



**The Most Advanced Home Inspection In The World**

17 Fosterville Road  
Greensburg, PA 15601  
(724)836-0328  
Fax (724)836-1842

**Infrared and Acoustic Technology to "See" Into Your Walls  
One Call Does It All**

## Updated Home Inspection Report

**Computerized** for the most complete and comprehensive report available

**PREPARED EXCLUSIVELY FOR:**

**Sam & Sally Buyer**

**Property:** 999 Johnson Rd.  
Greensburg PA 15601



Only an ASHI inspector can provide you with a professional inspection that combines 32 years of nationally recognized technical standards along with a code of ethics and the very best in customer service, education and satisfaction.



**WE SPEAK HOUSE.**

**Certified Member  
Bruce R. Thomas**

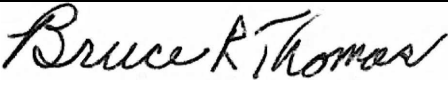
**#203847**

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**Basic Information**

**This report contains confidential information and is supplied solely for use by Sam & Sally Buyer**

Client Information: <b>Sam &amp; Sally Buyer</b>	
Showing Agent George Jones Small Town Realty 17 Fosterville Rd. Greensburg PA 15601 724-836-0328	Listing Agent Dave Lister ABC Real Estate
 Bruce R. Thomas 12/12/08 Date	Property: Bill & Mary Seller 999 Johnson Rd. Greensburg PA 15601

**Weather: Snow**  
**Order Number: 4897**

## Scope of Inspection Services

**YOU ARE ADVISED TO READ THIS SCOPE OF INSPECTION SERVICES CAREFULLY. IF YOU HAVE ANY QUESTIONS, YOU SHOULD CONTACT THIS INSPECTION SERVICE IMMEDIATELY.**

### 1. Scope of Inspection:

The scope of this inspection ("Scope") is limited to the visual examination of the safety and readily accessible portions of the structure and permanently attached kitchen appliance systems and components. No other systems, items or appliances are included in this inspection. The inspection performed is not intended as a substitute for a seller's disclosure statement.

NOTE: THE INSPECTOR IS NOT REQUIRED TO MOVE FURNITURE, CARPETING, INSULATION, OR OTHER MATERIALS OR BELONGINGS IN ORDER TO PERFORM THE INSPECTION. THIS INSPECTION DOES NOT COVER ITEMS OR CONDITIONS THAT MAY BE DISCOVERED ONLY BY INVASIVE METHODS. NO REMOVAL OF MATERIALS OR DISMANTLING OF SYSTEMS SHALL BE PERFORMED UNDER THIS INSPECTION.

2. The following is not within the scope of this inspection:

- a) Building code or zoning ordinance violations
- b) Structural integrity
- c) Geological stability or ground condition of site
- d) System design problems, functional adequacy, operational capacity, quality or suitability for a particular use of items inspected
- e) Termites, wood destroying insects and dry rot
- f) Engineering, scientific or specialized technician tests or readings or evaluations
- g) Fireplace draft
- h) Asbestos, radon, lead, mold or other environmental hazards
- i) Cosmetic items such as minor scratches, scrapes, dents, cracks, stains, soiled or faded surfaces
- j) Home warranties, system warranties and component warranties

Inspection by invasive means and reports covering some of the items (a) through (j) above, are available through this inspection service under separate direction and contract.

## Inspection Standards

### 1. Inspection Standards:

This inspection report expresses the professional opinion of the inspector who prepared this report. The purpose of the inspection is for the customer to be informed of as many conditions as possible within the brief periods of time allotted for the inspection. Customer has no expectation of being notified of all conditions, which are not reported. This inspection service is not responsible for any condition affecting any system or component, which occurs subsequent to the inspection or is intermittent and not detectable during the inspection. This report is based on the standards of the American Society of Home Inspectors (ASHI). A copy of these standards may be obtained from this inspection service.

### 2. Exclusions:

Excluded is any inspection of any systems or items not included in the Inspection Report including, but not limited to, the following: any information pertaining to manufacturers' recalls of any component, detached buildings or equipment, low voltage systems, swimming pools, saunas, spa, whirlpool, and hot tub systems, electrostatic precipitators or electronic air cleaners or filters, septic systems, any component or system which is underground, private water systems or equipment, wells and well pumps, cisterns, fountains, water quality or volume, water conditioning systems, central vacuum systems, landscaping, irrigation systems, active and passive solar systems, soils or soil contaminations, security systems, and any inspection or testing for any toxic or dangerous substances including asbestos, lead or gases, radon and formaldehyde, other than gases typically used as fuel for home heating systems, or any system or item not included in the Inspection Report.

### 3. Report Prepared For The Customer Exclusively:

The Inspection Report is not intended for use by anyone other than the client. No third party shall have any right arising from the Inspection Report. The Client's request that this Inspection Service release copies of the Inspection Report

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shall be at Client's risk with respect to the contents of this paragraph. In consideration of the furnishing of the Inspection Report to third parties, the Client shall agree to indemnify and hold harmless the Inspection Company and its inspectors for all costs, expenses, legal fees, awards, settlements and judgments in any legal proceeding brought by any third party who claims that he/she relied on representations made in such Inspection Report and was damaged thereby.

### Explanation of Terms

It is important to have a clear understanding of the terms used in this inspection report. The HOME CONDITION ANALYSIS is conducted with the age of the home and the comparable condition of the neighborhood homes taken into consideration.

#### TERMS:

- ◇ ACCEPTABLE: Any item marked, as Acceptable appears to be in usable condition. Cosmetic blemishes and minor damage that does not significantly affect the use of the item or system may be classified as Acceptable.
- ◇ MAINTENANCE: The inspector has determined that the inspected system / item is in need of maintenance in order to prevent further damage or deterioration. Maintenance may be required to provide correct function.
- ◇ REPAIR: Items marked Repair - appear to be in need of immediate attention. Delay in maintenance or repair of the said items may result in a dramatic shortening of the life expectancy of the item, have immediate negative effect on other related systems, or be a potential safety hazard. Often action is advisable on these items prior to or shortly after moving into the home.
- ◇ N/A: Items marked N/A are not covered by this inspection report. N/A does not necessarily indicate the item does not exist, but if it exists the inspector did not or was unable to conduct any inspection of the item at this time. N/A may also indicate not accessible, not available, not addressed, not appropriate or not applicable.

### Not A Warranty

There are Home Warranty programs offered through many vendors. We suggest that you discuss these options with your agent.

**THIS REPORT IS NOT A WARRANTY. THIS INSPECTION SERVICE ONLY WARRANTS THAT ITS INSPECTION SERVICES WILL BE PERFORMED IN ACCORDANCE WITH THE SCOPE AND THE STANDARDS OF PRACTICE OF THE NATIONAL ASSOCIATION OF HOME INSPECTORS AND THE AMERICAN SOCIETY OF HOME INSPECTORS ONLY. THIS IS A LIMITED AND NON-TRANSFERABLE WARRANTY AND IS THE ONLY WARRANTY GIVEN BY INSPECTION COMPANY. INSPECTION COMPANY MAKES AND CLIENT RECEIVES NO OTHER WARRANTY, EXPRESS OR IMPLIED. ALL OTHER WARRANTIES, INCLUDING WARRANTIES OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PURPOSE, ARE EXPRESSLY EXCLUDED. THIS STATED EXPRESS WARRANTY IS IN LIEU OF ALL LIABILITIES OR OBLIGATIONS OF INSPECTION PERFORMANCE OF THE INSPECTION AND ANY DELIVERY AND USE OF AND RELIANCE ON THE INSPECTION REPORT. CLIENT WAIVES ANY CLAIM FOR CONSEQUENTIAL, EXEMPLARY OR INCIDENTAL DAMAGES, EVEN IF INSPECTION COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.**

Any dispute, controversy or claim arising out of, or relating to, this agreement or breach thereof shall be submitted to final binding arbitration under the Expedited Arbitration Rules of the National Academy of Conciliators. The decision of the arbitrator appointed thereunder shall be final and binding and judgment on the award may be entered in any court of competent jurisdiction.

### Mine Subsidence

Mine subsidence is a fact of life in Western Pennsylvania and is not covered by this inspection. Please contact the PA Department of Mines for an evaluation as to whether mine subsidence insurance is applicable for this property.

This Form is recommended and approved for, but not restricted to use by, the members of the Pennsylvania Home Inspectors Coalition and the Pennsylvania Association of REALTORS®. Users are authorized to reproduce unaltered copies of this Home Inspector Compliance Statement for personal or business use in connection with the performance of a home inspection.

For more information about how to obtain additional copies of this form please contact your local REALTOR® or home inspector.

**PENNSYLVANIA HOME INSPECTORS COMPLIANCE STATEMENT**

**CLIENT INFORMATION**

Client Name(s): Sam & Sally Buyer  
 Inspection Property Address: 999 Johnson Rd.  
Greensburg PA 15601

**INSPECTOR ACKNOWLEDGMENT**

(This portion to be filled out by the home inspector)

I represent that (check one):

I am full member in good standing of a national home inspection association\* and that I will conduct a home inspection of the above property in accordance with the ethical standards and code of conduct or practice of that association and the Pennsylvania Home Inspection Law.

**OR**

I have not yet attained full membership in a national home inspectors association \*, but will be supervised by a full member in good standing who agrees to be responsible for the home inspection report by signing the report, and that I will conduct a home inspection of the property in accordance with the ethical standards and code of conduct of practice of that association and the Pennsylvania Home Inspection Law.

*Bruce R. Thomas* \_\_\_\_\_  
 Signature Date

Bruce R. Thomas \_\_\_\_\_  
 Inspector Name

American Society of Home Inspectors ASHI 203847 \_\_\_\_\_  
 Association in which membership is held Member No.

Supervising Inspector's Name & Member No. (if applicable) \_\_\_\_\_  
 Date

A-Z Tech Home Inspections, Inc.

\_\_\_\_\_ Inspection Co.  
 17 Fosterville Rd., Greensburg PA 15601

\_\_\_\_\_ Address

\_\_\_\_\_

(724)836-0328 / (724)836-1842

\_\_\_\_\_ Phone / FAX

A national home inspection association is one that: 1) is operated on a not-for-profit basis and is not operated as a franchise; 2) has members in more than 10 states; 3) requires that a person may not become a full member unless the person has performed or participated in more than 100 home inspections and has passed a recognized or accredited examination testing knowledge of the proper procedures for conducting a home inspection; and 4) requires that its members comply with a code of conduct and attend continuing professional educational classes as an ongoing condition of membership.

## Inspection Findings

### Note:

Any indication of repair, service or maintenance revealed in this report or verbally at the time of the inspection should be reevaluated by a qualified contractor prior to any final date as indicated in any Real Estate sales agreement. Since this inspection company does not dismantle equipment or perform invasive inspections the contractors subsequent examination may reveal additional required repairs.

### Services

Home inspection  WDI  Radon  Well Flow  Septic dye  Bacteria  HUD water test  
 Special request

### Kitchen

1) Location	Center			
2) Floor Cover	<input type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
	The floor covering in the kitchen area appears to be providing adequate protection and serviceability.			
3) Under Sink Insp.	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
	The conditions noted under the kitchen sink represent a need for <i>Maintenance</i> . Previously leaking plumbing may have caused some minor damage. The area is considered serviceable.			
4) Drains Appear Clear	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A
5) Stove Exhaust Fan	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Repair <input type="checkbox"/> None			<input type="checkbox"/> N/A
6) Stove	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas			<input type="checkbox"/> N/A
7) All Elements Work	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A
8) Controls	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
9) Microwave Built in	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> N/A
10) Microwave Operational	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> N/A
11) Oven	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas			<input type="checkbox"/> N/A
12) Oven Operational	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A
13) Oven Self Cleaning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A
14) Built in Unit	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> N/A
15) Oven Door Fit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A
16) Oven Ventilation	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance			<input type="checkbox"/> N/A
17) Counter Tops	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance			<input type="checkbox"/> N/A
18) Garbage Disposal	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
19) Woodwork	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance			<input type="checkbox"/> N/A
20) Drawers/Doors	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
21) Dishwasher	<input type="checkbox"/> Operational <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Operational		<input type="checkbox"/> N/A
22) Trash Compactor	<input type="checkbox"/> Operational <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Operational		<input type="checkbox"/> N/A

