

BUYER'S CHOICE R.E. INSPECTION

1128 CEDAR OAKS LN. HARKER HTS. TX 76548

Phone: (254)698-3584 Fax: (254)698-8505

PROPERTY INSPECTION REPORT

Prepared For: _____

(Name of Client)

Report Identification 157-07 TIME 0900

Concerning: INDIAN CAMP TR

(Address or Other Identification of Inspected Property)

COPPERAS COVE

TX 76522

(City)

(State)

(Zip)

By:

RICHARD D CLARK

TX LIC # 256

11/01/07

(Name and License Number of Inspector)

(Date)

REALTOR COLDWELL BKS AGENT MARY ANN DANIEL

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

The inspection of the property listed above must be performed in compliance with the rules of the Texas Real Estate Commission (TREC).

The inspection is of conditions which are present and visible at the time of the inspection, and all of the equipment is operated in normal modes. The inspector must indicate which items are in need of repair or are not functioning and will report on all applicable items required by TREC rules.

This report is intended to provide you with information concerning the condition of the property at the time of inspection. Please read the report carefully. If any item is unclear, you should request the inspector to provide clarification.

It is recommended that you obtain as much history as is available concerning this property. This historical information may include copies of any seller's disclosures, previous inspection or engineering reports, reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should attempt to determine whether repairs, renovation, remodeling, additions, or other such activities have taken place at this property.

Property conditions change with time and use. Since this report is provided for the specific benefit of the client(s), secondary readers of this information should hire a licensed inspector to perform an inspection to meet their specific needs and to obtain current information concerning this property.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

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

I=Inspected NI=Not Inspected NP=Not Present R=Not Functioning or in Need of Repair

I	NI	NP	R	Inspection Item
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I. STRUCTURAL SYSTEMS

A. Foundations (If all crawl spaces are not inspected, provide an explanation.)

Comments (An opinion on performance is mandatory.):

SLAB FOUNDATION PERFORMING FUNCTION FOR WHICH DESIGNED.
NOT UNUSUAL CORNER CHIP RIGHT FRONT CORNER OF FOUNDATION(COSMETIC).

B. Grading and Drainage

Comments:

WATER APPEARS TO DRAIN AWAY FROM HOUSE AS REQUIRED.

C. Roof Covering(If the roof is inaccessible, report the method used to inspect.)

Comments:

20 YEAR SHINGLES IN GOOD CONDITION.

D. Roof Structure & Attic(If the attic is inaccessible, report the method used to inspect.)

Comments:

INSULATION & STRUCTURE OK

E. Walls (Interior and Exterior)

Comments:

WALLS PERFORMING FUNCTION FOR WHICH DESIGNED, NO FAULTS FOUND.

F. Ceilings and Floors

Comments:

TAPE JOINT CRACK CEILING KITCHENETTE AT BOTTOM OF VAULT.TAPE JOINT
CRACK AT BOTTOM OF VAULT MASTER BDRM LEFT SIDE FRONT.

G. Doors (Interior and Exterior)

Comments:

DOORS INTERIOR & EXTERIOR OPERATE PROPERLY.NO FAULTS FOUND.

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H. Windows*Comments:*

ONE THERMO WINDOW APPEARS TO HAVE SEAL BROKEN BETWEEN GLASS ABOVE TUB MASTER BATH TAPE LEFT ON WINDOW TO INDICATE BROKEN SEAL.

I. Fireplace/Chimney*Comments:*

DAMPER & FLUE OK.

J. Porches, Decks and Carports (Attached)*Comments:*

K. Other SMOKE DETECTORS*Comments:*

SMOKE DETECTORS OPERATE PROPERLY

II. ELECTRICAL SYSTEMS

A. Service Entrance and Panels*Comments:*

SERVICE PANEL, BREAKERS & WIRING OK.

B. Branch Circuits - Connected Devices and Fixtures (Report as in need of repair the lack of ground fault circuit protection where required.):*Comments:*

LENS MISSING KITCHEN CEILING LIGHT & LIGHT FLICKERS AFTER LONG OPERATION.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

A. Heating Equipment*Type and Energy Source:* ELECTRIC OPERATED*Comments:*

ELECTRIC OPERATED & HEATS TO OVER 100 DEGREES OK

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B. Cooling Equipment
Type and Energy Source: ELECTRIC OPERATED
Comments:
 UNIT OPERATES PROPERLY, TEMPERATURE DIFFERENTIAL 16 DEGREES OK.

C. Ducts and Vents
Comments:
 DUCTS & VENTS OK

IV. PLUMBING SYSTEM

A. Water Supply System and Fixtures
Comments:
 COMMUNE LOOSE ON FLOOR MASTER BATH. HALL BATH COMMUNE FLAPPER SHOULD BE CHANGED, DOESN'T DROP PROPERLY WHEN FLUSHED & LEAKS WATER DOWN INTO BOWL.

B. Drains, Wastes, Vents
Comments:
 DRAINS ALL OPERATE PROPERLY.

C. Water Heating Equipment (Report as in need of repair those conditions specifically listed as recognized hazards by TREC rules.)
Energy Source: ELECTRIC OPERATED
Comments:
 UNIT OPERATES PROPERLY. TEMPERATURE PRESSURE RELIEF VALVE OPERATES PROPERLY. LOCATION OK.

D. Hydro-Therapy Equipment
Comments:

V. APPLIANCES

A. Dishwasher
Comments:
 OPERATES PROPERLY, SOAP DISH OPENS & NO LEAKS NOTED

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B. Food Waste Disposer

Comments:

HAMMERS FROZEN WON'T CHOP PROPERLY.

C. Range Hood

Comments:

DUCT LESS TYPE HAS FILTER & FAN RUNS PROPERLY.

D. Ranges/Ovens/Cooktops

Comments:

BURNERS OPERATE PROPERLY. OVEN HEATS TO 350 SET ON 350

E. Microwave Cooking Equipment

Comments:

UNIT OPERATES PROPERLY NO RADIATION DETECTED.

F. Trash Compactor

Comments:

G. Bathroom Exhaust Fans and/or Heaters

Comments:

BATH VENTS OPERATE PROPERLY.

H. Whole House Vacuum Systems

Comments:

I. Garage Door Operators

Comments:

UNIT OPERATES PROPERLY REVERSES PROPERLY WITH ELECTRIC EYE & ON CONTACT PROPERLY.

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J. Door Bell & Chimes

Comments:

DOOR BELL RINGS PROPERLY.

K. Dryer Vents

Comments:

DRYER VENT EXTENDS THROUGH ROOF & IS CLEAR.

L. Other Built-In Appliances

Comments:

Comments:

Comments:

Comments:

Comments:

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VI. OPTIONAL SYSTEMS

A. Lawn Sprinklers

Comments:

HAS ACCEPTABLE MEANS OF BACK FLOW PREVENTION.
STATIONS # 1,3,4,5& 6 OPERATE PROPERLY
STATION # 2 HAS TWO BROKEN HEADS.

B. Swimming Pools & Equipment

Comments:

C. Outbuildings

Comments:

D. Outdoor Cooking Equipment

Energy Source:

Comments:

E. Gas Lines

Comments:

F. Water Wells (A coliform analysis is recommended.)

Type of Pump:

Type of Storage Equipment:

Comments:

G. Septic Systems

Comments: