

Client: _____ Property Location: _____
Address: _____ Sioux Falls, SD
City: _____ 57105
State, Zip: _____
Date of inspection: Jun 24, 2016 Time: 8:00 am Weather conditions: Sunny Outside temperature: 66 °F

Hennies Home Inspection performed a home inspection at the above address for the sole use of the above client.
This report is confidential and the use by any unauthorized persons is prohibited.



This is our report of the readily accessible areas of the above listed site, in accordance with the terms and conditions accepted in the INSPECTION AGREEMENT, which is part of this report and incorporated therein. This agreement is not transferable or assignable. The Company accepts no responsibility for use or misinterpretation by third parties and third parties who rely on it in any way do so at their own risk. Please read the remarks on each page and call us for an explanation of any aspect of the report that you do not fully understand.

WHEREAS, the customer, hereinafter called the CLIENT, has requested that the inspector perform an inspection of the above listed property, and the inspector, hereinafter called the COMPANY has agreed to conduct the inspection.

NOW THEREFORE, in consideration of the mutual covenants of the parties and other good and valuable consideration, it is agreed as follows:

The COMPANY agrees to conduct an inspection for the purpose of informing the CLIENT of major non concealed deficiencies in the condition of the property. The inspection shall be done in accordance with the South Dakota and the NACHI standards of practice. It is agreed that this report pertains only to readily accessible areas of the building and is limited to visual observation of apparent conditions only at the time of the inspection. No moving of furniture, stored items or appliances, disassembly of equipment or opening of walls was performed. All components and conditions which by the nature of their location are concealed, camouflaged or unsafe to inspect are excluded from this report. The inspection and report are conducted for the sole, confidential and exclusive use and possession of the CLIENT. The report shall include only the following:

- Structural condition, basic electrical and plumbing systems, heating and air conditioning systems (visual inspections only), kitchen appliances, foundations and basements. The appliance inspection is a basic test with no internal testing conducted.
- General interior including walls, ceilings, floors, a representative number of windows, insulation and ventilation.
- General exterior including drainage, roof, gutter, chimney, siding.

CLIENT understands and acknowledges that COMPANY's inspection is limited to those items expressly described above. It is agreed that the components and conditions beyond the scope of the inspection include, but are not limited to:

- Environmental problems, including but not limited to, gas including radon (optional), the presence of mold, lead paint, formaldehyde, asbestos, water and air born hazards
- Wells underground storage tanks, water conditioners, humidifiers, sewer, septic systems, alarm systems, lawn sprinklers, swimming pools, fire and safety equipment, central vacuums, heat exchangers, yard lights hot tubs, playground equipment, intercoms, and heat sensors.
- Insects such as termites and carpenter ants (optional), hidden or latent defects.

CLIENT agrees that in the event of a claim against COMPANY, any such action must be initiated within one year from the date of the original inspection. The CLIENT further agrees to allow COMPANY to inspect a claim prior to any repairs or waive the right to make the claim. The CLIENT agrees not to disturb anything which may constitute as evidence relating to the complaint, except in the case of an emergency.

It is further understood and agreed that should COMPANY, and its agents or employees be found liable for any loss or damages resulting from a failure to perform any of its obligations, including but not limited to negligence, breach of contract, or otherwise, then the liability of COMPANY and/or its agents and employees shall be limited to a sum equal to the amount of the fee paid by the CLIENT for the inspection and report.

This agreement constitutes the entire understanding of the parties with regard to this matter and no statements, oral or otherwise, shall be enforceable unless made in writing and signed by both parties. Any comments made by the inspector are simply a courtesy to the buyer. Should any element of this agreement be declared void it shall be stricken and the remaining provisions shall remain in full force and effect.

It is further understood that COMPANY, its officers and or employees, assume no liability and shall not be responsible for the cost of repairing or replacing any unreported defect or deficiency, either current or arising in the future. This limitation of liability shall include and apply to all consequential damages, bodily injury or for any property damage of any nature.

The inspection and report are not intended or to be used as a guarantee or warranty, expressed or implied, regarding the adequacy, performance or condition of an inspected structure, item or system. Nor is the inspection a determination of compliance with applicable codes, laws or regulation.

The CLIENT acknowledges that he/she has read this agreement in full, prior to signing the same, and understands and agrees to all terms and conditions.

