

★ FIVE STAR ★

HOME INSPECTIONS



Building Data / Receipt Information

RECEIPT

Inspection Date: 9-14-06
 Client Name: Joe Smith
 Inspection Address: 1234 Main St. Cincinnati Ohio
 Inspected by: Rodney Gillum

Inspection:	\$290
Radon:	\$140
Termite: \$	60
Total: \$	490.00

Paid by: Check

BUILDING DATA

Approximate Age: 5 Years
 Style: Ranch
 General Appearance: Satisfactory
 Main Entrance Faces: For sake of the report the house faces South
 Weather Condition: Clear
 Temperature: Over 65°F
 Ground cover: Damp

This confidential report is prepared exclusively for Richard Kuns

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GROUNDS

Service Walks	<input type="checkbox"/> None <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Flagstone <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Pitched towards home <input checked="" type="checkbox"/> Settling cracks			<input type="checkbox"/> Brick <input type="checkbox"/> Poor <input type="checkbox"/> Not visible			<input type="checkbox"/> Other <input type="checkbox"/> Trip Hazard					
Driveway	<input type="checkbox"/> None <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Fill cracks and seal			<input type="checkbox"/> Asphalt <input type="checkbox"/> Marginal <input type="checkbox"/> Pitched towards home			<input type="checkbox"/> Gravel <input type="checkbox"/> Poor <input type="checkbox"/> Trip hazard			<input type="checkbox"/> Other <input checked="" type="checkbox"/> Settling cracks		
Patio/Lanai	<input type="checkbox"/> None <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Pitched towards home			<input type="checkbox"/> Flagstone <input type="checkbox"/> Marginal <input type="checkbox"/> (See Remarks page)			<input type="checkbox"/> Brick <input type="checkbox"/> Poor <input type="checkbox"/> Settling cracks			<input type="checkbox"/> Kool-Deck® <input type="checkbox"/> Other		
Deck (flat, floored, roofless area)	<input checked="" type="checkbox"/> None <input type="checkbox"/> Treated <input type="checkbox"/> Satisfactory			<input type="checkbox"/> Painted/Stained <input type="checkbox"/> Marginal			<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Poor <input type="checkbox"/> Not visible					
Porch (covered entrance)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Satisfactory			<input type="checkbox"/> Concrete <input type="checkbox"/> Marginal			<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Other <input type="checkbox"/> Poor <input type="checkbox"/> Not visible					
Balcony (2nd floor platform)	<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> Satisfactory			<input type="checkbox"/> No <input type="checkbox"/> Marginal			<input type="checkbox"/> Railing/balusters recommended <input type="checkbox"/> Poor					
Stoops/Steps	<input type="checkbox"/> None <input checked="" type="checkbox"/> Concrete <input checked="" type="checkbox"/> Adequate			<input type="checkbox"/> Wood <input type="checkbox"/> Cracked			<input type="checkbox"/> Other <input type="checkbox"/> Settled			<input type="checkbox"/> Railing recommended <input type="checkbox"/> Damaged Wood		
Fencing	<input type="checkbox"/> Satisfactory			<input checked="" type="checkbox"/> None <input type="checkbox"/> Marginal			<input type="checkbox"/> Poor			<input type="checkbox"/> Type:		
Landscaping Affecting Foundation	(See Remarks page):											
Negative grade at: <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Recommend additional backfill <input type="checkbox"/> Trim back trees/shrubberies												
<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Recommend window wells/covers <input type="checkbox"/> Wood in contact with soil												
General Comments	<p>The front wood columns have minor moisture damage at the bottom. Brick on the outdoor fireplace/cooking area has minor cracking and is holding moisture; recommend sealing. Recommend lowering mulch and soil levels 4" below the brick.</p>											

ROOF COVERING

General Information	
Roof Visibility	<input checked="" type="checkbox"/> All <input type="checkbox"/> Percent <input type="checkbox"/> None <input type="checkbox"/> Limited By:
Inspected From	<input type="checkbox"/> Roof <input checked="" type="checkbox"/> Ladder at eaves <input checked="" type="checkbox"/> Ground
Style of Roof	Type: Combination: <input checked="" type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Mansard <input type="checkbox"/> Shed <input type="checkbox"/> Flat <input type="checkbox"/> Other Pitch: Combination: <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Steep <input type="checkbox"/> Flat
Roof Covering	Roof #1: Type: Asphalt Estimated Layers: 1 Layer Approximate age of cover: 6 years
Ventilation System	Combination: <input checked="" type="checkbox"/> Soffit <input type="checkbox"/> Ridge <input type="checkbox"/> Gable <input checked="" type="checkbox"/> Top <input type="checkbox"/> Turbine <input type="checkbox"/> Powered <input type="checkbox"/> Other
Flashing Material	Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Not Visible <input type="checkbox"/> Copper <input type="checkbox"/> Other
Valley Material	Combination: <input checked="" type="checkbox"/> Galv./Aluminum <input type="checkbox"/> Asphalt <input type="checkbox"/> Copper <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Visible <input type="checkbox"/> Other
Apparent Condition of the Following at Time of Inspection (conditions reported reflect visible portion only)	
Roof Covering	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor Condition: <input type="checkbox"/> Curling <input type="checkbox"/> Cupping <input type="checkbox"/> Missing tabs/shingles/tiles <input type="checkbox"/> Moss Buildup <input type="checkbox"/> Nail Popping <input type="checkbox"/> Ponding <input type="checkbox"/> Burn Spots <input type="checkbox"/> Exposed Felt <input type="checkbox"/> Other
Ventilation	Appears adequate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See Remarks page)
Flashings	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Rusted <input type="checkbox"/> Recommend Sealing <input type="checkbox"/> Pulled away from chimney/roof <input type="checkbox"/> Not Visible <input type="checkbox"/> Other
Valleys	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not Visible <input type="checkbox"/> Not Applicable <input type="checkbox"/> Rusted <input type="checkbox"/> Holes <input type="checkbox"/> Recommend Sealing
Plumbing Vents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
General Comments	

Roof coverings appeared overall satisfactory.

GUTTERS / SIDING / TRIM

Gutters & Downspouts	<input type="checkbox"/> None (See Remarks page)			
<input type="checkbox"/> Insides need to be cleaned	<input checked="" type="checkbox"/> Galvanized/Alum.	<input type="checkbox"/> Copper	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusting
	<input type="checkbox"/> Hole in main run	Leaking:		<input type="checkbox"/> Joints
Extension needed:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
<hr/>				
Siding				
	<input checked="" type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl
	<input type="checkbox"/> Stone	<input type="checkbox"/> Slate	<input type="checkbox"/> Fiberboard	<input type="checkbox"/> EIFS (See Remarks)
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Recommend repair/painting
<hr/>				
Window Frames				
	<input type="checkbox"/> Wood	<input type="checkbox"/> Alum. covered	<input checked="" type="checkbox"/> Vinyl	<input type="checkbox"/> Metal
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Other
	<input type="checkbox"/> Recommend painting	<input type="checkbox"/> Damaged wood		
<hr/>				
Storms & Screens	<input type="checkbox"/> N/A			
	<input type="checkbox"/> Wood	<input type="checkbox"/> Clad comb.	<input type="checkbox"/> Wood/metal comb.	<input checked="" type="checkbox"/> Insulated glass
Putty:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needed	<input checked="" type="checkbox"/> N/A	
Screens:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Torn	<input checked="" type="checkbox"/> Not installed	
Storms:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Broken/cracked	<input type="checkbox"/> Damaged wood	<input checked="" type="checkbox"/> Not installed
<hr/>				
1 - Trim, 2 - Soffit, 3 - Fascia				
	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	<input type="checkbox"/> Recommend painting		<input type="checkbox"/> Damaged wood	
<hr/>				
Caulking				
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	
	<input type="checkbox"/> Recommend around windows/doors/masonry ledges/corners/utility penetrations			
<hr/>				
General Comments				

Gutters were in overall adequate condition.

