



**Client Name:**

**Address:**

**Date:**

**Time:**

**Weather Conditions:**

**Type of Structure:**

**Estimated Year built:**

**Jane Doe**

**1544 Lark Lane SE, Kentwood, MI**

**Date: 3-3-2019**

**Time: 1:00 pm**

**Weather Conditions: 65 F; Cloudy, recent rain**

**Type of Structure: 1.5 Story; 3 bed, 2 bath**

**Estimated Year built: 1965**

Jane,

Thank you for calling Blue House Home Inspections, LLC. Please read this report carefully, and if you have any questions do not hesitate to call me. Congratulations on your new home!

**Kendal Wabeke – President**

(616)836-2208, [bluehousehi@gmail.com](mailto:bluehousehi@gmail.com)

[www.bluehousehomeinspections.com](http://www.bluehousehomeinspections.com)

**Summary list of electrical, mechanical and plumbing items not operating, roof leaks and deficiencies:**

- Plumbing supply line and drain leaks. See Plumbing and Bathroom section.
- Electrical defects noted throughout home. See Electrical section.
- Dryer vent broken and venting to interior. See Kitchen and Appliance section.
- Current roof leaks around roof boots and vents. See Attic and Roofing sections.

**Summary list of some important items not at present defective or in need of repair or replacement, but may be within the next 5 years:**

- A/c system age. See Cooling section.
- Older kitchen appliances. Consider replacing. See Kitchen and Appliance section.
- Older windows throughout home. See Interior section.

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15..Kitchen and Appliances
17..Interior
19..Attic
22..Roofing System
25..Exterior
27..Grounds

<b>TYPE OF BUILDING</b>	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Duplex	<input type="checkbox"/> Rowhouse/Townhouse	<input type="checkbox"/> Multi-Unit	
	<input checked="" type="checkbox"/> Gable roof	<input type="checkbox"/> Shed	<input type="checkbox"/> Hip	<input type="checkbox"/> Gambrel	
<b>STRUCTURE</b>	<b>Built (yr):</b>	1965			
	<b>Foundation:</b>	<input checked="" type="checkbox"/> Poured concrete	<input type="checkbox"/> Block	<input type="checkbox"/> Brick	<input type="checkbox"/> Brick & Block
	<b>Posts/Columns:</b>	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Concrete
	<b>Floor Structure:</b>	Wood rafter			
	<b>Wall Structure:</b>	2x4 stud			
	<b>Roof Structure:</b>	Rafter			
	<b>Water Damage:</b>	<input checked="" type="checkbox"/> Some signs	<input type="checkbox"/> Extensive	<input type="checkbox"/> None observed	
	<b>Signs of Abnormal</b>	<input type="checkbox"/> Some signs	<input type="checkbox"/> Extensive	<input checked="" type="checkbox"/> None observed	
	<b>Condensation:</b>	<input checked="" type="checkbox"/> No Major Structural defects noted – in normal condition for its age			

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## REMARKS

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There were several signs of settling or shifting that had caused cracking in walls and ceiling throughout the home at the time of the inspection. There were no major foundation cracks or damages noted that would indicate structural issues beyond natural settling over time.



<b>BASEMENT</b>	<input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Slab on grade <b>Walls:</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <b>Ceiling:</b> <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Limited visibility due to extensive basement storage		
	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Resilient tile <input type="checkbox"/> Sheet goods <input checked="" type="checkbox"/> Carpeting		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>FLOOR DRAIN</b>	<input checked="" type="checkbox"/> Tested <input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Water observed in crock <input type="checkbox"/> French drain		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>SUMP PUMP</b>	<input checked="" type="checkbox"/> Tested <input type="checkbox"/> Not tested <input checked="" type="checkbox"/> Water observed in crock Pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Plastic		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>BASEMENT DAMPNES</b>	<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		
<b>CRAWL SPACE</b>	<input type="checkbox"/> Readily accessible <input checked="" type="checkbox"/> Not readily accessible <input type="checkbox"/> Not inspected <input checked="" type="checkbox"/> Conditions inspection <input type="checkbox"/> Method: <u>From access cutout</u> <b>Floor:</b> <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> Wood to earth contact <b>Dampness:</b> <input checked="" type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input checked="" type="checkbox"/> Vapor barrier <input checked="" type="checkbox"/> Insulation <input checked="" type="checkbox"/> Ventilation		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

## REMARKS

The home had a waterproofing system installed around the perimeter on the interior basement walls at the time of the inspection. This type of system works to contain the water leaking through walls of the home and drain it all to the installed sump pumps. There was a sump pump installed in the basement laundry room and crawlspace and both were equipped with battery backups.