The CLIENT agrees to pay the inspector the sum of \$ for performing its service with invoice # 5705

The same shall be due and payable upon completion of the inspection

Company Representative

Jun 24, 2016
Date

Client

Jun 24, 2016
Date

SUMMARY

List of electrical, mechanical and plumbing items not operating, roof leaks or other major deficiencies:

There are moisture stains, rust and an opening at the furnace/water heater chimneys. The furnace/water heater chimney may not have proper clearance where they pass thru the floor joist.(all visible from the lower level) Due to the age of the furnace and the condition of the chimneys we recommend having the furnace, chimneys and heat exchanger cleaned, serviced, and evaluated by a professional HVAC contractor before closing.

The following items are important but not major deficiencies at this time:

There is no city electrical inspection sticker on electrical panel door. The A/C circuit breaker is too large. The manufacturer calls for no larger than a 20 amp circuit breaker and a 30 amp breaker is in place.

Building Permits / Remarks:

2008-09-18 128591 DECK ADDITION ERIK HOVLAND 700.00
2009-07-10 133079 INSTALL STONE ON HOUSE/GARAGE ERIC HOVLAND 1100.00
2007-09-07 122183 REMODEL KITCHEN ERIK HOVLAND 1000.00
2008-05-16 125888 2 REPLACE ENTRY DOOR ERICK HOVLAND 3000.00
2009-09-11 134495 INSTALL EGRESS WINDOWS TWO ERIK HOVLAND 500.00
1997-08-13 56566 RESHINGLE HOUSE NEUMAN'S ROOFING 2500.00
1990-08-06 21424 INSTALL BAY WINDOW OVRELID CONSTRUCTION 3000.00
1989-04-20 16251 ADDITION TO HOUSE FAMILY ROOM/ADD BATH OVRELID CONST 27000.00 2009-11-20 135936
REMODEL FAMILY ROOM SHEETROCK CEILING ERIK HOVLAND 500.00
2014-08-13 174041 RESHINGLE HOUSE & GARAGE WEBER CONSTRUCTION I 9000.00



Image information: Opening in the furnace/water heater chimney.



Image information: Rusting and moisture stains on the furnace chimney.

This report consists of 13 pages. The following pages cover in greater detail the items which are a part of this inspection. Additional recommendations may also be found on the following pages.

STRUCTURAL

TYPE OF BUILDING	<input checked="" type="radio"/> Single <input type="radio"/> Duplex <input type="radio"/> Twin Home <input type="radio"/> Rowhouse/Townhouse <input type="radio"/> _____ <input type="checkbox"/> Gable Roof <input type="checkbox"/> Shed <input checked="" type="checkbox"/> Hip <input type="checkbox"/> Flat <input type="checkbox"/> _____
STRUCTURE	Foundation: <input checked="" type="checkbox"/> Poured concrete <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Block & Brick <input type="checkbox"/> _____ Posts/Columns: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Not Visible <input type="checkbox"/> N/A Floor Structure: <u>Wood plank on 2x8's</u> Wall Structure: <u>2x4</u> Roof Structure: <u>Wood plank on rafters</u> Water damage: <input type="radio"/> Some signs <input type="radio"/> Extensive <input checked="" type="radio"/> None observed Signs of abnormal condensation: <input type="radio"/> Some signs <input type="radio"/> Extensive <input checked="" type="radio"/> None observed Major structural defects: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Remarks: **There is cracking of the house and garage foundations.**

BASEMENT (OR LOWER LEVEL)

BASEMENT	<input type="radio"/> Full <input checked="" type="radio"/> Partial <input type="radio"/> None <input type="radio"/> Slab on grade Walls: <input checked="" type="checkbox"/> Open <input checked="" type="checkbox"/> Closed Ceiling: <input checked="" type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input checked="" type="checkbox"/> Limited visibility due to extensive basement storage.
SUMP PUMP	<input checked="" type="radio"/> Tested <input type="radio"/> Not tested <input type="checkbox"/> Water observed in sump pit <u>Dry</u> <input checked="" type="checkbox"/> Satisfactory Extension at Exterior <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Sealed pit <input type="checkbox"/> Radon mitigation system <input checked="" type="checkbox"/> See remarks
FLOOR	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Resilient Tile <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Carpeting <input type="checkbox"/> _____ <input type="checkbox"/> N/A <input type="checkbox"/> Tile <input type="checkbox"/> Laminate <input type="checkbox"/> Engineered Wood <input type="checkbox"/> VAT <input type="checkbox"/> See remarks
FLOOR DRAIN	<input checked="" type="radio"/> Tested <input type="radio"/> Not Tested <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See remarks
BASEMENT DAMPNESS	<input checked="" type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input checked="" type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Not known <input type="checkbox"/> None observed
CRAWL SPACE	<input checked="" type="checkbox"/> Readily accessible <input type="checkbox"/> Not readily accessible <input type="checkbox"/> Not inspected <input checked="" type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Conditions inspected <input checked="" type="checkbox"/> Method: <u>Crawled in</u> <input type="checkbox"/> N/A Floor: <input type="checkbox"/> Concrete: <input checked="" type="checkbox"/> Dirt: <input type="checkbox"/> Wood to earth contact <input type="checkbox"/> _____ <input type="checkbox"/> See remarks Dampness: <input checked="" type="radio"/> Some signs: <input type="radio"/> Extensive <input type="radio"/> None observed <input checked="" type="checkbox"/> Vapor barrier <input checked="" type="checkbox"/> Insulation <input checked="" type="checkbox"/> Ventilation

Remarks: **The exterior sump pump discharge line should be directed to take the water away from the foundation. There are moisture stains on the lower level interior wall and on the foundation wall under the laundry room window.**

HEATING

HEATING SYSTEM	Brand Name: <u>Trane</u> Age: <u>1991</u> Efficiency: <u><80</u> % <input type="checkbox"/> Satisfactory
	No. 1 Capacity: <u>80,000 btu's/hr</u> <input type="checkbox"/> N/A
	Model # <u>tud080c93640</u> Serial # <u>f49591877</u> <input checked="" type="checkbox"/> See remarks
	Brand Name: _____ Age: _____ Efficiency: _____ %
	No. 2 Capacity _____
	Model # _____ Serial # _____
Fuel: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> _____	
Type: <u>Forced air furnace</u>	
When turned on by thermostat <input type="radio"/> Fired <input type="radio"/> Did not fire	
FUEL SUPPLY	<input checked="" type="checkbox"/> Public gas supply <input type="checkbox"/> Tank <input type="checkbox"/> Electricity <input type="checkbox"/> _____ Fuel supply shutoff location: <u>Next to the Furnace</u>
HEAT EXCHANGER	<input checked="" type="checkbox"/> Heat Exchanger Not Inspected <input type="checkbox"/> N/A
FILTER	<input checked="" type="checkbox"/> Disposable <input type="checkbox"/> Washable <input type="checkbox"/> Electronic <input type="checkbox"/> Ultraviolet Filter: <input type="radio"/> Clean <input checked="" type="radio"/> Dirty <input type="checkbox"/> N/A
HEAT DISTRIBUTION	Heat source in each room: <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> Satisfactory
	<input checked="" type="checkbox"/> Ductwork <input type="checkbox"/> Radiators <input type="checkbox"/> Convectors <input type="checkbox"/> Baseboard convectors <input type="checkbox"/> Radiant <input type="checkbox"/> See remarks
HUMIDIFIER	<input checked="" type="checkbox"/> Not functioning <input type="checkbox"/> Not tested <input type="radio"/> Dirty <input type="radio"/> Clean <input type="checkbox"/> N/A
SUPPLEMENTARY HEAT	Location: _____ Type: _____
	<u>Master bedroom</u> <u>Electric wall heater</u> <input type="checkbox"/> See remarks <input checked="" type="checkbox"/> Satisfactory
	_____ <input type="checkbox"/> See remarks <input type="checkbox"/> Satisfactory

Remarks: The furnace filter is dirty. Could not get the humidifier to operate. There are moisture stains, rust and an opening at the furnace/water heater chimneys. The furnace/water heater chimney may not have proper clearance where they pass thru the sub floor. Due to the age of the furnace and the condition of the chimneys we recommend having the furnace, chimneys and heat exchanger cleaned, serviced, and evaluated by a professional HVAC contractor before closing.

COOLING

COOLING	Brand Name: <u>Goodman</u> Age: <u>1999</u> Efficiency: <u>????</u> SEER <input checked="" type="checkbox"/> Satisfactory
	No. 1 Condensing Unit Capacity: <u>2 tons</u> <input type="checkbox"/> N/A
	Model # <u>ck24-1b</u> Serial # <u>9905441285</u> <input type="checkbox"/> See remarks
	Circuit Breaker: <u>30 amps</u> Max Allowed: <u>20 amps</u>
	Brand Name: _____ Age: _____ Efficiency: _____ SEER
	No. 2 Condensing Unit Capacity: _____
	Model # _____ Serial # _____
	Circuit Breaker: _____ Max Allowed: _____
	<input checked="" type="radio"/> Tested <input type="radio"/> Not tested <input type="checkbox"/> Window units not tested
	<input checked="" type="checkbox"/> Central Air <input type="checkbox"/> Room Units <input type="checkbox"/> Heat pump <input type="checkbox"/> Through-wall

Remarks:

PLUMBING AND BATHROOM

WATER HEATER	Brand Name: <u>Rheem</u> Age: <u>2016</u> <input checked="" type="checkbox"/> Satisfactory
	Model # <u>pr0g40-38n rh62</u> Serial # <u>q051623936</u> <input type="checkbox"/> N/A
	Brand Name: _____ Age: _____ <input type="checkbox"/> See remarks
	Model # _____ Serial # _____
	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Integral with heating system Fuel cutoff location: <u>Next to the Water Heater</u>
Capacity <u>40 Gal.</u> Ample for <u>4-5 people</u> <input checked="" type="checkbox"/> Pressure relief valve <input checked="" type="checkbox"/> Extension	
WATER SERVICE ENTRANCE PIPE	Water Supply: <input checked="" type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Not known Pipe: <u>Copper</u> <input checked="" type="checkbox"/> Satisfactory
	Main shutoff location: <u>at the meter</u> <input type="checkbox"/> See remarks
PIPES	<input type="checkbox"/> Plastic <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Unknown Cross connections: <u>No</u> <input checked="" type="checkbox"/> Satisfactory
	Water flow: <input checked="" type="radio"/> Tested <input type="radio"/> Not Tested Leaks: <input type="radio"/> Some signs <input checked="" type="radio"/> None observed <input type="checkbox"/> See remarks
DRAIN/WASTE VENT	Drain/Waste/Vent Pipes: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Lead <input checked="" type="checkbox"/> Cast iron <input type="checkbox"/> Unknown
	Leaks: <input type="radio"/> Some signs <input checked="" type="radio"/> None observed Waste Disposal: <input checked="" type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Not known
Water Softener/Purification	<input checked="" type="checkbox"/> Water softener (not tested) <input type="checkbox"/> Water purification system (not tested) <input type="checkbox"/> N/A

Remarks:

BATHROOM NO 1 Location: Lower level	BATHROOM NO 2 Location: Main floor
<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input checked="" type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool	<input checked="" type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input checked="" type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool
<input checked="" type="checkbox"/> Toilet <input checked="" type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Vanity <input checked="" type="checkbox"/> Window	<input checked="" type="checkbox"/> Toilet <input checked="" type="checkbox"/> Sink <input checked="" type="checkbox"/> Fan <input type="checkbox"/> Vanity <input checked="" type="checkbox"/> Window
Shower wall: Fiberglass	Shower wall: Ceramic tile
Floor covering: Tile	Floor covering: Tile
Leaks: None observed <input type="checkbox"/> Slow drain <input checked="" type="checkbox"/> Satisfactory	Leaks: None observed <input type="checkbox"/> Slow drain <input checked="" type="checkbox"/> Satisfactory
BATHROOM NO 3 Location: Master bathroom	BATHROOM NO 4 Location:
<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input checked="" type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool
<input checked="" type="checkbox"/> Toilet <input checked="" type="checkbox"/> Sink <input checked="" type="checkbox"/> Fan <input checked="" type="checkbox"/> Vanity <input checked="" type="checkbox"/> Window	<input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Vanity <input type="checkbox"/> Window
Shower wall: Fiberglass	Shower wall:
Floor covering: Tile	Floor covering:
Leaks: None observed <input type="checkbox"/> Slow drain <input type="checkbox"/> Satisfactory	Leaks: <input type="checkbox"/> Slow drain <input type="checkbox"/> Satisfactory
BATHROOM NO 5 Location:	BATHROOM NO 6 Location:
<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool
<input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Vanity <input type="checkbox"/> Window	<input type="checkbox"/> Toilet <input type="checkbox"/> Sink <input type="checkbox"/> Fan <input type="checkbox"/> Vanity <input type="checkbox"/> Window
Shower wall:	Shower wall:
Floor covering:	Floor covering:
Leaks: <input type="checkbox"/> Slow drain <input type="checkbox"/> Satisfactory	Leaks: <input type="checkbox"/> Slow drain <input type="checkbox"/> Satisfactory

Remarks: **The master bathroom sink stoppers do not work.**

ELECTRICAL

SERVICE ENTRANCE CABLE	Capacity: <u>100</u> Amps <u>220</u> Volts Service line entrance: <input type="radio"/> Overhead <input checked="" type="radio"/> Underground Conductor material: <input type="radio"/> Copper <input checked="" type="radio"/> Aluminum	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
MAIN PANEL	Location: <u>Lower level east wall</u> Main disconnect: <u>100</u> Amps <input checked="" type="checkbox"/> Grounded <input type="checkbox"/> Panel Index <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input checked="" type="checkbox"/> See remarks
SUB PANEL	Location: _____ Main disconnect: _____ Amps	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A <input type="checkbox"/> See remarks
CIRCUITS AND CONDUCTORS	Quantity: <input checked="" type="checkbox"/> Ample <input type="checkbox"/> Full Branch wiring: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum Wiring method: <input checked="" type="checkbox"/> Romex <input checked="" type="checkbox"/> BX <input type="checkbox"/> Knob and tube <input type="checkbox"/> Double tap breaker	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
OUTLETS	<input checked="" type="checkbox"/> Random testing <input type="checkbox"/> Reversed polarity <input type="checkbox"/> Open ground GFCI: <input checked="" type="checkbox"/> Exterior <input checked="" type="checkbox"/> Garage <input checked="" type="checkbox"/> Kitchen Bathroom(s) <u>Three</u>	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks
DETECTORS	<input checked="" type="checkbox"/> Carbon monoxide alarms not tested Smoke Detectors: <input type="radio"/> Satisfactory <input checked="" type="radio"/> Additional Recommended	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks

Remarks: There is no city electrical inspection sticker on electrical panel door. The safety feature does not work at the rear exterior GFCI outlet. Could not test the front yard light as it is operated by a night sensor. There was no light in the front exterior door light fixture. I put a bulb in but it did not work. The owner stated that she wasn't sure if the back yard light worked. The smoke detector in the furnace room did not operate. We recommend additional smoke/carbon monoxide detectors be added to comply with the U.S product and safety commission guidelines. The A/C circuit breaker is too large. The manufacturer calls for no larger than a 20 amp circuit breaker and a 30 amp breaker is in place. The outlet for the fireplace fan is not hot.

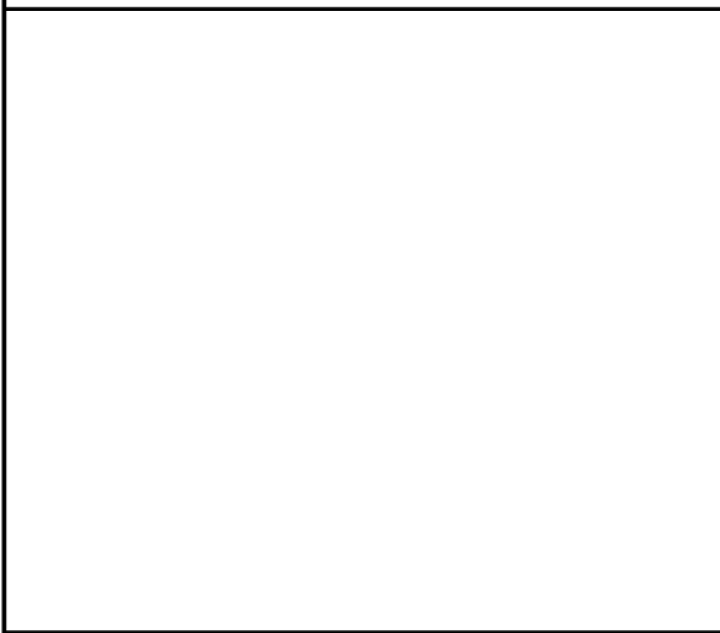


Image information:

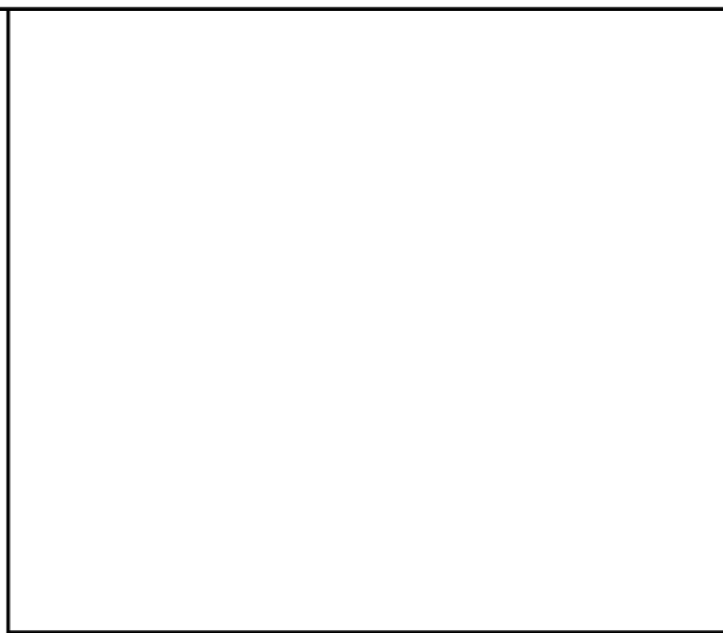


Image information:

KITCHEN AND APPLIANCES

CABINETS / COUNTERTOP						<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
SINK	Plumbing leaks: <input type="radio"/> Some signs: <input checked="" type="radio"/> None observed <input type="radio"/> Slow drain Disposal: <input checked="" type="radio"/> Operating <input type="radio"/> Not operating <input type="radio"/> NA					<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
DISHWASHER	Brand: Maytag <input checked="" type="radio"/> Operating <input type="radio"/> Not operating <input type="checkbox"/> N/A Brand: <input type="radio"/> Operating <input type="radio"/> Not operating *The dishwasher was tested on one cycle only. The test does not comply that the dishwasher will clean the dishes to your requirements.*					<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
RANGE/OVEN	Brand: Maytag <input checked="" type="checkbox"/> Range <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Satisfactory Brand: <input type="checkbox"/> Wall oven <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> N/A Brand: <input type="checkbox"/> Cooktop <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> See remarks *temperatures of the heat settings were not tested.*					
REFRIDGERATOR	#1 Brand: Maytag <input checked="" type="checkbox"/> Operating <input checked="" type="checkbox"/> Icemaker Age <u>???</u> Yrs <input checked="" type="checkbox"/> Satisfactory #2 Brand: <input type="checkbox"/> Operating <input type="checkbox"/> Icemaker Age <u> </u> Yrs <input type="checkbox"/> N/A <input type="checkbox"/> See remarks					
MICROWAVE	#1 Brand: Maytag <input checked="" type="checkbox"/> Operating Age <u>2007</u> Yrs <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory #2 Brand: <input type="checkbox"/> Operating Age <u> </u> Yrs <input type="checkbox"/> Too Low <input type="checkbox"/> See remarks					
VENTILATION	<input checked="" type="checkbox"/> Exhaust fan <input checked="" type="checkbox"/> Ductless <input type="checkbox"/> Vented to outside <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Filter <input checked="" type="checkbox"/> Light <input type="checkbox"/> See remarks					
FLOOR COVERING	Type: Dura-ceramic <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks					
CLOTHES WASHER	Brand: LG <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not tested <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks					
CLOTHES DRYER	Brand: LG <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Not tested <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory Vented to: Out west wall <input type="checkbox"/> See remarks					

Remarks:

INTERIOR

FLOORS	<input checked="" type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Tile <input checked="" type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Resilient <input type="checkbox"/> Laminate <input type="checkbox"/> Engineered Wood <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
WALLS	<input checked="" type="checkbox"/> Plaster <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
CEILINGS	<input checked="" type="checkbox"/> Plaster <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> _____ <input type="checkbox"/> Moisture stains <input type="checkbox"/> Closet Globe	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
STAIRS / RAILINGS	<input type="checkbox"/> Balcony <input checked="" type="checkbox"/> Stairs <input checked="" type="checkbox"/> Railings <input type="checkbox"/> Balusters <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
FIREPLACE	Main floor Gas Fan: Not operating Damper: N/A _____ Fan: _____ Damper: _____ _____ Fan: _____ Damper: _____ <input type="checkbox"/> Flue liner <input type="checkbox"/> Partially observed <input type="checkbox"/> Clean chimney before use <input type="checkbox"/> Gas fireplace damper	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input checked="" type="checkbox"/> See remarks
DOORS (INSIDE)		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
WINDOWS AND SKYLIGHTS	<input checked="" type="checkbox"/> Double hung <input type="checkbox"/> Single hung <input checked="" type="checkbox"/> Casement <input type="checkbox"/> Awning <input type="checkbox"/> Sliding <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl or aluminum clad wood <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Insulated glass <input checked="" type="checkbox"/> Single pane glass <input type="checkbox"/> Roof windows and skylights <input type="checkbox"/> Moisture stains <input type="checkbox"/> Extensive	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See remarks

Remarks: There is cracking of the plaster walls and ceilings. There is some scratching and wearing of the hardwood floors. There are no handles at the french doors. The fireplace fan did not operate.

ATTIC

ACCESS	How inspected Looked in _____ <input type="checkbox"/> Not inspected <input type="checkbox"/> N/A <input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input checked="" type="checkbox"/> Scuttlehole <input type="checkbox"/> No access	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks
MOISTURE STAINS	<input type="radio"/> Some signs <input type="radio"/> Extensive <input checked="" type="radio"/> None observed <input type="checkbox"/> Condensation Roof leaks: <input type="radio"/> Some signs <input type="radio"/> Extensive <input checked="" type="radio"/> None observed	
STORAGE	<input type="checkbox"/> Floored <input checked="" type="checkbox"/> Not floored	
INSULATION	Type: Blown in Cellulose Average inches: 12 +/- <input type="checkbox"/> N/A Installed in: <input type="checkbox"/> Rafters <input type="checkbox"/> Floor Approx. R Rating: 38 +/-	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
VENTILATION	<input type="checkbox"/> Window(s) <input type="checkbox"/> Attic fan <input type="checkbox"/> Whole house fan <input type="checkbox"/> Turbine <input type="checkbox"/> Ridge vent <input checked="" type="checkbox"/> Soffit vent <input checked="" type="checkbox"/> Roof vent(s) <input type="checkbox"/> Gable end louvers <input type="checkbox"/> Attic fan	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See remarks

Remarks: There is six inches of insulation above the garage. The attic access in the master bedroom closet is not accessible due to the shelving in place. The attic was inspected from the attic access only due to insulation, lack of walking boards and safety concerns.

ROOFING SYSTEM

ROOF COVERING	Location:		Materials		Age			
	<u>Throughout</u>		<u>Laminated shingles</u>		<u>2014</u>		<input type="checkbox"/> See remarks	<input checked="" type="checkbox"/> Satisfactory
							<input type="checkbox"/> See remarks	<input type="checkbox"/> Satisfactory
							<input type="checkbox"/> See remarks	<input type="checkbox"/> Satisfactory
		How inspected <u>Walked on</u> <input type="checkbox"/> Defective Shingles						
FLASHING	<input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Rubberized membrane <input type="checkbox"/> Lead <input type="checkbox"/> _____							<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
CHIMNEY	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> PVC <input type="checkbox"/> _____ <input checked="" type="checkbox"/> In chase							<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
GUTTERS AND DOWNSPOUTS	<input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood Extensions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks

Remarks: **There is some debris in the gutters.**

EXTERIOR

EXTERIOR DOORS	Doorbell: <input checked="" type="radio"/> Operating <input type="radio"/> Not operating <input type="radio"/> N/A							<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks
WINDOWS AND SKYLIGHTS	Window trim: <input type="radio"/> Signs of deterioration <input type="radio"/> Extensive <input checked="" type="radio"/> None observed							<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
FAUCETS	Faucets: <input checked="" type="checkbox"/> Operating <input checked="" type="checkbox"/> Frost free <input type="checkbox"/> Not frost free <input type="checkbox"/> Not tested							<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
EXTERIOR WALL COVERING	Location:		Materials					
	Front		<u>Man made stone & Wood siding</u>					<input checked="" type="checkbox"/> See remarks <input type="checkbox"/> Satisfactory
	Balance		<u>Wood siding</u>					<input type="checkbox"/> See remarks <input checked="" type="checkbox"/> Satisfactory
		<input type="checkbox"/> Bushes						
EXTERIOR TRIM	<input type="checkbox"/> Signs of deterioration <input type="checkbox"/> Extensive <input checked="" type="checkbox"/> None observed							<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
GARAGE/ CARPORT	<input checked="" type="checkbox"/> Garage <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached							<input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Garage shelving <input type="checkbox"/> Stored Items							<input checked="" type="checkbox"/> See remarks
GARAGE DOOR	<input checked="" type="checkbox"/> Door operator <input type="checkbox"/> Safety reverse <input checked="" type="checkbox"/> Safety reverse eyes <input type="checkbox"/> N/A							<input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> Safety reverse too high <input type="checkbox"/> Safety reverse adjustment							<input type="checkbox"/> See remarks

Remarks: **The house to garage door is an interior door. There is no screen door at the deck door. There are openings in between the stones at the front of the house & garage and garage that may allow water to penetrate and possibly cause the stones to become loose. There is one loose stone at the bottom row of the south garage stone panel. There is cracking and settlement of the garage floor.**

GROUNDSD

GRADING	General grading, slope, and drainage: <input checked="" type="checkbox"/> See Remarks <input type="checkbox"/> Satisfactory
	Grading and slope at house wall (within 5 feet from building) <input checked="" type="checkbox"/> See Remarks <input type="checkbox"/> Satisfactory
SIDEWALK AND WALKWAY	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> Pavers <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
DRIVEWAY	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Brick <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
WINDOW WELLS	<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks
RETAINING WALL	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Block <input checked="" type="checkbox"/> Stone <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks
TREES AND SHRUBBERY	<input type="checkbox"/> Dead and hanging branches <input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks
FENCING	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> _____ <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks

Remarks: The grading and drainage is pretty flat on the north side and slopes towards the house in the back yard. There are loose stones at the retaining wall on the north property line and rotted wood at the low timber retaining wall on the east property line. The tree branches need to be trimmed away from the shingles. We recommend translucent covers at the window wells.