### Bathroom

1) Location	Main	<input checked="" type="checkbox"/>		
2) Floor Cover	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
3) Basin (s)	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
4) Basin Fixtures	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
5) Basin Drain	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Repair			<input type="checkbox"/> N/A
6) Under Sink Inspection	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair			<input type="checkbox"/> N/A

Property: 999 Johnson Rd.  
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7) Shower Tub Shower	<input checked="" type="checkbox"/> Shower / Tub	<input type="checkbox"/> Tub only	<input type="checkbox"/> Stand alone	<input type="checkbox"/> N/A
8) Shower Faucets	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
9) Shower Head	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
10) Shower/Tub Enclosure	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
11) Water Resist Wall Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
12) Caulking Water Exposed Area	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
13) Tub	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
14) Tub Fixtures	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
15) Tub/Shower Drain	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
16) Toilet Bowl	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Loose	<input type="checkbox"/> N/A
17) Toilet Tank	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
18) Mildew	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
19) Ventilation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A

The exhaust fan does not extend through the attic.

### Bathroom

1) Location	Basement	<input checked="" type="checkbox"/>		
2) Floor Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
3) Basin (s)	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
4) Basin Fixtures	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
5) Basin Drain	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
6) Under Sink Inspection	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
7) Shower Tub Shower	<input type="checkbox"/> Shower / Tub	<input type="checkbox"/> Tub only	<input checked="" type="checkbox"/> Stand alone	<input type="checkbox"/> N/A
8) Shower Faucets	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
9) Shower Head	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
10) Shower/Tub Enclosure	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
11) Water Resist Wall Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
12) Caulking Water Exposed Area	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
13) Tub	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input checked="" type="checkbox"/> N/A
14) Tub Fixtures	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input checked="" type="checkbox"/> N/A
15) Tub/Shower Drain	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
16) Toilet Bowl	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Loose	<input type="checkbox"/> N/A
17) Toilet Tank	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
18) Mildew	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
19) Ventilation	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> None	<input type="checkbox"/> N/A

This bath area is not properly ventilated. Proper ventilation is necessary to prevent mildew and to protect walls and ceilings from condensation damage.

### 1/2 Bath

1) Location	Second floor			
2) Floor Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
3) Mildew Noted	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
4) Basin (s)	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
5) Basin Fixtures	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
6) Basin Drain	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
7) Under Sink Inspection	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
8) Water Resist Wall Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
9) Caulking Water Exposed Area	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
10) Toilet Bowl	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Loose	<input checked="" type="checkbox"/> N/A
11) Toilet Tank	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input checked="" type="checkbox"/> N/A

12) Ventilation  Acceptable  Repair  None  N/A

### Windows

1) Window Wells  Acceptable  Maintenance  Repair  N/A  
 2) Glaze / Caulking Window Pane  Acceptable  Maintenance  Repair  N/A  
 3) Window Glass  Acceptable  Broken / Cracked  N/A  
 4) Windows Screens  Acceptable  Maintenance  Repair  Missing  N/A  
 5) Dbl. Pane Seals / Insulating Windows  Acceptable  Repair  None  N/A

A visual inspection of the windows may not disclose a deficiency which may only be evident under certain climatic conditions. At the time of this inspection all thermal window seals appeared to be acceptable. Due to the conditions which may effect these types of windows we can not determine actual condition.

6) Storm Windows  Acceptable  Repair  None  N/A  
 7) Windows Latches/Locks  Acceptable  Maintenance  Repair  N/A  
 8) Number of Windows Tested 6

### Attic

1) Access Location Knee walls  
 2) Access Size  Acceptable  Maintenance  None  N/A  
 3) Attic Area  Crawl Through  Finished  Storage  N/A  
 4) Type roof structure  Rafter  Truss  Post & Beam  Panel  Other.  
 5) Ventilation  Acceptable  Maintenance  Repair  N/A  
 6) Structural Wood  Acceptable  Maintenance  Repair  N/A  
 7) Screens  Acceptable  Maintenance  Repair  N/A  
 8) Insulation  Acceptable  Maintenance  None  N/A

There is insulation in the attic. However, it appears that it may not be sufficient to provide the desired effect. Insulation limits the visibility of the structural components.

9) Inaccessible Areas  Clearance  Cavities  Cavities/Clearance  None  
 There are inaccessible structure cavities evident from the attic. There are areas of the attic which are inaccessible due to reduced clearance, or obstruction by structural members and/or mechanical apparatus.  N/A  
 10) Duct Work and Piping  Acceptable  Maintenance  Repair  None  N/A  
 11) Attic Evaluated By  Entrance  Head-Shoulder  N/A

### Garage

1) Type  Attached  Detached  Carport  Integral  N/A  
 2) Size  1 Car  2 Car  3 Car  Other  N/A  
 3) Garage Doors  Acceptable  Maintenance  Repair  None  N/A  
 4) Automatic Opener  Acceptable  Maintenance  Repair  None  N/A  
 5) Door Springs / Mounts  Acceptable  Maintenance  Repair  N/A  
 6) Spring Safety Cable  Acceptable  Maintenance  None  N/A  
 7) Safety Operation, Opener  Yes  No  Repair / Adjust  N/A

The garage door opener safety feature has been checked. The automatic reversing of the door when it encounters an obstacle in the closing mode did not appear to function. Repair or adjustment may be necessary.

8) Floor  Acceptable  Maintenance  Repair  N/A



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9) Plumbing	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
10) Electrical Services	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
11) Heat	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
12) Windows	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> None
13) Rafters / Beams	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
14) Foundation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
15) Fire Wall / Ceiling / Board	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
16) Fire Door	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A

### Basement Foundation

1) Foundation Type / Material	<input checked="" type="checkbox"/> Block	<input type="checkbox"/> Stone	<input type="checkbox"/> Tile	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
2) Access (Stairs)	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
3) Cracks 1/4" Separation	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			<input type="checkbox"/> N/A
4) Moisture / Dampness	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
There is evidence of past water or moisture in the basement. This problem should be monitored and repairs should be considered to prevent further deterioration. The use of a dehumidifier at a minimum should be considered.					
5) Crawl Space Evaluated by	<input type="checkbox"/> Full entry	<input type="checkbox"/> Head shoulders	<input type="checkbox"/> No access	<input type="checkbox"/> Limited Access	<input type="checkbox"/> None
6) Crawl space condition	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Debris	<input type="checkbox"/> Moisture	<input type="checkbox"/> Ventilation	<input checked="" type="checkbox"/> N/A
7) Exposed Ducts / Piping	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None		<input type="checkbox"/> N/A
8) Sump / Drain Pump	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not tested	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> None	<input type="checkbox"/> N/A
9) Living Area	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> N/A
10) Doors / Windows	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A

### Laundry

1) Washer Hookup	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
2) Dryer Hookup	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
3) Gas Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A
4) Dryer Electrical Service 220V	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
5) Floor Drain	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6) Laundry Basin	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
7) Dryer Ventilation System	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A
8) Floor Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
9) Area Ventilation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> None	<input type="checkbox"/> N/A

### Water Heater

1) Location / Approx. Age	Basement / 2006			
2) Type	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric		<input type="checkbox"/> N/A
It is recommended that water heaters be drained periodically to remove sediment buildup from the tank.				
3) Size Main / Aux. (gal)	50			
4) Evidence of Leaks	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
5) Safety Valve	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6) Safety Valve Drain Pipe	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> None	<input type="checkbox"/> N/A
7) Installation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> N/A

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### Heating System

1)	System Type / Location	Oil forced air / Basement			
2)	Manufacturers Information				
3)	Thermostat Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
Verification of accurate temperature calibration of the thermostat is not within the scope of this inspection.					
4)	On / Off Check	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Not Tested	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
5)	Operation Noise	<input checked="" type="checkbox"/> Acceptable		<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6)	Filter Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
7)	Electronic Filter System	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
8)	Vents / Returns	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
9)	Ducts	<input checked="" type="checkbox"/> Acceptable		<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
10)	Insulation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> None	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
11)	Non-Heated Living Area	None			
12)	Service Notes / Filter Size	None			
13)	Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Evaluate	<input type="checkbox"/> Repair	<input type="checkbox"/> Service <input type="checkbox"/> N/A.
All heating systems should be cleaned and "tuned" at least once every year.					
		<input type="checkbox"/>			

### Air Conditioning

1)	System Type / # of Units / Location	Compressor /1 / Side			
2)	Manufacturer Specifications / Size				
3)	Systems Operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Tested	<input type="checkbox"/> N/A
4)	Service Records Noted	None			
5)	Areas Not Serviced	None			
6)	Ambient Temp at Time of Insp.				
7)	Air Temp. At Outlet	Too cold to test. <input checked="" type="checkbox"/>			

### Electrical Service

1)	Service Size (Amps)	<input type="checkbox"/> Under 80	<input type="checkbox"/> 80 to 100	<input checked="" type="checkbox"/> 100 to 200	<input type="checkbox"/> Over 200	<input type="checkbox"/> N/A
2)	Service Voltage	<input checked="" type="checkbox"/> 110-220	<input type="checkbox"/> 110 only	<input type="checkbox"/> Other		<input type="checkbox"/> N/A
3)	Over Current Devices	<input checked="" type="checkbox"/> Breakers	<input type="checkbox"/> Fuse	<input type="checkbox"/> Fuse & Breakers		<input type="checkbox"/> N/A
Overload protection is provided by breakers for this structure.						
4)	Service to Panel	<input type="checkbox"/> Copper	<input checked="" type="checkbox"/> Alum.	<input type="checkbox"/> Copper/Alum.	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
5)	Panel to Structure	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Alum.	<input type="checkbox"/> Copper/Alum.	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6)	Panel Cover	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
7)	Panel Cover Removed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> N/A
The face plate of the electrical panel was removed at one or more of the electrical panels to provide the inspector visual access for verification of existing conditions.						
8)	Panel Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
9)	Panel / Sub Panel Location	Basement				
10)	Type of wire	<input checked="" type="checkbox"/> Romex	<input type="checkbox"/> BX	<input type="checkbox"/> Knob & Tube	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other <input type="checkbox"/> N/A
11)	Wire - Over Current Compatibility	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Evaluate	<input type="checkbox"/> Repair		<input type="checkbox"/> N/A
The wiring and the over current protection devices appear to be compatible as seen from the panel (s) inspected.						
12)	Proper Receptacle Grounding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> N/A
13)	G.F.I Outlets	<input type="checkbox"/> Yes	<input type="checkbox"/> Pre-Date	<input checked="" type="checkbox"/> Test OK	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
The ground fault interrupters (G.F.I.) were spot tested and appear to function properly						

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14) Service Ground Verified	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15) Bare (metal) Wires Visible	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
16) Improper Splices / Junctions	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
17) Improper Wire Protection / Routing	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
18) Double taps	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
19) Uncovered Splice Boxes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
20) Hot Neutral Reversed	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
	<input type="checkbox"/>		

**Plumbing**

1) Size Service to Structure	<input checked="" type="checkbox"/> 3/4 inch	<input type="checkbox"/> 1 inch	<input type="checkbox"/> 1/2 inch	<input type="checkbox"/> N/A
2) Structure Pipe Material	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> N/A
3) Waste Pipe Material	<input type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> N/A
4) Plumbing Vent Material	<input type="checkbox"/> Copper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Galvanized	<input checked="" type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> N/A
5) Plumbing Vent Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6) Pipe Rumble Noise	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
7) Surge Bangs	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
8) Encrustation Evident	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
9) Hot Water Pipe Insulation	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
10) Evidence of Supply Leaks	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> N/A
The inspector has found evidence of a plumbing supply leak. We advise the use of a qualified plumber to make final determination of the cause and to provide bid of repairs. Location of the leak is noted, if determined.				
11) Evidence of Drain Leaks	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
12) Faucets Leak	<input checked="" type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> More	<input type="checkbox"/> N/A
13) Main Water shut off Location	Meter			
14) Interior Water Flow	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
15) Exterior Water Flow	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> N/A
There is a small drip in the valve behind the furnace. <input checked="" type="checkbox"/>				