There was a basement dehumidifier system installed in the home (these are generally installed with waterproofing systems) at the time of the inspection that was functioning properly.



HEATING SYSTEM	Fuel: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Forced air furnace <input type="checkbox"/> Gravity gas furnace <input type="checkbox"/> N/A <input type="checkbox"/> Forced hot water boiler <input type="checkbox"/> Steam boiler <input type="checkbox"/> Radiant heat <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Heat Pump	
	No. 1 Capacity: 80,000 BTU Age 12 Yrs. No. 2 Capacity Age Yrs. When turned on by <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire thermostat	
FUEL SUPPLY	<input type="checkbox"/> Oil tank in basement <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Public gas supply <input type="checkbox"/> Tank <input type="checkbox"/> Electricity Fuel supply shutoff location: Basement mechanical room	
HEAT EXCHANGER	<input type="checkbox"/> Partially observed <input checked="" type="checkbox"/> Not visible, enclosed combustion <input type="checkbox"/> N/A <input type="checkbox"/> Have condition checked before settlement	
HEAT DISTRIBUTION	<input type="checkbox"/> Radiators <input type="checkbox"/> Convectors <input type="checkbox"/> Baseboard convectors <input type="checkbox"/> Radiant Pipes: <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Black iron <input type="checkbox"/> Pipes not visible <input checked="" type="checkbox"/> Ductwork <input type="checkbox"/> Satisfactory Heat source in each room <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
HUMIDIFIER	<input type="checkbox"/> Atomizer <input checked="" type="checkbox"/> Evaporator <input type="checkbox"/> Steam <input type="checkbox"/> Not functioning <input type="checkbox"/> N/A <input type="checkbox"/> Not tested	
FILTER	<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 n/a Type n/a <input type="checkbox"/> Satisfactory	


## REMARKS

The furnace fired when activated by the thermostat at the time of the inspection and produced sufficient heat at tested registers throughout the home (Normal expected range is between 110-120+ degrees Fahrenheit at registers). Return air was pulling sufficient air back to the furnace (holding tissue paper against vent). The unit appeared to be installed in 2004 based on the serial number (typical average lifespan is 20-25 years). Note that disposable filters this size should be changed every 2-3 months during peak usage seasons (summer cooling & winter heating). A clogged or backwards filter will decrease the efficiency of the furnace and make the unit work harder as air flow is being restricted. A whole house humidifier damper needs to be closed (OFF) every summer and opened (ON) every winter with the humidistat on the ductwork being adjusted to the desired humidity setting. We suggest regular service/preventative maintenance by a licensed HVAC contractor to help prolong the life and efficiency of the unit. Generally, the best time for service is right before start-up as the temperature drops in the Fall.

## Humidifier ON/OFF damper



The maximum monitored carbon monoxide (CO) measured for the duration of the inspection was 2ppm (parts per million). Max allowable for short-term exposure is 9ppm (see chart below).



Carbon Monoxide ( CO )	
PPM	EFFECTS
0	Normal
9	Max allowable short term -ASHRAE
10 - 24	Investigate source human health effects not understood
25	Maximum exposure TWA - (OSHA - alarm)
50	Maximum exposure in workplace (OSHA)
125	(OSHA - alarm)
200	dizzy, nausea, fatigue headache (evacuate)
400	life threatening 3 hrs
800	convulsions, unconscious death within 2 - 3 hrs
1600	death within 1 - 2 hrs
6400	death within 30 min.
12800	death within 1 - 3 min.

