



Building Data / Receipt Information

RECEIPT

Inspection Date: 8-22-16
 Client Name: Home Buyer
 Inspection Address: 1 Main St
 Inspected by: Michael Walsh KY License #102493

Inspection:	\$335
Radon:	\$150
Termite:	\$60
Total:	\$ 345.00

Paid by: Check

BUILDING DATA

Approximate Age: 46 Years
 Style: One story
 General Appearance: Satisfactory
 Main Entrance Faces: For sake of the report the house faces South
 Weather Condition: Clear
 Temperature: 75°F +/-
 Ground cover: Damp
 Home Status: Vacant
 Buyer present: Yes

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GROUNDS

Service Walks	<input type="checkbox"/> None <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Pitched towards home	<input type="checkbox"/> Flagstone <input checked="" type="checkbox"/> Marginal <input checked="" type="checkbox"/> Settling cracks	<input type="checkbox"/> Brick <input type="checkbox"/> Poor <input type="checkbox"/> Not visible	<input type="checkbox"/> Pavers <input checked="" type="checkbox"/> Trip Hazard
Driveway	<input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Fill cracks and seal	<input type="checkbox"/> None <input type="checkbox"/> Asphalt <input type="checkbox"/> Marginal <input type="checkbox"/> Pitched towards home	<input type="checkbox"/> Gravel <input type="checkbox"/> Poor <input type="checkbox"/> Trip hazard	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Settling cracks
Patio/Lanai	<input type="checkbox"/> Concrete <input type="checkbox"/> Satisfactory <input type="checkbox"/> Pitched towards home	<input checked="" type="checkbox"/> None <input type="checkbox"/> Flagstone <input type="checkbox"/> Marginal (See Remarks page)	<input type="checkbox"/> Brick <input type="checkbox"/> Poor <input type="checkbox"/> Settling cracks	<input type="checkbox"/> Kool-Deck® <input type="checkbox"/> Other
Deck (flat, floored, roofless area)	<input type="checkbox"/> Treated <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> None <input type="checkbox"/> Painted/Stained <input type="checkbox"/> Marginal	<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Poor <input type="checkbox"/> Not visible	
Porch (covered entrance)	Support Pier: <input checked="" type="checkbox"/> Wood Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> None <input type="checkbox"/> Concrete <input type="checkbox"/> Marginal	<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Other <input type="checkbox"/> Poor <input type="checkbox"/> Not visible	
Balcony (2nd floor platform)	Railing: <input checked="" type="checkbox"/> Yes Condition: <input type="checkbox"/> Satisfactory	<input type="checkbox"/> None <input type="checkbox"/> No <input checked="" type="checkbox"/> Marginal	<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Poor	
Stoops/Steps	<input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> None <input type="checkbox"/> Wood <input type="checkbox"/> Cracked	<input type="checkbox"/> Other <input type="checkbox"/> Settled	<input type="checkbox"/> Railing recommended <input type="checkbox"/> Damaged Wood
Fencing	Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> None <input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Type: <u> Wood </u>
Landscaping Affecting Foundation	(See Remarks page):			
Negative grade at:	<input type="checkbox"/> East <input type="checkbox"/> West <input checked="" type="checkbox"/> Trim back trees/shrubberies	<input type="checkbox"/> North <input type="checkbox"/> South	<input checked="" type="checkbox"/> Flat grade <input type="checkbox"/> Recommend window wells/covers <input type="checkbox"/> Wood in contact with soil	
Retaining Wall:	Visual Condition: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
General Comments	<p>Maintain a positive drainage slope away from the foundation. Trim vegetation away from the house. Settlement in concrete walkways has created tripping hazards and slope back toward the foundation. Not in use cistern is accessible through wood panel covering window in rear wall of side screened porch. Metal railing post at rear raised walkout slab is rusted through; repair for safety.</p>			



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ROOF COVERING

General Information			
Roof Visibility	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Percent	<input type="checkbox"/> None <input type="checkbox"/> Limited By:
Inspected From	<input checked="" type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input type="checkbox"/> Ground w/binoculars
Style of Roof			
Type: Combination:	<input checked="" type="checkbox"/> Gable	<input type="checkbox"/> Hip	<input type="checkbox"/> Mansard
Pitch: Combination:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Steep
		<input type="checkbox"/> Shed	<input type="checkbox"/> Flat
		<input type="checkbox"/> Flat	<input type="checkbox"/> Other
Roof Covering			
Roof #1:	Type: Asphalt Estimated Layers: 2 Layers Approximate age of cover: 20+ years		
Ventilation System			
Combination:	<input checked="" type="checkbox"/> Soffit	<input type="checkbox"/> Ridge	<input checked="" type="checkbox"/> Gable
	<input type="checkbox"/> Turbine	<input type="checkbox"/> Powered	<input checked="" type="checkbox"/> Top
Flashing Material	Combination: <input checked="" type="checkbox"/> Galv./Aluminum	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Not Visible
	<input type="checkbox"/> Copper	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Lead
Valley Material			
Combination:	<input type="checkbox"/> Galv./Aluminum	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Copper
	<input type="checkbox"/> Not Visible	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Not Applicable
Apparent Condition of the Following at Time of Inspection (conditions reported reflect visible portion only)			
Roof Covering			
Condition:	<input checked="" type="checkbox"/> Curling	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
	<input type="checkbox"/> Moss Buildup	<input type="checkbox"/> Cupping	<input checked="" type="checkbox"/> Poor
	<input type="checkbox"/> Exposed Felt	<input checked="" type="checkbox"/> Nail Popping	<input type="checkbox"/> Missing tabs/shingles/tiles
		<input checked="" type="checkbox"/> Granular loss	<input type="checkbox"/> Ponding
			<input type="checkbox"/> Burn Spots
Ventilation			
	Appears adequate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See Remarks page)		
Flashings			
	<input type="checkbox"/> Rusted	<input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal
	<input type="checkbox"/> Not Visible	<input type="checkbox"/> Recommend Sealing	<input checked="" type="checkbox"/> Covered by shingles
		<input type="checkbox"/> Other	<input type="checkbox"/> Poor
Valleys			
	<input type="checkbox"/> Not Visible	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
	<input type="checkbox"/> Holes	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Rusted
		<input type="checkbox"/> Recommend Sealing	<input type="checkbox"/> Poor
Skylights			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Satisfactory
			<input type="checkbox"/> Marginal
			<input type="checkbox"/> Poor
Plumbing Vents			
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Satisfactory
			<input type="checkbox"/> Marginal
			<input type="checkbox"/> Poor
General Comments			

The roof covering is in overall marginal to poor condition showing excessive signs of aging; shingles are nearing the end to their useful life. Clear debris from roof at lower to upper transition.



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CHIMNEY / GUTTERS / SIDING / TRIM

Chimney(s)		<input type="checkbox"/> None	Location(s): Middle of roof	
Viewed from:	<input checked="" type="checkbox"/> Roof	<input type="checkbox"/> Ladder at eaves	<input type="checkbox"/> Ground w/binoculars	
Chase:	<input checked="" type="checkbox"/> Brick	<input type="checkbox"/> Stone	<input type="checkbox"/> Metal	<input type="checkbox"/> Framed <input type="checkbox"/> Blocks
Evidence of:	<input checked="" type="checkbox"/> Cracked chimney cap	<input type="checkbox"/> Loose mortar joints		
Flue:	<input checked="" type="checkbox"/> Tile	<input type="checkbox"/> Holes in metal	<input type="checkbox"/> Rust	<input checked="" type="checkbox"/> Flaking
Evidence of:	<input type="checkbox"/> Scaling	<input type="checkbox"/> Metal	<input type="checkbox"/> Cracks	<input type="checkbox"/> Creosote <input type="checkbox"/> Not Visible
Gutters & Downspouts		<input type="checkbox"/> None	(See Remarks page)	
<input type="checkbox"/> Insides need to be cleaned				
Condition:	<input checked="" type="checkbox"/> Galvanized/Alum.	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusting
Extension needed:	<input checked="" type="checkbox"/> Guards installed	Leaking: <input type="checkbox"/> Corners <input type="checkbox"/> Joints		
	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
Siding				
Condition:	<input checked="" type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Stucco
	<input checked="" type="checkbox"/> Stone	<input type="checkbox"/> Slate	<input type="checkbox"/> Fiberboard	<input type="checkbox"/> EIFS (See Remarks) <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Recommend repair/painting
Window Frames				
Condition:	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Alum. covered	<input checked="" type="checkbox"/> Vinyl	<input type="checkbox"/> Metal <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Storms & Screens				
Putty:	<input type="checkbox"/> Wood	<input type="checkbox"/> Clad comb.	<input type="checkbox"/> Wood/metal comb.	<input checked="" type="checkbox"/> Insulated glass <input type="checkbox"/> Other
Screens:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needed	<input checked="" type="checkbox"/> N/A	
Storms:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Torn	<input checked="" type="checkbox"/> Not installed	
	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Broken/cracked	<input type="checkbox"/> Damaged wood	<input checked="" type="checkbox"/> Not installed
1 - Trim, 2 - Soffit, 3 - Fascia				
Condition:	<input checked="" type="checkbox"/> Wood 1	<input checked="" type="checkbox"/> Metal 3	<input checked="" type="checkbox"/> Vinyl 2	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Satisfactory 1, 2, 3	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Caulking				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
General Comments				

Window screens not installed. Cracking noted in masonry chimney cap repair to seal out moisture.



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EXTERIOR / ELECTRICAL / AC / GARAGE

Exterior Doors	Entrance (1); Storm (2); Patio (3)	
Weatherstripping: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
Exterior Electrical Service		
<input checked="" type="checkbox"/> Overhead	<input type="checkbox"/> Underground	Service drop: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Needs service
Exterior outlets: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GFCI protected: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reverse polarity: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Potential safety hazard:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A/C Condenser/Heat Pump		
	<input type="checkbox"/> None	Approximate age: 16 years
#1 Brand: Lennox	Model #: HS29-030-1P	Outside shutoff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Condition: <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted	Level: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Garage		
	<input type="checkbox"/> None	
<input type="checkbox"/> Attached	<input checked="" type="checkbox"/> Detached	<input type="checkbox"/> 1-car <input checked="" type="checkbox"/> 2-car <input type="checkbox"/> 3-car
Automatic opener:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Operable <input type="checkbox"/> Inoperable
Safety reverse:	<input type="checkbox"/> Operable	<input type="checkbox"/> Door stops <input type="checkbox"/> Needs adjusting
Roofing:	<input checked="" type="checkbox"/> Same as house	<input type="checkbox"/> Asphalt <input type="checkbox"/> Slate <input type="checkbox"/> Roll roofing
Gutters:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> None
Siding:	<input type="checkbox"/> Same as house	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl
	<input type="checkbox"/> Stucco	<input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Slate <input type="checkbox"/> Fiberboard
Trim:	<input checked="" type="checkbox"/> Same as house	<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl
Floor:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt
Overhead door:	Condition: <input type="checkbox"/> Satisfactory	<input checked="" type="checkbox"/> Heave at center <input checked="" type="checkbox"/> Large settling cracks
	<input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Other
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Recommend painting inside & edges
Service door:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> None
Sill plates:	<input checked="" type="checkbox"/> Elevated	<input type="checkbox"/> Floor level <input type="checkbox"/> Both <input type="checkbox"/> Not Visible <input type="checkbox"/> Rotted
Electricity present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	GFCI Protected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reverse polarity: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Firewall:	(between garage & living area)	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Present <input type="checkbox"/> Missing
General Comments		

Terminate wire in garage near light fixture properly. Step cracking noted in garage walls and floor has heaved upward and cracked; repair as needed. Garage roof is in overall poor condition and partially covered in moss. Consider installing gutters and downspouts at garage to ensure proper drainage away from the structure.



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KITCHEN

Countertops	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
Cabinets	Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Recommend repairs	
Plumbing Comments	Faucet leak: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipes leak: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drainage: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor	Water pressure: <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Poor
Walls & Ceiling	Condition <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Typical cracks <input type="checkbox"/> Moisture stains	
Heat Source Present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Floor	Condition <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor <input type="checkbox"/> Sloping <input type="checkbox"/> Squeaks	
Appliances	(See Remarks page)			
Disposal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dishwasher: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Range: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Oven: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Trash compactor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Exhaust fan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Refrigerator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Microwave: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Operates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical	Outlets present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
GFCI protected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No (Remarks)		
Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard		
General Comments:				

Window screen is missing. GFCI protected outlet in kitchen tested as open ground though remaining outlets tested as grounded; recommend repair to GFCI protected outlet to ground. Water flow and drainage is satisfactory with several fixtures operating. Appliances operated properly when tested.

LAUNDRY / UTILITY ROOM

Laundry sink: <input type="checkbox"/> N/A	Faucet leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pipe leaks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cross connections: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None apparent	Heat source present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Room appears vented: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not visible	
Dryer vented: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Wall	<input type="checkbox"/> Ceiling <input type="checkbox"/> Not vented	
Electrical: Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Safety hazard
Appliances present: <input type="checkbox"/> Washer <input type="checkbox"/> Dryer	<input type="checkbox"/> Water heater <input type="checkbox"/> Furnace	<input type="checkbox"/> Other
Gas pipe: Valve shutoff: <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Cap Needed	<input checked="" type="checkbox"/> N/A
General Comments		

None

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BATHROOMS

Bath: First floor bath

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Tubs	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Showers	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl	<input type="checkbox"/> Toilet leaks
Shower/Tub area:		<input checked="" type="checkbox"/> Ceramic/Plastic	<input type="checkbox"/> Fiberglass		<input type="checkbox"/> Masonite	<input type="checkbox"/> Other		
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor	<input type="checkbox"/> Rotted floors		
	Caulk/Grouting needed:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Where:			
Drainage:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor			
Water pressure:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor			
Walls/Ceiling:	Moisture stains present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
Outlets present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI protected:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	Potential safety hazards present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		(See Remarks page)			
Heat source present:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		(See Remarks page)			
Exhaust fan:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

General Comments:

Water flow and drainage is satisfactory with several fixtures operating.

Bath: Master bedroom half bath

Sinks	Faucet leaks:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Pipes leak:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Toilet:	Bowl loose	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Cracked bowl	<input type="checkbox"/> Toilet leaks
Drainage:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor			
Water pressure:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor			
Walls/Ceiling:	Moisture stains present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
Outlets present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI protected:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Open ground/reverse polarity within 6' of water:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	Potential safety hazards present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		(See Remarks page)			
Heat source present:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		(See Remarks page)			
Exhaust fan:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

General Comments:

Water flow and drainage is satisfactory with several fixtures operating. Toilet fills slowly.

LIVING ROOM

Location: First floor South

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks
 Moisture stains: Yes No
 Flooring: Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No
 Heat source present: Yes No Holes: Doors Walls Ceilings
 Doors & Windows: Satisfactory Marginal Poor Cracked glass Ruptured thermal seal

General Comments:

None

DINING ROOM

Location: First floor North

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks
 Moisture stains: Yes No
 Flooring: Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No
 Heat source present: Yes No Holes: Doors Walls Ceilings
 Doors & Windows: Satisfactory Marginal Poor Cracked glass Ruptured thermal seal

General Comments:

None

BEDROOM

Location: First floor SE

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks
 Moisture stains: Yes No
 Flooring: Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No
 Heat source present: Yes No Holes: Doors Walls Ceilings
 Doors & Windows: Satisfactory Marginal Poor Cracked glass Ruptured thermal seal

General Comments:

None

BEDROOM

Location: First floor NE

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks
 Moisture stains: Yes No
 Flooring: Satisfactory Marginal Poor
 Electrical: Switches: Yes No Outlets: Yes No
 Heat source present: Yes No Holes: Doors Walls Ceilings
 Doors & Windows: Satisfactory Marginal Poor Cracked glass Ruptured thermal seal

General Comments:

None

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FAMILY ROOM

Location: Basement East

Walls & Ceiling: Satisfactory Marginal Poor Typical Cracks
Moisture stains: Yes No
Flooring: Satisfactory Marginal Poor
Electrical: Switches: Yes No Outlets: Yes No
Heat source present: Yes No Holes: Doors Walls Ceilings
Doors & Windows: Satisfactory Marginal Poor Cracked glass Ruptured thermal seal

General Comments:

Room is not supplied by house cooling system; radiator is present from boiler.

WINDOWS / FIREPLACES / ATTIC

Interior Windows/Glass

General condition: Satisfactory Marginal Poor
 Surface deterioration: **(See Remarks page)** Representative number of windows operated
 Evidence of leaking insulated glass: Yes No N/A
 Hardware missing Glazing compound needed Cracked glass
 Safety glazing required N/A Where: Safety issue

Fireplace

None Location(s): Living room
 Gas Wood **Woodburner stove (See Remarks page)**
 Masonry Metal insert Metal
 Blower built-in Operates: Yes No Damper operates Damper missing N/A
 Open joints or cracks in firebrick should be sealed
 Hearth: Adequate: Yes No Mantle: Adequate Loose
 Recommend having flue cleaned and re-examined

Stairs

Satisfactory Marginal Poor None
 Handrail: Satisfactory Marginal Poor
 Risers/Treads: Satisfactory Marginal Poor Risers uneven

Smoke Detectors

(See Remarks page)
 Present: Yes No Operates: Yes No Not tested

Attic

Access: Stairs Pulldown Scuttlehole Knee wall No access
 Inspected from: Access panel In the attic Other
 Location: Bedroom hall Bedroom closet Garage Other
 Flooring: Complete Partial None
 Insulation: Fiberglass: Batts Loose Cellulose Other
 Vermiculite Rockwool Average inches: 3-6 Approx. R-rating: R-19+/-
 Installed in: Floor Rafters Walls
 Roof sheathing: Rotted Stained Delaminated Satisfactory
 Evidence of condensation/leaks: Yes No
 Fans exhausted to: Attic: Yes No Outside: Yes No Not visible N/A
 Chimney chase: Satisfactory Needs work Not visible Not applicable
 Structural problems observed: Yes No
 Roof structure: Rafters: Wood Metal Other
 Trusses Others Collar ties present: Yes No
 Sheathing: Plywood Flakeboard Wood 1x Other
 Ceiling joist: Wood Metal Other Not Visible




General Comments

Rafters appeared to be in overall adequate condition. Roof sheathing, examined from the attic, showed no major defects or moisture damage. Insulation was poor and should be improved. Ventilation was normal. Repairs recommended in fireplace prior to operating; several brick have shifted leaving small to large open voids, flue is soot covered and damper plate is dislodged from mounting bracket. Replace missing smoke detectors.



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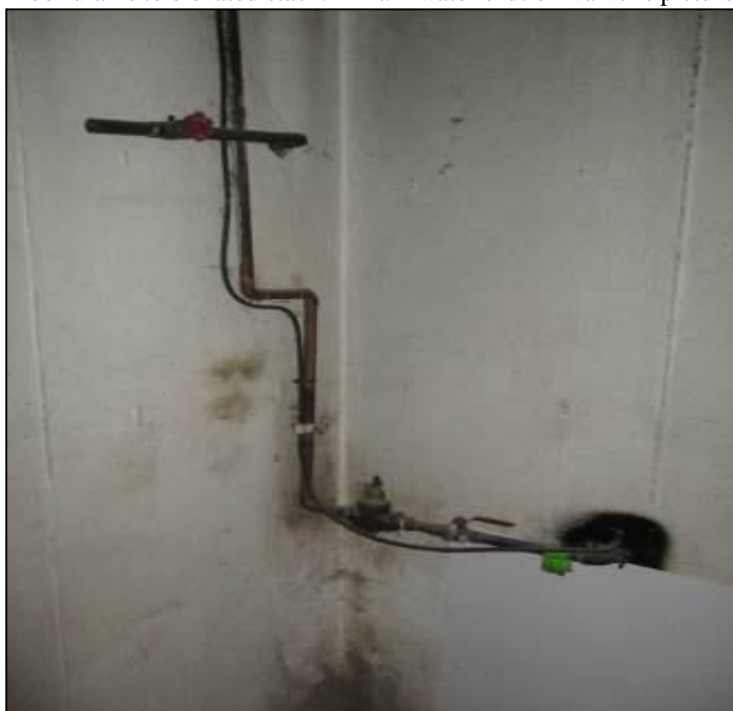
BASEMENT

Stairs					
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Need repair	
Handrail:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
Headway over stairs:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Not visible	
Under carriage:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Not visible	
Foundation Walls					
Horizontal cracks:	<input type="checkbox"/> Concrete block	<input checked="" type="checkbox"/> Poured concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Fieldstone	<input type="checkbox"/> Other
Step cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input checked="" type="checkbox"/> None
Vertical cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input checked="" type="checkbox"/> None
Covered walls:	<input checked="" type="checkbox"/> North	<input checked="" type="checkbox"/> South	<input checked="" type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Movement apparent:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input checked="" type="checkbox"/> None
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Have evaluated	<input type="checkbox"/> Monitor	
Condition reported above reflects visible portion only					
Floor					
Condition:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Dirt/Gravel	<input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> Other	
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Typical cracks	
Basement Drainage					
Indication of moisture:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Fresh	<input checked="" type="checkbox"/> Old stains	
Sump Pump:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Working	<input type="checkbox"/> Not working	<input type="checkbox"/> Not tested
Floor drains present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Efflorescence present		
Drain Tile (See Remarks page)			Palmer valves (See Remarks page)		
Girders (1), Columns (2)					
Condition:	<input checked="" type="checkbox"/> Steel 1, 2	<input type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Not visible
	<input checked="" type="checkbox"/> Satisfactory 1, 2	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Stained/Rusted	
Joists					
	<input checked="" type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Other	
	<input type="checkbox"/> 2x8	<input checked="" type="checkbox"/> 2x10	<input type="checkbox"/> 2x12	16 inches on center	
General Comments					
<p>East portion of the basement is finished living space; floor, wall and ceiling areas are covered and not visible. Visible portion of foundation walls, floor and framing appear satisfactory. Water capture system installed at perimeter of basement; follow up with seller for possible warranty information. Drain line from water capture system is piped into the gray water crock; by current standards ground water drainage systems should not be piped into sanitary drains. Consider installing back up system for sump drainage pump in basement. Small copper lines through front wall of house indicate past/potential presence of heating oil tank; follow up with seller for additional information. Older moisture staining noted on rear wall in unfinished portion of basement below terminated plumbing drain lines; monitor area for potential seepage in the future and seal as needed.</p>					
					

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PLUMBING

Water Service	Shut off location: In the basement			
Water entry piping:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB	<input type="checkbox"/> Unknown
Water lines:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic	<input type="checkbox"/> Polybutylene <input type="checkbox"/> Unknown
	Lead (<i>other than solder joints</i>):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Service entry <input type="checkbox"/> Unknown
	Water pressure:		<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor
	Pipes:		<input type="checkbox"/> Corroded <input type="checkbox"/> Leaking	<input type="checkbox"/> Valves broken/missing <input checked="" type="checkbox"/> Not visible
Drain/waste/vent pipe:	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/> Cast iron	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Other
	Condition:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Not visible
	Waste discharge:		<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Slow drain
Hose bibs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested
Well Pump	<input checked="" type="checkbox"/> N/A	(See Remarks page)		
	<input type="checkbox"/> Submersible	<input type="checkbox"/> In basement	<input type="checkbox"/> Well house	<input type="checkbox"/> Well pit <input type="checkbox"/> Shared well
Pressure gauge operates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Sanitary Pump	<input type="checkbox"/> N/A			
Sealed crock:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heater #1	Brand name: General Electric		Serial #: Q111324300	
	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other
	Capacity: 40 gallons		Approx. age: 3 yr.(s)	
Relief valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing
Vent pipe:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Pitch proper	<input type="checkbox"/> Rusted <input type="checkbox"/> Other
Water Softener	(Unit not evaluated)			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Plumbing hooked up: <input type="checkbox"/> Yes <input type="checkbox"/> No		
General Comments	Pump in basement is acting as a gray water lift pump to raise waste water from laundry and floor drains to elevated stack. Main water shut off valve is pictured below.			