EXTERIOR / ELECTRICAL / AC / GARAGE

Exterior Wall Construction					
<input checked="" type="checkbox"/> Not visible	<input type="checkbox"/> Wood frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Other		
Exterior Doors		Entrance (1); Storm (2); Patio (3)			
Weatherstripping: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor			
Exterior Electrical Service					
<input type="checkbox"/> Overhead	<input checked="" type="checkbox"/> Underground	Service drop:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs service	
Exterior outlets: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operate:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
GFCI protected: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operate:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Reverse polarity: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Potential safety hazard:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
A/C Condenser/Heat Pump					
<input type="checkbox"/> None		Approximate age: 5 & 6 years			
#1 Brand: Trane	Model #: TTB043D100A0	Outside shutoff:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
#2 Brand: Trane	Model #: TTB030C100A2	Outside shutoff:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Condition: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Rusted	Level:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Garage					
<input checked="" type="checkbox"/> Attached		<input type="checkbox"/> None			
<input type="checkbox"/> Detached		<input type="checkbox"/> 1-car	<input type="checkbox"/> 2-car	<input checked="" type="checkbox"/> 3-car	
Automatic opener:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Operable	<input type="checkbox"/> Inoperable	
Safety reverse:	<input checked="" type="checkbox"/> Operable	<input type="checkbox"/> Door stops	<input type="checkbox"/> Needs adjusting		
<input type="checkbox"/> Does not operate		<input type="checkbox"/> Recommend safety reverse			
Floor:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Gravel		<input type="checkbox"/> Asphalt	<input type="checkbox"/> Dirt
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Typical cracks	<input type="checkbox"/> Large settling cracks		
Overhead door:	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Masonite	<input type="checkbox"/> Metal	<input type="checkbox"/> Other
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Recommend painting inside & edges	
Service door:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> None	
Sill plates:	<input checked="" type="checkbox"/> Elevated	<input type="checkbox"/> Floor level	<input type="checkbox"/> Both	<input type="checkbox"/> Not Visible	<input type="checkbox"/> Rotted
Electricity present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	GFCI Protected: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reverse polarity:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open ground:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Firewall:	(between garage & living area)		<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Missing
General Comments					

Recommend sealing the exterior door by the garage. The GFCI outlet on the north side exterior will not trip; recommend replacing.

KITCHEN

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

Water flow was normal with several fixtures operated at the same time.

LAUNDRY / UTILITY ROOM

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

None

BATHROOMS

Bath: Master bath

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

General Comments:

The door to the toilet room won't latch.

Bath: First floor bath East

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

General Comments:

None

Bath: First floor bath South

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

General Comments:

None

Bath: First floor half bath

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

General Comments:

None

Bath: Basement bath

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

General Comments:

None

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FAMILY ROOM

Location: First floor

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

General Comments:

None

LIVING ROOM

Location: First floor

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

General Comments:

None

DEN

Location: First floor

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

General Comments:

None

DINING ROOM

Location: First floor

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

General Comments:

None

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BEDROOM

Location: First floor SE

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

General Comments:

None

BEDROOM

Location: First floor NE

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

General Comments:

None

FAMILY ROOM

Location: Basement

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

General Comments:

The basement bar sink sprayer is leaking.

MASTER BEDROOM

Location: First floor

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

General Comments:

None

MEDIA ROOM

Location: None

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

General Comments:

None

HOBBY ROOM

Location: Basement

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

General Comments:

None

STUDY

Location: Basement

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

General Comments:

None

This confidential report is prepared exclusively for Richard Kuns

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WINDOWS / FIREPLACES / ATTIC

Interior Windows/Glass

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

Fireplace

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

Stairs

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

Smoke Detectors

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

Attic

Access: Stairs Pulldown Scuttlehole Knee wall **No access**
 Inspected from: Access panel In the attic Other
 Location: Bedroom hall Bedroom closet Garage Other
 Flooring: Complete Partial None
 Insulation: Fiberglass: Batts Loose Cellulose Other
 Vermiculite Rockwool Average inches: 12+ Approx. R-rating: R-38
(See Remarks page)
 Installed in: Floor Rafters Walls
 Roof sheathing: Rotted Stained Delaminated Satisfactory
 Evidence of condensation/leaks: Yes No **(See Remarks page)**
 Fans exhausted to: Attic: Yes No Outside: Yes No Not visible N/A
 Chimney chase: Satisfactory Needs work Not visible
 Structural problems observed: Yes No
 Roof structure: Rafters: Wood Metal Other
 Trusses Others Collar ties present: Yes No
 Sheathing: Plywood Flakeboard Wood 1x Other
 Ceiling joist: Wood Metal Other Not Visible
 Vapor barriers: Not visible Improperly installed
 Kraft faced Plastic **(See Remarks page)**

General Comments

Insulation was sufficient for homes in this area.