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**POCKET CO**

TE = total exposure in ppm-hr

MAX = maximum ppm of any individual reading during the 8 hour period

TIME = time when maximum ppm occurs after starting 8 hr mode in minutes

TWA = time weighted average in ppm, TWA = TE/time

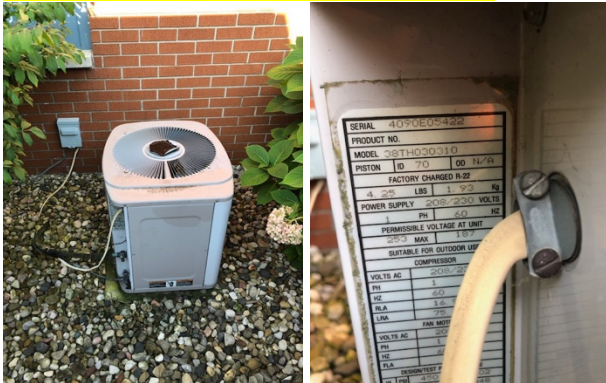
PPM = parts per million by volume is a concentration term that indicates that there is one part CO in one million parts air

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COOLING	<input type="checkbox"/> Cooling system integral with heating system	<input type="checkbox"/> Satisfactory
	<input checked="" type="checkbox"/> Central air <input type="checkbox"/> Room units <input type="checkbox"/> Heat pump	<input type="checkbox"/> N/A
	<input type="checkbox"/> Through-wall	
	<input type="checkbox"/> Electric compressor <input type="checkbox"/> Gas chiller	
	<input type="checkbox"/> Air filter <input type="checkbox"/> Air handler <input type="checkbox"/> Thermostat	
	No. 1 Condensing Unit Capacity: 2.5 Ton	Age: 29 Yrs
	<input checked="" type="checkbox"/> Tested <input type="checkbox"/> Not tested	

## REMARKS

The A/C functioned properly when tested at the time of the inspection and produced sufficient cool air at tested registers throughout the home (Normal expected range is between 45-55 degrees Fahrenheit at registers). There was no visible damage to the exterior condenser unit or interior A-coil noted. We do recommend covering the exterior condenser as much as possible in the fall and winter months to protect against debris collecting inside and falling ice from the roof that can damage the unit. We suggest regular service/preventative maintenance by a licensed HVAC contractor to help prolong the life and efficiency of the unit. Generally, the best time for service is right before start-up in the Spring. The A/C system was approximately 29 (1990) years old. **The A/C system should be considered a potential service, repair, or replacement item within the next 5 years** (typical average lifespan is 15-20 years).

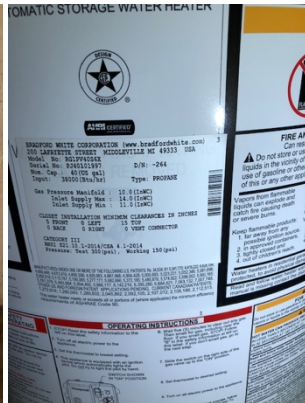




<b>WATER SERVICE ENTRANCE</b>	Water supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Not known Pipe: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic Main shutoff location: <u>Basement NE corner</u>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>PIPE</b>	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown Water flow: <input checked="" type="checkbox"/> Tested <input type="checkbox"/> Not tested Leaks: <input checked="" type="checkbox"/> <b>Some signs</b> <input type="checkbox"/> None observed Cross connections: <input type="checkbox"/> None observed Hose bibs: <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Not tested	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>DRAIN/WASTE/VENT</b>	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 checked="" type="checkbox"/> Cast iron <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> <b>Slow drain</b> <input checked="" type="checkbox"/> <b>Leaks</b> <input type="checkbox"/> None observed Waste disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Not known	
<b>WATER HEATER</b>	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Integral with heating system <input type="checkbox"/> In line system Fuel cutoff location: <u>Above unit</u> Capacity: _____ Ample for: _____ People Age: <u>4</u> Yrs. <input checked="" type="checkbox"/> Pressure relief valve <input checked="" type="checkbox"/> Extension	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

## REMARKS

The water heater produced excessive hot water at tested faucets the time of the inspection (Expected range is 110-120 degrees Fahrenheit). Water temperatures were exceeding 150 degrees, which can cause third degree burns to skin in as little as 2 seconds. Temperatures can be adjusted at the unit. The water heater was approximately 2 years old based on the serial number.



