          |                                    | Limited                  |                     |                           |
| 10В. <u>N/A</u> <u>N</u>                                                                                        | /A                                 |                          | <u>N/A</u>          |                           |
| Date of Treatment by Inspecting Company<br>This company has a contract or warranty in effect for control of the | Common Nam<br>following wood destr |                          | Name of Pestic      | ide, Bait or Other Method |
| This company has a contract of warranty in enection control of the                                              |                                    |                          |                     |                           |
| Yes No Z List Insects: No warra                                                                                 | anties express                     | ed or implied.           |                     |                           |
|                                                                                                                 |                                    |                          |                     |                           |

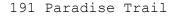
#### TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

#### Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of infestation; A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify

Structure Type: Residence and Outbuildings only Roof Type: Composition Asphalt Shingles and Galvanized Steel Foundation Type: Monolithic Occupancy Status: Occupied





# Additional Comments For treatment, contact East Texas Pest Control Service (903) 729-0831

#### TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company which I am acting is associated in any way with any party to the transaction.

| Bill Aleer                                                   | Notice of Inspection Was Posted At or Near |
|--------------------------------------------------------------|--------------------------------------------|
| A                                                            | 12A. Electric Breaker Box                  |
| Inspector                                                    | Water Heater Closet                        |
|                                                              | Bath Trap Access                           |
| Som 38950 Pt-                                                | Beneath the Kitchen Sink                   |
| 1B                                                           | 12B. Date Posted 05/30/2020 09:00          |
| Certified Applicator and Certified Applicator License Number | Date                                       |

#### Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages: # 70 East Texas Home Inspection Report is included with this inspection

Signature of Purchaser of Property or their Designee

Date

East Texas Termite Warranty Included