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HEATING SYSTEM

Fuel Shutoff	Main fuel shutoff location: Outside at the gas meter		
Forced Air System			
Cooling side only	Brand name: Lennox Model #: CB29M-31-1P	Approximate age: 16 year(s) Serial #: 5800B64099	
Energy source:	<input type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric		
Hot air systems:	<input type="checkbox"/> Belt drive <input checked="" type="checkbox"/> Direct drive <input type="checkbox"/> Gravity		
Heat exchanger:	<input type="checkbox"/> Visual with mirror <input checked="" type="checkbox"/> N/A (sealed) <input type="checkbox"/> Not accessible		
Heat pump:	Condition: <input type="checkbox"/> Rusted <input type="checkbox"/> Flame distortion <input type="checkbox"/> Other		
	<input type="checkbox"/> Aux. Elec. <input type="checkbox"/> Aux. Gas <input type="checkbox"/> Aux. geothermal <input checked="" type="checkbox"/> N/A		
	Emergency heat tested: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Distribution:	<input checked="" type="checkbox"/> Metal duct <input checked="" type="checkbox"/> Insul. flex duct <input type="checkbox"/> Cold air returns		
Flue piping:	<input type="checkbox"/> Metal <input type="checkbox"/> PVC <input type="checkbox"/> Proper pitch <input type="checkbox"/> Rusted <input checked="" type="checkbox"/> N/A		
Filter:	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Electrostatic <input type="checkbox"/> Paper <input type="checkbox"/> N/A		
	Condition: <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Replace/clean <input type="checkbox"/> Missing		
Operated:	When turned on by thermostat: <input checked="" type="checkbox"/> Fired <input type="checkbox"/> Did not fire		
Operation:	Satisfactory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend HVAC technician examine		
Controls:	<input type="checkbox"/> Disconnect <input checked="" type="checkbox"/> Normal operating and safety controls observed		
Boiler System	<input type="checkbox"/> N/A		
	Brand name: Burnham Corp. Boiler #: P-204-W	Approximate age: 45 year(s) Serial #: 17 171693	
	<input checked="" type="checkbox"/> System not operated due to: outside temperature		
Energy source:	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric		
Distribution:	<input checked="" type="checkbox"/> Hot water <input type="checkbox"/> Baseboard <input type="checkbox"/> Steam <input type="checkbox"/> Radiator		
Circulator:	<input checked="" type="checkbox"/> Pump <input type="checkbox"/> Gravity <input type="checkbox"/> Multiple zones		
Controls:	Temp/pressure gauge exist: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Relief valve: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Operated:	When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire		
Operation:	Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend HVAC technician examine		
Others	<input checked="" type="checkbox"/> N/A		
	<input type="checkbox"/> Electric baseboard <input type="checkbox"/> Radiant ceiling cable <input type="checkbox"/> Gas space heater		
	<input type="checkbox"/> Woodburning stove (See Remarks page)		
General Comments	Boiler was not operated due to outside temperature; unit is beyond the normal design life for this type. Air handler in attic for cooling system is older though operated properly when tested. Furnace filter is dirty and in need of replacement; filter is pulled from vent cover		



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COOLING SYSTEM

Energy source:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other	Approximate age: 16 year(s)
Central air:	<input checked="" type="checkbox"/> Air cooled	<input type="checkbox"/> Water cooled	<input type="checkbox"/> Gas chiller	<input type="checkbox"/> Heat pump
Operated:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not operated due to outside temperature	
Temperature differential:	Unit 1: 19 °F	Unit 2: ??? °F	Unit 3: ??? °F	(See Remarks page)
Operation:	Satisfactory:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Recommend HVAC technician examine
Refrigerant lines:	<input type="checkbox"/> Leak	<input type="checkbox"/> Damaged	<input type="checkbox"/> Insulation missing	<input checked="" type="checkbox"/> Satisfactory
Through wall unit(s):	<input checked="" type="checkbox"/> N/A	<i>Operated:</i> <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs service

General Comments



The A/C unit operated properly when tested though is beyond the typical design life for this type of equipment; budget for future replacement.

ELECTRICAL

Main Panel

Location: Basement

Appears grounded:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Amps: 200	Volts: 240	<input checked="" type="checkbox"/> Breakers	<input type="checkbox"/> Fuses
Main Wire:	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Aluminum	GFCI present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<i>Operates:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch Wire:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> BX cable	<input type="checkbox"/> Copper clad aluminum	<input type="checkbox"/> Copper clad aluminum	<input type="checkbox"/> Not visible
	<input checked="" type="checkbox"/> Romex	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Conduit	<input type="checkbox"/> Branch wires undersized	<input type="checkbox"/> Knob & tube	<input type="checkbox"/> Others
	<input type="checkbox"/> Double tapping	<input type="checkbox"/> Not evaluated	Reason:			
	<input type="checkbox"/> Panel not accessible					

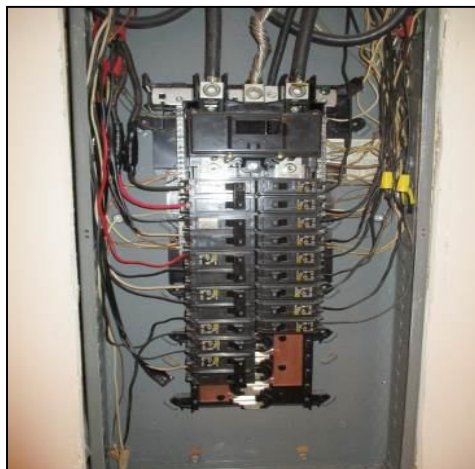
Electrical Fixtures

A representative number of installed lighting fixtures, switches, and receptacles located inside the house, garage, and exterior walls were tested and found to be:

<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
<input checked="" type="checkbox"/> Open grounds	<input type="checkbox"/> Reverse polarity	<input type="checkbox"/> Other
<input type="checkbox"/> Solid conductor aluminum branch wiring circuits (See Remarks page)		
<input type="checkbox"/> Recommend a licensed electrician evaluate the service		

General Comments:

Random testing of electrical outlets revealed several are three prong though are not grounded; repair as needed. Panel size is compatible with service size.



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SUMMARY*

ITEMS NOT OPERATING

None apparent

CONCERNS

Item(s) that have failed or have potential of failing soon.

1. The roof covering is in overall marginal to poor condition showing excessive signs of aging; shingles are nearing the end to their useful life.
 2. Step cracking noted in garage walls and floor has heaved upward and cracked; repair as needed.
 3. Repairs recommended in fireplace prior to operating; several brick have shifted leaving small to large open voids, flue is soot covered and damper plate is dislodged from mounting bracket.
 4. Metal railing post at rear raised walkout slab is rusted through; repair for safety.
-

POTENTIAL SAFETY HAZARDS

5. Settlement in concrete walkways has created tripping hazards and slope back toward the foundation.
 6. Terminate wire in garage near light fixture properly.
 7. GFCI protected outlet in kitchen tested as open ground though remaining outlets tested as grounded; recommend repair to GFCI protected outlet to ground.
 8. Replace missing smoke detectors.
-

MAJOR COMPONENTS

Current roof is approximately 20+/- years; average roof life is 20 years.

Current Boiler is 45 years; average furnace life is 30 years.

Current furnace is 16 years; average furnace life is 18 years.

Current A/C is 16 years; average A/C life is 12 years.

Current water heater is 3 years; average water heater life is 10 years.

* Items listed in this report may inadvertently have been left off the Summary Sheet. Customer should read the entire report, including the Remarks.

DEFINITIONS

SATISFACTORY - Indicates the component is functionally consistent with its original purpose but may show signs of normal wear and tear and deterioration.

MARGINAL - Indicates the component will probably require repair or replacement anytime within five years.

POOR - Indicates the component will need repair or replacement now or in the very near future.

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WOOD DESTROYING INSECT INSPECTION REPORT

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Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone

Barnes Exterminating
7102 Dixie Highway
Florence, KY 41042
859-371-1191

Company's Business Lic. No.

393

Date of Inspection

8-22-16

Address of Property Inspected

2947 E. Gallatin St
Burlington Ky

Structure(s) Inspected

House + Garage

Inspector's Name, Signature & Certification, Registration, or Lic. #

John Barnes *John Barnes* 113552

Section II. Inspection Findings

This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

A. No visible evidence of wood destroying insects was observed.

B. Visible evidence of wood destroying insects was observed as follows:

1. Live insects (description and location):

2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location):

in Garage on Walls

Termite Tubes

3. Visible damage from wood destroying insects was noted as follows (description and location):

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

No treatment recommended. (Explain if Box B in Section II is checked)

Recommend treatment for the control of:

Termites on Garage only

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

- Basement 1, 3
- Crawlspace
- Main Level 1, 3, 7, 6
- Attic
- Garage Detached
- Exterior
- Porch
- Addition
- Other Dog Houses

The inspector may write out obstructions or use the following optional key:

- 1. Fixed ceiling
- 2. Suspended ceiling
- 3. Fixed wall covering
- 4. Floor covering
- 5. Insulation
- 6. Cabinets or shelving
- 7. Stored items
- 8. Furnishings
- 9. Appliances
- 10. No access or entry
- 11. Limited access
- 12. Access beneath
- 13. Only visual access
- 14. Cluttered condition
- 15. Standing water
- 16. Dense vegetation
- 17. Exterior siding
- 18. Window well covers
- 19. Wood pile
- 20. Snow
- 21. Unsafe conditions
- 22. Rigid foam board
- 23. Synthetic stucco
- 24. Duct work, plumbing, and/or wiring

Section V. Additional Comments and Attachments

(these are an integral part of the report)

Treatment is \$350 - with a year warranty using Termitox H.K. Cost of

Attachments

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

X

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

X

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