<b>BATHROOM NO. 1</b> Location:  <b>Master</b>	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input checked="" type="checkbox"/> Stall shower <input checked="" type="checkbox"/> Whirlpool <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Toilet <input checked="" 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 checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Drywall Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input checked="" type="checkbox"/> Vinyl Leaks: <input checked="" type="checkbox"/> <b>some signs</b> <input type="checkbox"/> None observed
<b>COMMENTS</b>	
<b>BATHROOM NO. 2</b> Location:  <b>Shared</b>	<input checked="" type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Satisfactory <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 checked="" type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Drywall Room floor: <input checked="" type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input type="checkbox"/> Vinyl Leaks: <input checked="" type="checkbox"/> <b>some signs</b> <input type="checkbox"/> None observed
<b>COMMENTS</b>	

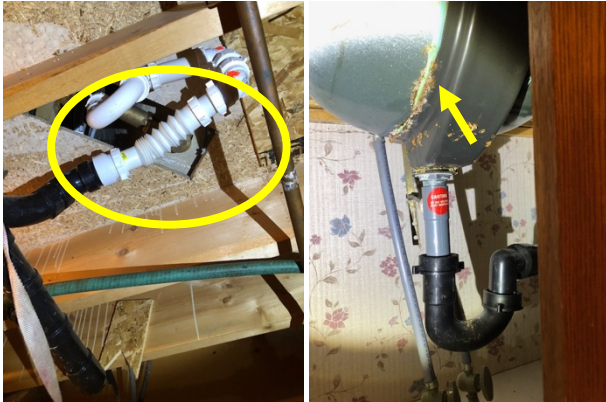
## REMARKS

There were plumbing drain and supply line leaks noted from the basement at the time of the inspection. There were also slow drains noted due to improperly run drain line slope. We recommend contacting a licensed plumber to correct these issues and repair any leaking pipes.

Stall shower in master bathroom: Leaking drain connection and shimmed up off the floor



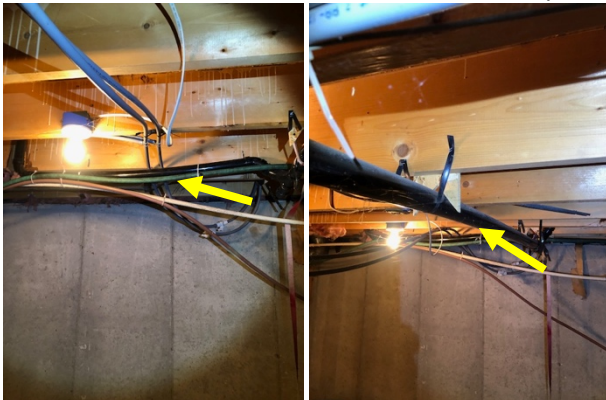
Master bathroom sink: Flex connection to main plumbing should be replaced with hard pipe. Leaking joints. Sink overflow line showing signs of leaking.



Supply line valve: leaking



Slow drain in master bathroom sink and whirlpool due to incorrect drain slope:

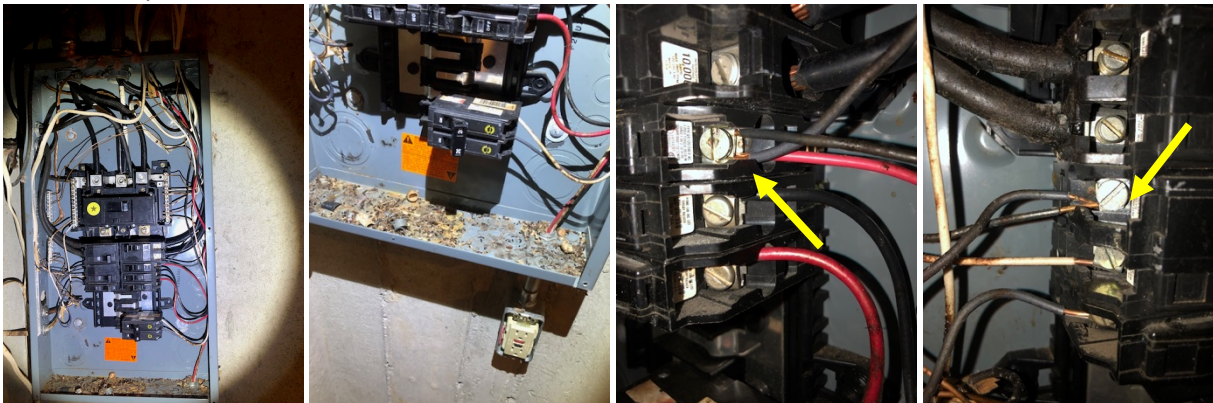




<b>SERVICE ENTRANCE CABLE</b>	Capacity: <u>150</u> Amps <u>120-240</u> Volts Service line entrance: <input checked="" type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Raceway Conductor material: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Satisfactory
<b>MAIN PANEL BOX</b>	Location: <u>Basement Mech. room</u> <input checked="" type="checkbox"/> Grounded <input type="checkbox"/> Bonded <u>150</u> Amps <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers Subpanel Location: <u>Garage</u> Capacity of Main Disconnect: <u>150</u> Amps	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>CIRCUITS AND CONDUCTORS</b>	Quantity: <input checked="" type="checkbox"/> Ample Branch wiring: <input 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"/> Over-fused circuit <input checked="" type="checkbox"/> Double tap breaker GFCI: <input checked="" type="checkbox"/> Exterior <input checked="" type="checkbox"/> Garage <input checked="" type="checkbox"/> Kitchen <input checked="" type="checkbox"/> Bathroom(s)	<input checked="" type="checkbox"/> Satisfactory
<b>OUTLETS AND FIXTURES</b>	<input checked="" type="checkbox"/> Random testing <input checked="" type="checkbox"/> Reversed polarity <input type="checkbox"/> Open ground <input checked="" type="checkbox"/> Smoke detectors absent	<input type="checkbox"/> Satisfactory

## REMARKS

There were two multi-tap breakers (double and triple tapped) in the main panel in the basement at the time of the inspection. These types of breakers are designed to hold two copper wires at the same time, but even the double-tapped breaker was wired incorrectly for the breaker type. We recommend having these circuits separated to individual breakers in the panel. There were also signs of mice droppings and nesting in the main panel





There were several miscellaneous electrical defects noted around the home's interior and exterior at the time of the inspection.

Exposed wiring in bedroom closets: Junction boxes and conduit required



Loose outlets on walls:



Taped clumps of wiring next to main electrical panel: Proper junction boxes and wiring connections required.



Garden hose used as exterior conduit: Proper conduit materials, mounting off the ground, and GFCI outlet required.



Conduit junction elbow box disconnected at house: Secure connection required to keep water out.



Generator wire from main panel left exposed on the ground on the exterior of the home.



