

Vision Tech Home Inspections, Inc.

Jack Sullivan

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ASHI License #10302

MD License #29359

Name: Deepak Mahajan
Address: _____
City: _____
State, Zip: _____

Start: 8am Finished: 12:00
Property Location
33 Methwold Court
Owings Mills, MD 21117
Age: 1997+

This is our report of a visual inspection of the readily accessible areas of this building, in accordance with the terms and conditions contained in the PRE-INSPECTION AGREEMENT, which is a part of this report and incorporated herein. Please read the REMARKS printed on each page and call us for an explanation of any aspect of this report, written or printed, which you do not fully understand.

Date of inspection: 8-16-17 Time: 8am Weather conditions: Sunny Outside temperature 71 °F

PRE-INSPECTION AGREEMENT (PLEASE READ CAREFULLY)

The COMPANY agrees to conduct an inspection for the purpose of informing the CLIENT of major deficiencies in the condition of the property, subject to the UNCONDITIONAL RELEASE AND LIMITATION OF LIABILITY below. The inspection and report are performed and prepared for the sole, confidential and exclusive use and possession of the CLIENT. The written report will only include the following:

- structural condition and basement
- electrical, plumbing, water heater, heating and cooling
- quality, condition and life expectancy of major systems
- kitchen and appliances
- general interior, including ceilings, walls, windows, insulation and ventilation
- general exterior, including roof, gutter, chimney, drainage, grading

It is understood and agreed that this inspection will be of readily accessible areas of the building and is limited to visual observations of apparent conditions existing only at the time of the inspection. Latent and concealed defects and deficiencies are excluded from the inspection; equipment, items, and systems will not be dismantled.

Maintenance and other items may be discussed, but they are not a part of our inspection. The report is not a compliance inspection or certification for past or present governmental codes or regulations of any kind.

The inspection and report do not address and are not intended to address the possible presence of or danger from any potentially harmful substances and environmental hazards, including but not limited to radon gas, lead paint, asbestos, mold, mildew, urea formaldehyde, toxic or flammable chemicals, and water and airborne hazards. Also excluded are inspections of and reports on swimming pools, wells, septic systems, security systems, central vacuum systems, water softeners, sprinkler systems, fire and safety equipment, and the presence or absence of rodents, termites and other insects.

UNCONDITIONAL RELEASE AND LIMITATION OF LIABILITY

It is understood and agreed that the COMPANY is not an insurer and that the inspection and report are not to be intended or construed as a guarantee or warranty of the adequacy, performance, or condition of any structure, item, or system at the property address. The CLIENT hereby releases and exempts the COMPANY and its agents and employees of and from all liability and responsibility for the cost of repairing or replacing any unreported defect or deficiency and for any consequential damage, property damage, or personal injury of any nature.

In the event that the COMPANY and/or its agents or employees are found liable due to breach of contract, breach of warranty, negligence, negligent misrepresentation, negligent hiring or any other theory of liability, then the liability of the COMPANY and its agents and employees shall be limited to a sum equal to the amount of the fee paid by the CLIENT to the COMPANY for the inspection and report.

CLIENT and COMPANY agree that should a court of competent jurisdiction determine and declare that any portion of this Agreement is void, voidable or unenforceable, the remaining provisions and portions shall remain in full force and effect.

Acceptance and understanding of this agreement are hereby acknowledged:

Jack Sullivan 8-16-17 X John J. Mahajan 8-16-17
Company Representative Date Client Date

Total Fee \$ 575- Paid by: Check Cash

Payment Record

Paid In Full.

Company Representative: Jack Sullivan

HomeTechPublishing.com Form 404 B.A.R.

Date: August 16, 2017

BUILDING ANALYSIS REPORT

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SUMMARY

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

Furnace And A/C Concerns. See Page 3 and 9C.

Water Heater And Plumbing Concerns. See Page 4, 5
9B and 9C. Have A Licensed Plumber Correct.

Dishwasher Concern. See Page 5.

Interior Concerns. See Page 6 and 9.

Signs of Present Water leakage At The 2nd Floor
Stairway Window Sill. Fresh Exterior Caulk
And Paint Noted. Consult With The Seller. The
Window Deep Holes May Need Cleaning. See Page 6.

Electrical Concerns. See Page 5 and 9B. Have A
Licensed Electrician Correct.

Exterior Concerns. See Page 7 and 8.

See Page 9, 9B and 9C for Additional Information.

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 type="checkbox"/> Single <input type="checkbox"/> Duplex <input checked="" type="checkbox"/> Rowhouse/Townhouse <input type="checkbox"/> Multi-Unit <input type="checkbox"/> <u>E.O.G</u> <input checked="" type="checkbox"/> Gable roof <input checked="" type="checkbox"/> Shed <input type="checkbox"/> Hip <input type="checkbox"/> Gambrel <input type="checkbox"/> Mansard <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"/> Brick & Block <input type="checkbox"/> Posts/Columns: <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Not visible Floor Structure: <u>I Joists And OSB Subfloor</u> Wall Structure: <u>Wood Frame</u> Roof Structure: <u>Trusses And OSB Sheathing</u> <u>Wavy Roofing Noticed - Common.</u> Water damage: <input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed Signs of abnormal condensation: <input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input checked="" type="checkbox"/> None observed <input checked="" type="checkbox"/> No major structural defects noted - in normal condition for its age

Remarks: Basement Foundation Walls And Framing Covered By Insulation And Finish Material Not Inspected. Left side exterior foundation has been painted.

BASEMENT (OR LOWER LEVEL)

BASEMENT	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> 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 type="checkbox"/> Limited visibility due to extensive basement storage
FLOOR	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Paint <input type="checkbox"/> <u>Hairline Crack</u> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Resilient tile <input type="checkbox"/> Sheet goods <input checked="" type="checkbox"/> Carpeting <input type="checkbox"/> N/A
FLOOR DRAIN	<input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> Water observed in trap <input type="checkbox"/> Satisfactory <input type="checkbox"/> French drain <input type="checkbox"/> Open to daylight <input checked="" type="checkbox"/> N/A
SUMP PUMP	<input type="checkbox"/> Tested <input checked="" type="checkbox"/> Not tested <input checked="" type="checkbox"/> Water observed in crock <input type="checkbox"/> Satisfactory Pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> N/A
BASEMENT DAMPNESS	<input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Not known <input checked="" type="checkbox"/> None observed <u>See Page 1A, 2, 7, 7A, 8</u>
CRAWL SPACE	<input type="checkbox"/> Readily accessible <input type="checkbox"/> Not readily accessible <input type="checkbox"/> Not inspected <input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditions inspected <input type="checkbox"/> Method: _____ <input checked="" type="checkbox"/> N/A Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> _____ <input type="checkbox"/> Wood to earth contact Dampness: <input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Vapor barrier <input type="checkbox"/> Insulation <input type="checkbox"/> Ventilation

Remarks: Sump Pit Cover Bolted Down. Has passive Radon Pipe. Recommend installing a backup system for the sump pump.

HEATING

HEATING SYSTEM	Fuel: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory	
	<input checked="" type="checkbox"/> Forced air furnace (see page 2-A) <input type="checkbox"/> Gravity hot water boiler	<input type="checkbox"/> N/A	
	<input type="checkbox"/> Forced hot water boiler <input type="checkbox"/> Steam boiler <input type="checkbox"/> _____		
	<input type="checkbox"/> Radiant heat <input type="checkbox"/> Electrical baseboard <input type="checkbox"/> Heat pump (see page 2-A)		
	No. 1 Capacity: <u>75000 BTU's</u> Age: <u>1997</u> Yrs. <u>+/-</u>		
No. 2 Capacity: _____ Age: _____ Yrs.			
No. 3 Capacity: _____ Age: _____ Yrs.			
When turned on by thermostat: <input checked="" type="checkbox"/> Fired <input type="checkbox"/> Did not fire			
FUEL SUPPLY	<input type="checkbox"/> Oil tank in basement <input type="checkbox"/> Buried <input type="checkbox"/> No Gas Odor Noted		
	<input checked="" type="checkbox"/> Public gas supply <input type="checkbox"/> Tank <input type="checkbox"/> Electricity <input type="checkbox"/> _____		
	Fuel supply shutoff location: <u>Meter And Equipment</u>		
HEAT EXCHANGER	<input type="checkbox"/> Partially observed <input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> N/A	
	<input checked="" type="checkbox"/> Have condition checked before settlement (see page 2-A)		
HEAT DISTRIBUTION	<input type="checkbox"/> Radiators <input type="checkbox"/> Convector <input type="checkbox"/> Baseboard convectors <input type="checkbox"/> Radiant	<input checked="" type="checkbox"/> Satisfactory	
	Pipes: <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Black Iron <input type="checkbox"/> Pipes not visible	<input type="checkbox"/> N/A	
	<input checked="" type="checkbox"/> Ductwork Heat source in each room: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
HUMIDIFIER	<input type="checkbox"/> Atomizer <input type="checkbox"/> Evaporator <input type="checkbox"/> Steam <input type="checkbox"/> Not functioning <input type="checkbox"/> Not tested	<input checked="" type="checkbox"/> N/A	
FILTER <u>16x25x1</u>	<input type="checkbox"/> Washable <input checked="" type="checkbox"/> Disposable <input type="checkbox"/> Electronic <input type="checkbox"/> Electrostatic	<input type="checkbox"/> N/A	
SUPPLEMENTARY HEAT	Location	Type	
	_____	_____	<input type="checkbox"/> Satisfactory
	_____	_____	<input type="checkbox"/> Satisfactory
_____	_____	<input type="checkbox"/> Satisfactory	

Remarks: Maintain An Annual Service Contract. See Page 9C
 Thermostat Is Old. Recommend Upgrading.
 The Air Filter Is Clean. Check Manually And Seal Access
 With Tape.

COOLING

COOLING <u>Rust</u>	<input checked="" type="checkbox"/> Cooling system integral with heating system	<input checked="" type="checkbox"/> UN Satisfactory
	<input checked="" type="checkbox"/> Central air <input type="checkbox"/> Room units <input type="checkbox"/> Heat pump <input type="checkbox"/> Through-wall	<input type="checkbox"/> N/A
	<input checked="" type="checkbox"/> Electric compressor <input type="checkbox"/> Gas chiller	
	<input type="checkbox"/> Air filter <input type="checkbox"/> Air handler <input checked="" type="checkbox"/> Thermostat ^{80°}	
	No. 1 Condensing Unit Capacity: <u>2 1/2 Ton</u> ^{+/-} Age: <u>1997</u> Yrs. ^{+/-}	
	No. 2 Condensing Unit Capacity: _____ Age: _____ Yrs.	
	No. 3 Condensing Unit Capacity: _____ Age: _____ Yrs.	
	<input checked="" type="checkbox"/> Tested <input type="checkbox"/> Not tested (see page 2A) <input type="checkbox"/> Air register in each room	
	<input checked="" type="checkbox"/> Ductwork <input type="checkbox"/> Window units not tested	
	Responds To Thermostat	

Remarks: Maintain An Annual Service Contract.
 Condenser Fins Are Bent. Suction Line Is Cold.
 See Page 9C

PLUMBING AND BATHROOM

See Page 9C

WATER SERVICE ENTRANCE PIPE	Water supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (see page 3-A) <input type="checkbox"/> Not known	<input type="checkbox"/> Satisfactory
	Pipe: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> 3/4" <input type="checkbox"/> Lead <input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Main shutoff location: <u>Front Basement</u>		
PIPES	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Satisfactory
	Water flow: <input checked="" type="checkbox"/> Tested <input type="checkbox"/> Not tested	<input type="checkbox"/> N/A
	Leaks: <input type="checkbox"/> Some signs <input checked="" type="checkbox"/> None observed	
	Cross connections: _____ <input checked="" type="checkbox"/> None observed	
Hose bibbs: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Frost free <input checked="" type="checkbox"/> Not tested (see page 3-A)		
DRAIN/WASTE/ VENT	Drain/Waste/Vent pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Cast iron <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Slow drain <input checked="" type="checkbox"/> Leaks <input type="checkbox"/> None observed	
	Waste disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (see page 3-A) <input type="checkbox"/> Not known	
WATER HEATER <i>See Page 9C</i>	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Tankless <input type="checkbox"/> Integral with heating system	<input checked="" type="checkbox"/> UN Satisfactory
	<input type="checkbox"/> In line system Fuel cutoff location: <u>Next To Wall</u>	<input type="checkbox"/> N/A
	Capacity: <u>40</u> Gal. Ample for <u>3</u> people Age: <u>1997</u> Yrs. <u>±</u>	
	<input checked="" type="checkbox"/> Pressure relief valve <input type="checkbox"/> Extension <u>Pilot off,</u>	

Remarks: Fire Sprinkler System Not Inspected.
The Kitchen Sink Drain Pipe Trap Joint Leaks. Have A Licensed Plumber Repair. The Dishwasher Drain Hose Needs A High Loop. It's Recommended That The Basement fire Sprinkler System Water Check Valve Be Replaced Every 5 years.

BATHROOM NO. 1 Location: <u>2nd Floor Hall</u>	BATHROOM NO. 2 Location: <u>Master</u>
<input checked="" 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 type="checkbox"/> Bidet <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Vanity <input checked="" type="checkbox"/> Fan <input type="checkbox"/> Window	<input checked="" 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 type="checkbox"/> Bidet <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Vanity <input checked="" type="checkbox"/> Fan <input type="checkbox"/> Window
Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/>	Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/>
Room floor: <input checked="" type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/>	Room floor: <input checked="" type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/>
Leaks: <input type="checkbox"/> Some signs <input checked="" type="checkbox"/> None observed	<u>UN</u> <input type="checkbox"/> Satisfactory
<u>GFCI</u>	<input checked="" type="checkbox"/> Satisfactory
BATHROOM NO. 3 Location: <u>First Floor P.R.</u>	BATHROOM NO. 4 Location:
<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 type="checkbox"/> Bidet <input checked="" type="checkbox"/> Lavatory <input checked="" type="checkbox"/> Vanity <input checked="" type="checkbox"/> Fan <input type="checkbox"/> Window	<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"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window
Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/>	Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass <input type="checkbox"/>
Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/>	Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/>
Leaks: <input type="checkbox"/> Some signs <input checked="" type="checkbox"/> None observed	Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed
	<input type="checkbox"/> Satisfactory

Remarks: The 2nd Floor Hall Bathroom Sink Has A Slow Drain.
Correct. The 2nd Floor Hall Bathroom Sink Faucet Aerator Needs Cleaning OR Replacement. The 2nd Floor Tub overflow Device leaks At The Master Bathroom + Have A Licensed Plumber Repair. See Page 9B

ELECTRICAL

SERVICE ENTRANCE CABLE	Capacity: <u>200</u> Amps <u>240</u> Volts Service line entrance: <input type="checkbox"/> Overhead <input checked="" type="checkbox"/> Underground Conductor material: <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Aluminum (not branch)	<input checked="" type="checkbox"/> Satisfactory
MAIN PANEL BOX	Location: <u>Basement</u> <input checked="" type="checkbox"/> Grounded <input checked="" type="checkbox"/> Bonded <u>200</u> Amps <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Subpanel Location: Capacity of Main Disconnect: <u>200</u> Amps	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
CIRCUITS AND CONDUCTORS	Quantity: <input checked="" type="checkbox"/> Ample Branch Wiring: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum Wiring method: <input checked="" type="checkbox"/> Romex <input type="checkbox"/> BX <input type="checkbox"/> Knob and tube <input type="checkbox"/> Raceway <input type="checkbox"/> Conduit <input type="checkbox"/> Overfused circuit <input type="checkbox"/> Double tap breaker GFCI: <input checked="" type="checkbox"/> Exterior <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Kitchen <u>3</u> Bathroom(s)	<input checked="" type="checkbox"/> Satisfactory
OUTLETS AND FIXTURES	<input checked="" type="checkbox"/> Random Testing <input type="checkbox"/> Reversed polarity <input type="checkbox"/> Open ground <input checked="" type="checkbox"/> Smoke detectors operating <u>Present</u>	<u>Un</u> <input checked="" type="checkbox"/> Satisfactory
Remarks:	<u>Security System Not Inspected.</u> <u>Carbon Monoxide Alarms Present</u>	

KITCHEN AND APPLIANCES

CABINETS AND COUNTERTOP		<input checked="" type="checkbox"/> Satisfactory
SINK <u>See Page 4.</u>	Plumbing leaks: <input checked="" type="checkbox"/> Some signs <input type="checkbox"/> None observed Disposal: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: <u>New</u> Yrs. <u>±</u>	<u>Un</u> <input checked="" type="checkbox"/> Satisfactory
DISHWASHER	<input type="checkbox"/> Operating <input checked="" type="checkbox"/> Not operating Age: <u>New</u> Yrs. <u>±</u> <input type="checkbox"/> Air gap or high loop <u>Water off,</u>	<u>Un</u> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
RANGE/OVEN	<input checked="" type="checkbox"/> Range <input type="checkbox"/> Operating <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wall oven <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Cooktop <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Age: <u>New</u> Yrs. <u>±</u> <input checked="" type="checkbox"/> Satisfactory Age: _____ Yrs. <input type="checkbox"/> N/A Age: _____ Yrs.
REFRIGERATOR	#1 <input checked="" type="checkbox"/> Operating <input checked="" type="checkbox"/> Frost Free <input checked="" type="checkbox"/> Icemaker #2 <input type="checkbox"/> Operating <input type="checkbox"/> Frost Free <input type="checkbox"/> Icemaker	Age: <u>New</u> Yrs. <u>±</u> <input checked="" type="checkbox"/> Satisfactory Age: _____ Yrs. <input type="checkbox"/> N/A
OTHER APPLIANCES	<u>Microwave</u> <u>Makes Hot Water</u>	<input checked="" type="checkbox"/> Operating Age: <u>New</u> Yrs. <u>±</u> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Operating Age: _____ Yrs. <input type="checkbox"/> N/A
FLOOR COVERING	<input checked="" type="checkbox"/> Resilient tile <input type="checkbox"/> Sheet goods <input type="checkbox"/> Ceramic <input type="checkbox"/> Wood <input type="checkbox"/> Laminate <input type="checkbox"/> <u>New</u>	<input checked="" type="checkbox"/> Satisfactory
VENTILATION <u>Microwave</u>	<input checked="" type="checkbox"/> Exhaust fan <input checked="" type="checkbox"/> Ductless <input type="checkbox"/> Vented to outside <input checked="" type="checkbox"/> Filter <input type="checkbox"/> Light <u>Functional</u>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
CLOTHES WASHER	<input checked="" type="checkbox"/> Operating Age: <u>2</u> Yrs. <u>±</u> <input type="checkbox"/> Not tested	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
CLOTHES DRYER	<input checked="" type="checkbox"/> Operating <input type="checkbox"/> Gas, <input checked="" type="checkbox"/> Electric Age: <u>2</u> Yrs. <u>±</u> <input type="checkbox"/> Not tested Vented to: <u>outside Makes Hot Air</u>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

Remarks: The Dishwasher Water Was Turned Off; Ask The Seller To Turn The Water On And Test During Your Final Walk Through.

INTERIOR

See Page 9

FLOORS	<input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Plywood <input checked="" type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Resilient <input checked="" type="checkbox"/> Laminate <input type="checkbox"/> _____ <input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Satisfactory
WALLS	<input type="checkbox"/> Plaster <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory
CEILINGS	<input type="checkbox"/> Plaster <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory
STAIRS/RAILING	<input type="checkbox"/> Balcony <input checked="" type="checkbox"/> Stairs <input checked="" type="checkbox"/> Railings	<input checked="" type="checkbox"/> UN <input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
FIREPLACE	<input type="checkbox"/> Flue Liner <input type="checkbox"/> Partially observed <input type="checkbox"/> Damper <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Metal pre-fab <input type="checkbox"/> Free-standing <input type="checkbox"/> Wood stove <input type="checkbox"/> Pellet stove <input type="checkbox"/> Gas <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Clean chimney before use	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
DOORS (INSIDE)		<input checked="" type="checkbox"/> UN <input type="checkbox"/> Satisfactory
WINDOWS AND SKYLIGHTS	<input type="checkbox"/> Double hung <input checked="" type="checkbox"/> Single hung <input type="checkbox"/> Casement <input type="checkbox"/> Awnings <input type="checkbox"/> Sliding <input 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 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

Remarks: The 2nd Floor Stairway window Does Not Appear To Have Safety Glass. Improve OR Replace As DISCUSSED. The 2nd Floor Stairway window sill Water Damage was tested with a moisture meter. Present moisture detected.

ATTIC

ACCESS	<input checked="" type="checkbox"/> How inspected: <u>From Access</u> <input type="checkbox"/> Not inspected <input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input checked="" type="checkbox"/> Scuttlehole <input type="checkbox"/> No access	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
MOISTURE STAINS	<input checked="" type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Condensation <u>Right Side Firewall</u>	
STORAGE	<input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Floored <input type="checkbox"/> Not floored <input type="checkbox"/> No storage	
INSULATION	Type: <u>Celulose / Fiberglass</u> Average inches: <u>8-10±</u> Installed in: <input type="checkbox"/> Rafters <input checked="" type="checkbox"/> Floor Approx. R Rating <u>30±</u> <input type="checkbox"/> Vapor retarder	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
VENTILATION	<input type="checkbox"/> Window(s) <input type="checkbox"/> Attic fan <input type="checkbox"/> Whole house fan <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Ridge vent <input checked="" type="checkbox"/> Soffit vent <input type="checkbox"/> Roof vent(s) <input type="checkbox"/> Gable end louvers	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

Remarks: Fire Sprinkler System Water Pipes Under Insulation. Caution Walking In The Attic.

ROOFING SYSTEM

ROOF COVERING	Location	Materials	Age	
	House	Asphalt Shingle	1-3 yrs. ±	<input checked="" type="checkbox"/> Satisfactory
	Side Entrance	Asphalt Shingle	1-3 yrs. ±	<input checked="" type="checkbox"/> Satisfactory

How inspected: From Ground With Binoculars

Roof leaks: Some signs Extensive None observed

FLASHING	<input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Rubberized membrane <input type="checkbox"/>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>UN</u> <input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

Remarks: Extend The Downspouts Away From The House To Prevent Water Related Problems. See Page 9.B.
 Gutters In General Need Cleaning.
 Extend The Downspouts. Some Downspout Support Straps Need Attachment. Bump Out Roof Flashing Nails Need Caulking.

EXTERIOR

EXTERIOR DOORS		<input checked="" type="checkbox"/> Satisfactory
WINDOWS AND SKYLIGHTS		<u>NA</u> <input type="checkbox"/> Satisfactory
EXTERIOR WALL COVERING	Location <u>Front</u> <u>Rear</u> <u>Sides</u>	Materials <u>Vinyl</u> <u>Vinyl Has Repair</u> <u>Vinyl Small Hole</u>
EXTERIOR TRIM	<input type="checkbox"/> Eaves <input checked="" type="checkbox"/> Fascia <input checked="" type="checkbox"/> Soffits <input checked="" type="checkbox"/> Rake <input type="checkbox"/> Signs of deterioration <input type="checkbox"/> Extensive <input checked="" type="checkbox"/> None observed	<input checked="" type="checkbox"/> Satisfactory
CHIMNEY	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> <u>Maintain Caulk</u> <input type="checkbox"/> Flue liner partially observed <input type="checkbox"/> Clean before use	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
GARAGE/ CARPORT	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Door operator <input type="checkbox"/> Operating <input type="checkbox"/> Safety reverse	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
PORCH	Floor: <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> <input type="checkbox"/> Railing/Guardrail	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A

Remarks: Foundation Has Been Painted,
 Rear Dining Room Door Has No Screen.

GROUNDS

GRADING	General grading, slope and drainage (see pages 1-A and 7-A)	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
	Grading and slope at house walls (within 5 feet from building)	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
SIDEWALK AND WALKWAY	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
DRIVEWAY	<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Brick <input type="checkbox"/> _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
WINDOW WELLS	<input type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
RETAINING WALL	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Timber <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> See Page 7A	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
TREES AND SHRUBBERY	<input type="checkbox"/> See Page 5A <input type="checkbox"/> Trim Away From House.	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
FENCING	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> _____ <input type="checkbox"/> See Page 7A Repairs Noted.	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

Remarks:

Extend The Sump Pump Discharge Pipe Away From The House. Maintain The Grading. See Page 1A and 7A

DECK/BALCONY	<input type="checkbox"/> Signs of deterioration <input type="checkbox"/> Extensive <input checked="" type="checkbox"/> None observed <input type="checkbox"/> On grade <input checked="" type="checkbox"/> Raised <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Handrail	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
PATIO/TERRACE	<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
STEPS TO BUILDING	Landing: <input type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Steps: <input type="checkbox"/> Concrete/Masonry <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Seal Gap Handrails: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
OUTBUILDINGS	Not inspected	

Remarks:

The Deck Ledger Board Is Bolted To The House By An Old Standard. Deck Floor Joists Are Connected To The Ledger Board With Nails And Supported By A Ledger Strip. No Metal Joist Hangers. Recommend Installing Joist Hangers As An Improvement For Safety

REMARKS

Continued from page All Subject: All

Recommend Upgrading The Rose Bibbs To The Frost Free Type.

Master Bathroom Door Sticks. Correct

Recommend Cleaning The HVAC Ductwork.

The 2nd Floor Front Right Bedroom Entrance Door Has Some Minor Panel Separation At The Bottom. No Immediate Repair Appears Necessary

Kitchen Windows Are 6 Inches From The Floor. They Do Not Appear To Have Safety Glass. Improve OR Replace As Discussed.

Front First Floor Windows Are 6 Inches From The Floor. They Do Not Appear To Have Safety Glass. Improve OR Replace As Discussed.

Basement Stairway Handrail Is Loose. Properly Secure.

Some Basement Doors Stick. Correct.

Some Basement Ceiling Repairs Noted.

REMARKS

Continued from page 4 Subject: MASTER BATHROOM

Master tub shower hose leaks. Repair/Replace.
Tub tile wall has some cracked grout. Regrout as needed.
Mirror is chipped.
Door sticks. Correct.

Continued from page 4 Subject: SECOND FLOOR HALL BATHROOM

Tub wall needs caulk touch up.
Door sticks. Correct.

Continued from page 7 Subject: ROOFING

The front roof has a raised shingle. Maintenance needed.

Continued from page 5 Subject: ELECTRICAL

Doorbell not working. Repair/Replace.
Basement has a GFCI reset receptacle next to the washer.

Continued from page 5 Subject: ELECTRICAL

The kitchen disposal switch is worn and the cable under the sink is damaged. Have a licensed electrician repair/replace;

The kitchen ceiling fan makes a clicking noise. Repair or replace.

Continued from page 5 Subject: ELECTRICAL

Attic light and 2nd floor hall light not working.
Ask the seller to replace the bulbs and test.

Recommend installing interconnected smoke alarms in all the bedrooms as an improvement for safety.

REMARKS

Continued from page 3 Subject: COOLING

Condensate Water Dripping from Drain Pipe Joint
above the furnace. Have a licensed HVAC
Contractor correct.

The AC System Is Functional But At The End of Its
Expected Life. Budget for Replacement.

Continued from page _____ Subject: _____

Continued from page 3 Subject: HEATING

Water Stains on Metal Vent Pipe in Basement. Monitor
for Future Water leakage.

Scorch Marks And White Debris Noted Inside The
Furnace. Have a Licensed HVAC Contractor Service

Continued from page 4 Subject: WATER HEATER

Pilot off. Not tested. Ask the Seller to lit the Pilot, Set
to 125° F and test during final walk through.

The Water Heater Is At The End of Its Expected Life.
Budget for Replacement.

Continued from page 4 Subject: WATER HEATER

Rust on top noted. Cold water shut off valve is
dripping and corrosion noted. Correct.

Continued from page 4 Subject: PLUMBING

The rear hose bibb shut off valve is under the kitchen
sink. Turn the hose bibb water off for the winter
and remove the hoses.

Rear hose bibb water is off. Ask the Seller to turn the water
on and test.