DECK/ BALCONY	<input type="checkbox"/> Signs of deterioration <input type="checkbox"/> Extensive <input checked="" type="checkbox"/> None observed <input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> On grade <input checked="" type="checkbox"/> Raised <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Composite <input type="checkbox"/> Handrail <input type="checkbox"/> N/A <input type="checkbox"/> See remarks
PATIO	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Pavers <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> _____ <input type="checkbox"/> N/A <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> See remarks
FRONT PORCH	Floor: <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> _____ <input type="checkbox"/> Railing/Guardrail <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See remarks
OUTBUILDINGS	Flooring: Concrete <input type="checkbox"/> Not Inspected

Remarks: There is some cracking of the patio. Cracks and joints should be sealed to prevent water penetration.

Continued from page _____ Subject _____

Continued from page _____ Subject _____

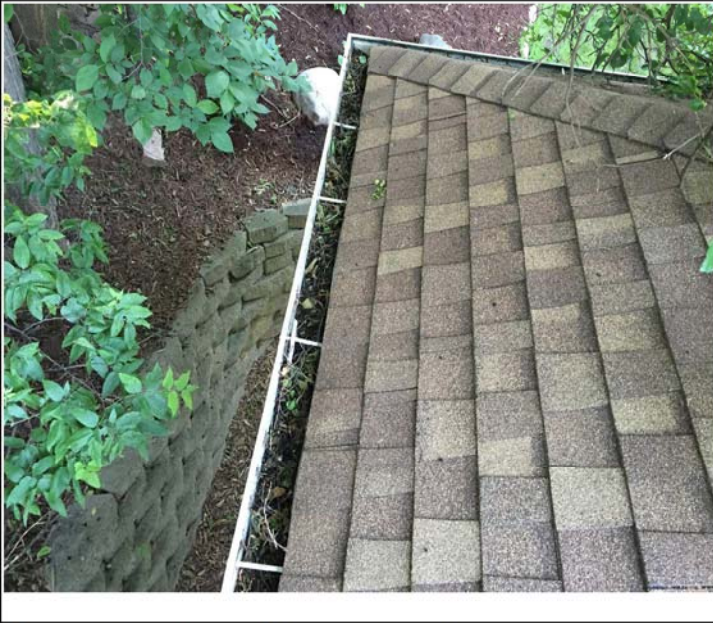


Image information: Debris in the gutters.

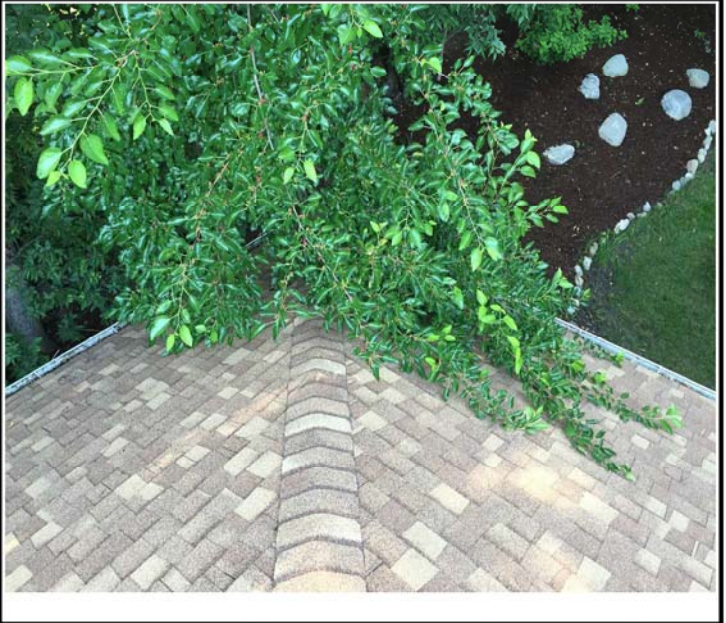


Image information: Tree branches need to be trimmed away from the shingles.