<b>CABINETS AND COUNTERTOP</b>						<input checked="" type="checkbox"/> Satisfactory
<b>SINK</b>	Plumbing leaks: <input type="checkbox"/> Some signs <input checked="" type="checkbox"/> None observed Disposal: <input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ Yrs.					<input checked="" type="checkbox"/> Satisfactory
<b>DISHWASHER</b>	<input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ Yrs. <input type="checkbox"/> Air gap or high loop					<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
<b>RANGE/OVEN (Kitchen)</b>	<input type="checkbox"/> Range <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs. <input checked="" type="checkbox"/> Wall oven <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric Age: <b>31</b> Yrs. <input checked="" type="checkbox"/> Cooktop <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric Age: <b>31</b> Yrs.					<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>REFRIGERATOR</b>	#1 <input checked="" type="checkbox"/> Operating <input checked="" type="checkbox"/> Frost free <input checked="" type="checkbox"/> Icemaker <b>6</b> Yrs. #2 <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Icemaker _____ Yrs.					<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>OTHER APPLIANCES</b>	Microwave <input checked="" type="checkbox"/> Operating Age: <b>31</b> Yrs. <input type="checkbox"/> Operating Age: _____ Yrs.					<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>FLOOR COVERING</b>	<input type="checkbox"/> Resilient tile <input type="checkbox"/> Sheet goods <input type="checkbox"/> Ceramic <input type="checkbox"/> Wood <input type="checkbox"/> Laminate <input checked="" type="checkbox"/> Vinyl					<input checked="" type="checkbox"/> Satisfactory
<b>VENTILATION</b>	<input checked="" type="checkbox"/> Exhaust fan <input type="checkbox"/> Ductless <input checked="" type="checkbox"/> Vented to outside <input type="checkbox"/> Filter <input type="checkbox"/> Light					<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>CLOTHES WASHER</b>	<input checked="" type="checkbox"/> Operating Age: <b>9</b> Yrs. <input type="checkbox"/> Not Tested					<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
<b>CLOTHES DRYER</b>	<input type="checkbox"/> Operating <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric Age: <b>5</b> Yrs. <input checked="" type="checkbox"/> Not Tested Vented to: <b>Exterior through stairwell</b>					<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

## REMARKS

All appliances functioned properly at the time of the inspection. The kitchen wall oven, cooktop and microwave appeared to be original to the home (1988) based on serial numbers – these should be considered potential repair or replacement items within the next 5 years.

Washer/dryer

Microwave

Refrigerator



The dryer could not be tested as the dryer vent was broken in the stairwell – this should be repaired before use.





FLOORS	<input checked="" type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Plywood	<input checked="" type="checkbox"/> Satisfactory
	<input checked="" type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Resilient <input type="checkbox"/> Laminate	
	<input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Ceramic	
WALLS	<input type="checkbox"/> Plaster <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Paneling	<input checked="" type="checkbox"/> Satisfactory
CEILINGS	<input type="checkbox"/> Plaster <input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> Acoustical tile	<input checked="" type="checkbox"/> Satisfactory
STAIRS/ RAILINGS	<input type="checkbox"/> Balcony <input checked="" type="checkbox"/> Stairs <input checked="" type="checkbox"/> Railings	<input checked="" type="checkbox"/> Satisfactory
		<input type="checkbox"/> N/A
FIREPLACE	<input checked="" type="checkbox"/> Flue liner <input type="checkbox"/> Partially observed	<input checked="" type="checkbox"/> Satisfactory
	<input checked="" type="checkbox"/> Damper <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not Operating	<input type="checkbox"/> N/A
	<input type="checkbox"/> Metal pre-fab <input type="checkbox"/> Free-standing <input type="checkbox"/> Wood stove <input type="checkbox"/> Pellet stove	
	<input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> Clean chimney before use	
DOORS (INSIDE)		<input checked="" type="checkbox"/> Satisfactory
WINDOWS AND SKYLIGHTS	<input checked="" type="checkbox"/> Double hung <input type="checkbox"/> Single hung <input checked="" type="checkbox"/> Casement <input type="checkbox"/> Awning	<input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> Sliding <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vinyl or aluminum clad wood	<input type="checkbox"/> N/A
	<input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Insulated glass	
	<input checked="" type="checkbox"/> Single pane glass <input type="checkbox"/> Roof windows and skylights	

## REMARKS

Most windows in the home were older, wood framed windows with single pane glass – these will work fine, but the home's efficiency will suffer. All windows appeared in functional condition although some had been painted shut. Consider updating the home's windows or adding storm windows to the exterior for better insulation and efficiency.



There were multiple ceiling cracks noted throughout the home at the time of the inspection. All material seemed to be secured solidly in place and cracks were likely coming from the home's settling and age. There were water stains noted on the upstairs east bedroom ceiling, but this appeared to be past staining.



<b>ACCESS</b>	How Inspected: <u>Crawled in</u> <input type="checkbox"/> Not inspected <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input checked="" type="checkbox"/> Scuttlehole <input type="checkbox"/> No access <input type="checkbox"/> N/A
<b>MOISTURE STAINS</b>	<input checked="" type="checkbox"/> <b>Some signs</b> <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Condensation
<b>STORAGE</b>	<input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Light <input checked="" type="checkbox"/> Floored <input type="checkbox"/> Not floored <input type="checkbox"/> No storage
<b>INSULATION</b>	Type: <u>Blown</u> Average Inches: <u>12-14"</u> <input checked="" type="checkbox"/> Satisfactory Installed in: <input type="checkbox"/> Rafters <input checked="" type="checkbox"/> Floor Approx. R Rating: <u>R40-50</u> <input type="checkbox"/> N/A <input type="checkbox"/> Vapor retarder
<b>VENTILATION</b>	<input type="checkbox"/> Window(s) <input type="checkbox"/> Attic fan <input type="checkbox"/> Whole house fan <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Satisfactory <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 type="checkbox"/> N/A

## REMARKS

The attic space showed signs of current leaking at the time of the inspection. There were areas noted from walking the roof that were potential leak points and most had areas of wet insulation noted below in the attic. Leaking at most spots appeared to be fairly minor, but any roof leak should be corrected. We recommend contacting a roofing contractor to replace roof boots around all plumbing vents and metal chimney stacks as well as seal any damaged areas or exposed nail heads.

Overview:

Floored area: flooring material is thin; use caution when walking through this area as floor bows between trusses.



Below PVC plumbing vents:

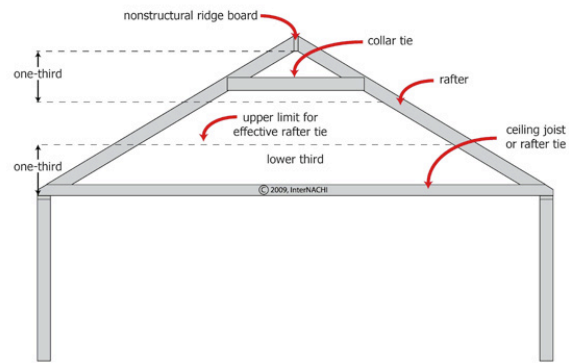


Below metal chimney stacks:





There was a damaged truss connection at the roof peak near top of the pulldown stairs to the attic. We recommend securing the peak point and adding a collar tie for additional support (general concept pictured below for collar tie). This is likely the truss that gets used as a support handle/railing when climbing into the attic storage space.



ROOF COVERING	Location	Materials	Age	
	Home	Composition Shingle	~24 yrs	<input type="checkbox"/> Satisfactory
				<input type="checkbox"/> Satisfactory
	How Inspected:			
	Roof leaks:	<input checked="" type="checkbox"/> Some signs	<input type="checkbox"/> Extensive	<input type="checkbox"/> None observed
FLASHING	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Copper	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Rubberized membrane	<input type="checkbox"/>		<input type="checkbox"/> N/A
GUTTERS AND DOWNSPOUTS	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Satisfactory
	Extensions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood	<input type="checkbox"/> N/A

## REMARKS

The roof of the home appeared to be original to the home's construction in ~1995. The architectural shingles were still in fair condition, but age and wear were showing on many of the roof boots and vents. The rubber boots were cracking and curling and allowing gaps from the roof and covered pipes. There were many exposed nails (some were likely covered at one point) around the roof that had rusted and will be potential leak points – these should be covered over with a dab or tar or caulk. There were multiple tree limbs that should be trimmed back off of the roof surface. We recommend contacting a roofing contractor to replace roof boots around all plumbing vents and metal chimney stacks as well as seal any damaged areas or exposed nail heads. Any water damaged roof decking should be replaced, and wet insulation should be removed from the attic space.