**Utility Services**

1) Electrical Service	<input type="checkbox"/> Under Ground	<input checked="" type="checkbox"/> Overhead	<input type="checkbox"/> N/A
2) Gas Service	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Natural	<input type="checkbox"/> Other <input type="checkbox"/> N/A
3) Gas Odors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
4) Main Gas shut off Location	N/A		
5) Water Source	<input checked="" type="checkbox"/> City	<input type="checkbox"/> co-op	<input type="checkbox"/> Well <input type="checkbox"/> Other <input type="checkbox"/> N/A
6) Sewer	<input checked="" type="checkbox"/> City	<input type="checkbox"/> Septic	<input type="checkbox"/> Other <input type="checkbox"/> N/A
7) Overhead Service Lines	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair <input type="checkbox"/> N/A
8) Fuel Storage Tank	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9) Fuel Storage Underground	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Part Exposed <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
10) Fuel in Tank	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Determinable <input type="checkbox"/> N/A
11) Fuel Tank Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Leaking <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
12) Fuel Tank Plumbing	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Leaking <input type="checkbox"/> N/A
	<input type="checkbox"/>		

**Fire Place / Wood Stove**

1) Fire Place (s) Wood Stoves (s)	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
There is a solid-fuel heating system/fireplace (s) in this home that appears to be in Acceptable condition. This inspection does not cover code clearances and improper installation. If additional information and certification is desired, contact this inspection service.				

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2) Exterior Chimney (s) Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
3) Type Fireplace	<input type="checkbox"/> Masonry	<input type="checkbox"/> Metal insert	<input checked="" type="checkbox"/> Wood stove	<input type="checkbox"/> Other <input type="checkbox"/> N/A
4) Flue Dampers	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> N/A
5) Flue Condition	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> N/A
6) Spark Arrester	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> None

Since the flue is fan driven the chimney configuration is acceptable.

### Environmental Survey

1) Asbestos Warning (1930-1980)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/A
Based on the age of this home, there is a possibility this structure may contain asbestos. Asbestos was used in hundreds of products incorporated in residential construction. Your inspection service will be glad to provide additional services and information on identifying and testing possible asbestos containing materials in accordance with the E.P.A. guidelines for this type of structure.			
2) Visual Material Suspect Asbestos	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
3) Suspect Samples Taken	<input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A
4) Describe Possible Asbestos Material/Location			
5) Mold, Mildew, Fungus	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Visible	<input type="checkbox"/> N/A
Mold, mildew or fungus has been noted in this home. Some individuals may be hypersensitive to this condition. It is recommended that further testing be done to determine the type and cause. Further evaluation is strongly recommended prior to any final date in any Real Estate agreement.			
6) Radon Warning	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> N/A
<b>Radon gas is naturally occurring in our environment in harmless quantities. The danger occurs when the gas percolates through the ground and enters a tightly enclosed structure through fissures or cracks in a foundation. The gas can become concentrated, due to lack of ventilation. The Environmental Protection Agency and the Surgeon General recommend all homes be tested for radon. Your inspection service can provide additional information and testing in accordance with Environmental Protection Agency protocols.</b>			
7) Lead in Material Warning (Prior 1978)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/A
Lead base paint was in common use until about 1974, the warning is in effect for homes built prior to 1978. According to the Federal Department of Housing and Urban Development, a lead hazard can be present in a house of this age from old paint. It is believed that the primary danger would be to small children who may somehow ingest chips of lead-based paint. Your inspection service may provide additional information and test paint samples in this structure for lead contaminate.			
8) Lead in Water Warning	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> N/A
Lead in water may have two sources, one being the pipe system of the utility delivering water to the structure, the other being the pipe solder within the structure. Consult with your inspection service for testing procedures and additional information.			

### Building Perimeter Exterior

1) Visible Cracks	<input checked="" type="checkbox"/> Yes - Cracks are visible in the foundation system. Most cracks are normal and not a structural concern, due to the curing process of concrete.			
2) Evidence of Separation over 1/4"	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> N/A
3) Evidence of Differential Drift	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A

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4)	Site Drainage	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
5)	Evidence of Erosion	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6)	Proper Clearance Earth to Wood	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
7)	Vegetation Clear from Structure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> N/A
8)	Retaining Walls	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
9)	Driveway Material	<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Gravel	<input type="checkbox"/> Other <input type="checkbox"/> N/A
10)	Driveway Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
11)	Walkway Material	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other <input type="checkbox"/> N/A
12)	Walkway Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
13)	Steps Material	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	<input type="checkbox"/> Wood	<input type="checkbox"/> Other <input type="checkbox"/> N/A
14)	Steps Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
15)	Flat Surface Material	Brick & Siding			
16)	Siding Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
17)	Painted Surfaces	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
18)	Caulking Structure	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
19)	Eave / Soffit Areas	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
20)	Fascia Boards	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
21)	Trim	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
22)	Exterior Doors	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A

### Patios / Decking / Porches

1)	Deck / Porch Material	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
2)	Wood Deck	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
3)	Deck / Porch Railings	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> Not Needed <input type="checkbox"/> N/A
4)	Steps / Handrails	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair / None	<input type="checkbox"/> Not Needed <input type="checkbox"/> N/A
5)	Deck / Porch Foundation	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
6)	Wood Post / Pillars	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
7)	Concrete Slab	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input type="checkbox"/> N/A
8)	Masonry Patio	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> N/A

### Roof

1)	Cover Location / Material	<input checked="" type="checkbox"/> Shingle	<input type="checkbox"/> Slate	<input type="checkbox"/> Composition	<input type="checkbox"/> Tile	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
2)	Type	<input checked="" type="checkbox"/> Pitched	<input type="checkbox"/> Combination	<input type="checkbox"/> Other			<input type="checkbox"/> N/A
3)	Moss / Mildew	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
4)	Debris on Roof	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Minor	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
5)	Cover	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2			<input type="checkbox"/> N/A
6)	Cover Material Condition	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace			<input type="checkbox"/> N/A
7)	Ridges	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
8)	Valleys	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
9)	Flashing / Caulking	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
10)	Vents / Covers	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
11)	Gutters	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
12)	Gutter Material	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
13)	Down Spouts	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
14)	Drains Splash Blocks	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Repair			<input type="checkbox"/> N/A
15)	Roof Inspect From Underside	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/> N/A
16)	Exposed Rafters / Sheathing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				<input type="checkbox"/> N/A
17)	Light through	<input type="checkbox"/> No	<input type="checkbox"/> Yes				<input checked="" type="checkbox"/> N/A
18)	Indications of Leaking	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				<input type="checkbox"/> N/A

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- 19) Soft Spots  No  Yes  N/A
- 20) Skylight  Acceptable  Maintenance  Repair  N/A
- 21) Estimated Roof Life Expectancy With Proper Care & Maintenance. N/A
- 22) Evaluated By  Walk Surface  Roof Edge  Ground  Not Visible  N/A

The roof cover was evaluated from the ground, using visual aid.

The roof was completely snow covered and not visible at the time of the original inspection. On a return visit the roof was visible. The box gutters will need to be painted and maintained.

### Structure

- 1) Description Cape cod
- 2) Date Built 1940's
- 3) Type Construction  Frame  Brick Veneer  Masonry  Combination  Other
- 4) Floor Construction  Dimensional Joist  Truss  Wood I beam  Concrete  Other
- 5) Wall Construction  Frame  Steel  Masonry  Other
- 6) Ceiling Construction  Dimensional Joist  Truss  Wood I beam  Concrete  Other
- 7) Interior Stairs  Acceptable  Maintenance  Repair  N/A
- 8) Stair Rails  Acceptable  Maintenance  Repair / Missing  N/A
- 9) Remodel/Modernization Evident  No  Yes  N/A
- 10) Repairs Evident  No  Yes  N/A
- 11) Insulating Rating Evident  No  Yes  N/A
- 12) Insulation type Blown in
- 13) Smoke Detectors  Acceptable  Repair  None  N/A  
Smoke detectors should be tested once each month.
- 14) Alarm/Security System  None  Yes  N/A
- 15) Exterior Chimney (s) Condition  Acceptable  Maintenance  Repair  N/A
- 16) Type Chimney  Masonry  Metal  Other  N/A
- 17) Chimney liner  Clay tile  Metal  Unlined Masonry  Undetermined  Other  N/A
- 18) Furniture/Storage  Average  Light  Vacant  Heavy  N/A  
Furnishings and storage items in this home are in the opinion of the inspector average for an occupied residence. Notation is made that furniture, storage and personal items are not moved by the inspector to perform the inspection.

### General remarks and suggestions:

Very well built and very well maintained. The lot, grounds and roof were snow covered and not visible at the time of inspection. On a return visit the snow had melted and the roof and exterior were visible.



# Wood Destroying Insect Inspection Report

Notice: Please read important consumer information

on page 2.

## Section I. General Information

Inspection Company, Address, & Phone

**A-Z Tech Home Inspections, Inc.**

17 Fosterville Rd.

Greensburg PA 15601 (724)836-0328

Company's Business Lic. No.

**BU8021**

Date of Inspection

12/12/08

Address of Property Inspected

999 Johnson Rd.

Greensburg PA 15601

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

Bruce R. Thomas

Structure(s) inspected:

**Single Home**

## 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 infestation or defects. **Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:**

- A. No Visible** evidence of a wood destroying insect infestation was observed.
- B. Visible** evidence of a wood destroying insect infestation was observed as follows:
1. Live insects: (description & location): \_\_\_\_\_

2. Dead Insect, insect parts, frass, shelter tubes, exit holes, or staining (description & location): \_\_\_\_\_

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 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: \_\_\_\_\_

## Section IV. Obstructions & Inaccessible Areas

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

Basement 1,4,5,7,8,9

Crawl Space \_\_\_\_\_

Main Level 1,3,4,6,7,8,9

Attic 5,11

Garage 7

Exterior 17

Porch 17

Addition \_\_\_\_\_

Other \_\_\_\_\_

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

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

## Section V Additional Comments and Attachments (these are an integral part of the report)

### 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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Form NPCA-1 is obsolete after 12/31/04

Page 1 of 2

Property: 999 Johnson Rd.  
Greensburg PA 15601

# Important Consumer Information Regarding the Scope and Limitations of the Inspection

**Please read this entire page as it is part of this report. This report is not a guarantee or warranty as to the absence of wood destroying insects nor is it a structural integrity report. The inspector's training and experience do not qualify the inspector in damage evaluation or any other building construction technology and/or repair.**

- About the inspection:** A visible inspection was conducted in the readily accessible areas of the structure(s) indicated (See Page 1) including attics and crawlspaces which permitted entry during the inspection. The inspection included probing and/or sounding of unobstructed and accessible areas to determine the presence or absence of visual evidence of wood destroying insects. The WDI inspection firm is not responsible to repair any damage or treat any infestation at the structure(s) inspected, except as may be provided by separate contract. Also wood destroying insect infestation and/or damage may exist in concealed or inaccessible areas. The inspection firm cannot guarantee that any wood destroying insect infestation and/or damage disclosed by this inspection represents all of the wood destroying insect infestation and/or damage which may exist as of the date of the inspection. **For purposes of this inspection, wood destroying insects include: termites, carpenter ants, carpenter bees and reinfesting wood boring beetles. This inspection does not include mold, mildew or noninsect wood destroying organisms. This report shall be considered in valid for purposes of securing a mortgage and/or settlement of property transfer if not used within ninety (90) days from the date of inspection. This shall not be construed as a 90-day warranty. There is no warranty, expressed or implied, related to this report unless disclosed as required by state regulations or a written warranty or service agreement is attached.**
- Treatment Recommendation Guidelines regarding Subterranean Termites:** FHA and VA require treatment when any active infestation of subterranean termites is found. If signs of subterranean termites --- but no activity --- are found in a structure that shows no evidence of having been treated for subterranean termites in the past, then a treatment should be recommended. A treatment may also be recommended for a previously treated structure showing evidence of subterranean termites – but no activity – if there is no documentation of a liquid treatment by a licensed pest control company within the previous five years unless the structure is presently under warranty or covered by a service agreement with a licensed pest control company.
- Obstruction and Inaccessible Areas:** No inspection was made in areas which required the breaking apart or into, dismantling, removal of any object, including but not limited to: moldings, floor coverings, wall coverings, siding, fixed ceilings, insulation furniture, appliances, and/or personal possessions, nor were areas inspected which were obstructed or inaccessible for physical access on the date of the inspection. Your inspector may write out inaccessible areas or use the key in Section IV. Crawl spaces, attics, and/or other areas may be deemed inaccessible if the opening to the area is not large enough to provide physical access for the inspector or if the ladder was required for access. Crawl spaces (or portions thereof) may also be deemed inaccessible if there is less than 24 inches of clearance from the bottom of the floor joists to the surface below. If any area which has been reported as inaccessible is made accessible, the inspection company may be contacted for another inspection. An additional fee may apply.
- Consumer Maintenance Advisory Regarding Integrated Pest Management for Prevention of Wood Destroying Insects.** Any structure can be attacked by wood destroying insects. Homeowners should be aware of and try to eliminate conditions which promote insect infestation in and around their structure(s). Factors which may lead to wood destroying insect infestation include: earth to wood contact, foam insulation at foundation in contact with soil, faulty grade, improper grading, firewood against structure(s), insufficient ventilation, moisture, wood debris in crawlspace, wood mulch or ground cover in contact with the structure, tree branches touching structure(s), landscape timbers and wood decay. Should these or other conditions exist, corrective measures should be taken in order to reduce the chances of infestation by wood destroying insects and the need for treatment.
- Neither the inspecting company nor the inspector has had, presently has, or contemplates having any interest in the property inspected.**

## PRIVATE WASTE DISPOSAL SYSTEM INSPECTION CHECKLIST

Name: **Sam & Sally Buyer**

### INTERVIEW WITH OWNER

Name: Bill & Mary Seller Inspection Date: 12/18/08

Address: 999 Johnson Rd.  
Greensburg PA 15601

Age Of House: 1947 No. Of Bedrooms: 2 Age Of System: Unknown Size Of Tank: unknown

When Was The System Last Cleaned? 7/14/2004 By Whom? Hapchuck

Number Of Occupants: 1 Adults: 1 Children: 0 Number Of Toilets 3

Bath Tubs / Showers: 2 Do The Drains Empty Slowly: No

Was There Ever A Backup: Yes Type Of System:  Septic Tank  Sand Mound  Other

Location Of System: Front

Condition Of The Leach Field Unknown

Any Odors From The System: Yes Where: Along the stream

Do You Know Of Any Changes That Could Affect The Operation Of The System: New tank 1997

Are You Satisfied With The Functioning Of Your System: Yes

Was The Property Vacant At The Time Of Inspection: No

If Yes, Estimate Length Of Time: N/A Is There A Garbage Disposal: No

**The above information was gathered from a credible source but is not guaranteed. The information below is provided by the inspector.**

Observations:

Dye Test Administered: Yes Time: 11:00 Amount Of Water: 75

Location Of Breakout: Discharge into the stream

Recommendations: Cleaning:  Repairs:

Other: \_\_\_\_\_

OWNER / OCCUPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

INSPECTOR: Bruce R Thomas DATE: 12/12/08

**A septic system dye test is only intended to assess the viability and function of the leach field. Maintenance is required for any septic system regardless of the design or installation. Additional information is available from this inspection company upon request of from your local Penn State Extension office or PA DEP.**

\*\*\*\* The inspection and report are not intended or to be used as a guarantee or warranty, expressed or implied, regarding the adequacy, performance or condition of any inspected structure, item or system. This inspection does not include or cover buried or inaccessible components of the inspected system(s). The inspection and report are valid only for the time and date the inspections were performed. \*\*\*\*



17 Fosterville Rd.  
Greensburg PA 15601  
(724)836-0328

The Most Advanced Home Inspection In The World

Order Number

4897

Radon Test Number

2321

**A-Z Tech Home Inspections, Inc.**

17 Fosterville Rd., Greensburg PA 15601  
(724)836-0328 Fax (724)836-1842

**Radon Test Result Report**

PA DEP Radon Certification # 1513

Client Information:

[Redacted Client Information]

Placed by Bruce  
Date Placed: 12/12/2008  
Weather: Snow

Municipality

County: 65

Real Estate Transaction     General Test     PostMitigation     Other

Comment

Test Location Information:

[Redacted Test Location Information]

Picked up by: Bruce  
Date Picked up: 12/15/2008  
Weather: Cloudy warm

Type Building: 509

Room:	Test ID:	Test Device	Time Placed	Time Picked Up	Floor Code	Serial #	Result
Center	3367	607	9:19	9:02	801	SET096	26.1
Center	3368	607	9:19	9:02	801	SET007	26.7

Test Result: **26.4**

In certain specific situations the EPA and the Center for Disease Control have used a continuous exposure of 4.0 pCi/L as a guidance level at which remedial action is required. The test results listed above are for the specific areas tested on the dates specified. Radon levels differ with time and conditions, therefore, subsequent tests may yield different results.

This analysis has been performed in accordance with the "Radon and Radon Decay Product Measurement Protocols" prepared by the office of Radiation Programs for the US EPA. This company makes no recommendations or warranties other than as specifically set forth in this report and shall not be responsible or liable for any action or the consequences of any action taken with or in reliance upon this report.

Notice:

The Radon Certification Act requires that anyone who provides any radon-related service to the general public must be certified by the Pennsylvania Department of Environmental Protection. You are entitled to evidence of certification from any person who provides such services or products. You are also entitled to a price list for services or products offered. All radon measurement data will be sent to the Department as required in the Act and will be kept confidential. If you have any questions, comments or complaints concerning persons who provide radon-related services, please contact the Dept. at the Bureau of Radiation Protection, Department of Environmental Protection, P.O. Box 8469, Harrisburg, PA 17105-8469 (717)783-3594

If you have any question as to the procedure used in conducting this test, you may contact the undersigned at the above address or phone number.

Sincerely,

Bruce R. Thomas  
President, Quality Assurance Officer

Property: 999 Johnson Rd.  
Greensburg PA 15601

## Summary of Potential Concerns

In the opinion of the inspector the following items may be of concern to you in the future. This section of the report is not intended to fulfill any Real Estate agreement requirements since I have not seen and do not consult on such agreements. If you have any question as to whether the items below are a concern with respect to your agreement, please consult your Real Estate agent or Attorney.

These items are listed without reference or estimates for cost of repair.

This section is not a substitute for the rest of the report and may not contain an item that may be of concern to you that is explained further in the full report.

### Note:

**Any indication of repair, service or maintenance revealed in this report or verbally at the time of the inspection should be reevaluated by a qualified contractor prior to any final date as indicated in any Real Estate sales agreement. Since this inspection company does not dismantle equipment or perform invasive inspections the contractors subsequent examination may reveal additional required repairs.**

#### **Kitchen**

##### **Under Sink Inspection**

**Maintenance** - The conditions noted under the kitchen sink represent a need for *Maintenance*. Previously leaking plumbing may have caused some minor damage. The area is considered serviceable.

#### **Kitchen**

##### **Under Sink Inspection**

**Maintenance** - The conditions noted under the kitchen sink represent a need for *Maintenance*. Previously leaking plumbing may have caused some minor damage. The area is considered serviceable.

#### **Bathroom**

Location Main

#### **Bathroom**

##### **Comment**

The exhaust fan does not extend through the attic.

#### **Bathroom**

Location Basement

#### **Bathroom**

##### **Ventilation**

**None** - This bath area is not properly ventilated. Proper ventilation is necessary to prevent mildew and to protect walls and ceilings from condensation damage.

#### **Attic**

##### **Insulation**

**Maintenance** - There is insulation in the attic. However, it appears that it may not be sufficient to provide the desired effect. Insulation limits the visibility of the structural components.

#### **Attic**

##### **Inaccessible Areas**

**Clearance** - There are areas of the attic which are inaccessible due to reduced clearance, or obstruction by structural members and/or mechanical apparatus.

#### **Attic**

##### **Inaccessible Areas**

**Cavities** - There are inaccessible structure cavities evident from the attic.

#### **Garage**

##### **Safety Operation, Opener**

**Repair/Adjust** - The garage door opener safety feature has been checked. The automatic reversing of the door when it encounters an obstacle in the closing mode did not appear to function. Repair or adjustment may be necessary.

#### **Basement Foundation**

##### **Moisture / Dampness**

**Minor** - There is evidence of past water or moisture in the basement. This problem should be monitored and repairs should be considered to prevent further deterioration. The use of a dehumidifier at a minimum should be considered.

### **Air Conditioning**

#### **Comment**

Too cold to test.

### **Plumbing**

#### **Evidence of Supply Leaks**

**Yes** - The inspector has found evidence of a plumbing supply leak. We advise the use of a qualified plumber to make final determination of the cause and to provide bid of repairs. Location of the leak is noted, if determined.

### **Plumbing**

#### **Comment**

There is a small drip in the valve behind the furnace.

### **Environmental Survey**

#### **Asbestos Warning (1930-1980)**

**Yes** -Based on the age of this home, there is a possibility this structure may contain asbestos. Asbestos was used in hundreds of products incorporated in residential construction. Your inspection service will be glad to provide additional services and information on identifying and testing possible asbestos containing materials in accordance with the E.P.A. guidelines for this type of structure.

### **Environmental Survey**

#### **Mold, Mildew, Fungus - Visible**

Mold, mildew or fungus has been noted in this home. Some individuals may be hypersensitive to this condition. It is recommended that further testing be done to determine the type and cause. Further evaluation is strongly recommended prior to any final date in any Real Estate agreement.

### **Environmental Survey**

#### **Radon Warning Geographical Indication**

**Yes** -Radon gas is naturally occurring in our environment in harmless quantities. The danger occurs when the gas percolates through the ground and enters a tightly enclosed structure through fissures or cracks in a foundation. The gas can become concentrated, due to lack of ventilation. The Environmental Protection Agency and the Surgeon General recommend all homes be tested for radon. Your inspection service can provide additional information and testing in accordance with Environmental Protection Agency protocols.

### **Environmental Survey**

#### **Lead in Material Warning (Prior 1978)**

**Yes** -Lead base paint was in common use until about 1974, the warning is in effect for homes built prior to 1978. According to the Federal Department of Housing and Urban Development, a lead hazard can be present in a house of this age from old paint. It is believed that the primary danger would be to small children who may somehow ingest chips of lead-based paint. Your inspection service may provide additional information and test paint samples in this structure for lead contaminate.

### **Environmental Survey**

#### **Lead in Water Warning**

**Yes** - Lead in water may have two sources, one being the pipe system of the utility delivering water to the structure, the other being the pipe solder within the structure. Consult with your inspection service for testing procedures and additional information.

### **Roof**

#### **Comment**

The roof was completely snow covered and not visible at the time of the original inspection. On a return visit the roof was visible. The box gutters will need to be painted and maintained.

### **General remarks and suggestions:**

Very well built and very well maintained. The lot, grounds and roof were snow covered and not visible at the time of inspection. On a return visit the snow had melted and the roof and exterior were visible.

## **Sketch or Pictures**

May not be needed for this property.  
(Is not to scale)





An infrared photo of the home just for reference.