### Overview:





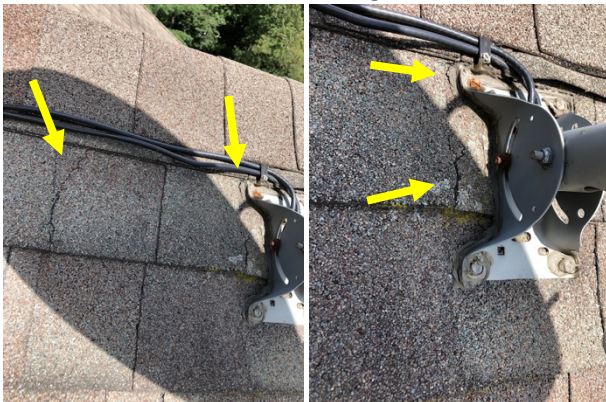
Exposed, rusting nailing:



Cracked and curling plumbing vent boots:



Satellite dish installation damage:



Old dish mount?:



Tree limbs growing in contact with roof shingles:





EXTERIOR DOORS		<input checked="" type="checkbox"/> Satisfactory
WINDOWS AND SKYLIGHTS		<input checked="" type="checkbox"/> Satisfactory
EXTERIOR WALL COVERING	Location	Materials
	Home	Vinyl Siding <input checked="" type="checkbox"/> Satisfactory
	Home	Brick <input checked="" type="checkbox"/> Satisfactory
EXTERIOR TRIM	<input type="checkbox"/> Eaves <input checked="" type="checkbox"/> Fascia <input type="checkbox"/> Soffits <input checked="" type="checkbox"/> Rake <input checked="" type="checkbox"/> Aluminum Wrapped	<input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> Signs of deterioration <input type="checkbox"/> Extensive <input checked="" type="checkbox"/> None Observed	
CHIMNEY	<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> PVC <input type="checkbox"/> In chase	<input checked="" type="checkbox"/> Satisfactory
	<input type="checkbox"/> Flue liner partially observed <input type="checkbox"/> Clean before use	<input type="checkbox"/> N/A
GARAGE/ CARPORT	<input checked="" type="checkbox"/> Garage <input checked="" type="checkbox"/> Carport <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached	<input checked="" type="checkbox"/> Satisfactory
	<input checked="" type="checkbox"/> Door operator <input checked="" type="checkbox"/> Operating <input checked="" type="checkbox"/> Safety reverse	<input type="checkbox"/> N/A
PORCH FLOOR	<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Concrete <input type="checkbox"/>	<input checked="" type="checkbox"/> Satisfactory
	<input checked="" type="checkbox"/> Railing/ Guardrail	<input type="checkbox"/> N/A

## REMARKS

There were wall penetrations and a few minor areas of siding damage around the home that should be sealed from the exterior.



The storm door on the front of the home was misaligned and not sealing properly.



The attached garage door safety sensors were mounted too high to work as designed. These sensor eyes are generally required to be installed 6-8 inches from the ground to be effective.



GRADING	General grading, slope and drainage	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
	Grading and slope at house wall (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 checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Brick <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
WINDOW WELLS	<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
RETAINING WALL	<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Stone <input checked="" type="checkbox"/> Timber <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
TREES AND SHRUBBERY	Keep trimmed back from the home and roof	<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 checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
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 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
STEPS TO BUILDING	Landing: <input checked="" type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> _____ Steps: <input checked="" type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Metal Handrails: <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Metal <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
OUTBUILDINGS	Shed; wood T1-11 siding, swinging double doors, 3-tab asphalt shingle roof	

## REMARKS



There were trees, vines and shrubbery growing against the exterior wall covering and roof. We recommend keeping all vegetation trimmed back from the home to prevent possible damage to these materials.



The shed was showing signs of deterioration around the wood exterior. We recommend keeping ground cover off of the wood covering. Keep exterior wood painted or sealed to prevent weathering and rot.



The wood decks on the front and rear of the home were in need of stain or sealant at the time of the inspection. We recommend keeping all exterior wood painted, stained, or sealed to prevent wood rot and deterioration and improve the lifespan of the materials. Both decks were also significantly bowed and warped and in need of structural repair.