BASEMENT

Stairs					
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Need repair	
Handrail:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal
Headway over stairs:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor	
Under carriage:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal		<input type="checkbox"/> Poor	<input type="checkbox"/> Not visible
Foundation Walls					
	<input type="checkbox"/> Concrete block	<input checked="" type="checkbox"/> Poured concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Fieldstone	<input type="checkbox"/> Other
Horizontal cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Step cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Vertical cracks:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Covered walls:	<input checked="" type="checkbox"/> North	<input checked="" type="checkbox"/> South	<input checked="" type="checkbox"/> East	<input checked="" type="checkbox"/> West	<input type="checkbox"/> None
Movement apparent:	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> None
Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Have evaluated	<input type="checkbox"/> Monitor	
Condition reported above reflects visible portion only					
Floor					
Condition:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Dirt/Gravel	<input type="checkbox"/> Not visible	<input type="checkbox"/> Other	
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Typical cracks	
Basement Drainage					
Indication of moisture:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Fresh	<input type="checkbox"/> Old stains	
Sump Pump:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Working	<input type="checkbox"/> Not working	<input type="checkbox"/> Not tested
Floor drains present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Efflorescence present		
Drain Tile (See Remarks page)			Palmer valves (See Remarks page)		
Girders (1), Columns (2)					
Condition:	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Wood	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/> Not visible
	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor	<input type="checkbox"/> Stained/Rusted	
Joists					
	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Steel	<input type="checkbox"/> Other	
	<input type="checkbox"/> 2x8	<input type="checkbox"/> 2x10	<input checked="" type="checkbox"/> 2x12	16 inches on center	
Sub Floor					
<input type="checkbox"/> Indication of moisture stains/rotting					
** Areas around shower stalls, etc., as viewed from basement or crawl space					
General Comments					

Foundation walls were covered with drywall and were not visible. Recommend adding battery backup for the sump pump.

PLUMBING

Water Service	Shut off location: In the basement		
Water entry piping:	<input type="checkbox"/> Not visible	<input checked="" type="checkbox"/> Copper/Galv.	<input type="checkbox"/> Plastic/PB <input type="checkbox"/> Unknown
Water lines:	<input checked="" type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic <input type="checkbox"/> Polybutylene <input type="checkbox"/> Unknown
	Lead (<i>other than solder joints</i>):		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Service entry <input type="checkbox"/> Unknown
	Water pressure:	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Poor <input type="checkbox"/> Cross connection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Pipes:	<input type="checkbox"/> Corroded <input type="checkbox"/> Leaking	<input type="checkbox"/> Valves broken/missing <input checked="" type="checkbox"/> Supported/insulated
Drain/waste/vent pipe:	<input type="checkbox"/> Copper	<input type="checkbox"/> Cast iron	<input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other
	Condition:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal <input type="checkbox"/> Poor <input type="checkbox"/> Not visible
	Waste discharge:	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Slow drain
Hose bibs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Operates: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested	
Well Pump	<input checked="" type="checkbox"/> N/A	(See Remarks page)	
	<input type="checkbox"/> Submersible	<input type="checkbox"/> In basement	<input type="checkbox"/> Well house <input type="checkbox"/> Well pit <input type="checkbox"/> Shared well
Pressure gauge operates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Sanitary Pump	<input checked="" type="checkbox"/> N/A		
Sealed crock:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check valve:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heater #1	Brand name: A.O. Smith Serial #: MB00-0104723-S06		
	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil <input type="checkbox"/> Other Approx. age: 6 yr.(s)
	Capacity: 75 gallons	Seismic restraints needed: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relief valve:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Extension proper:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing
Vent pipe:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Pitch proper <input type="checkbox"/> Rusted <input type="checkbox"/> Other
Water Softener	(Unit not evaluated)		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Plumbing hooked up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
General Comments			

Water heater was in normal working order.

HEATING SYSTEM

Fuel Shutoff	Main fuel shutoff location: Outside at the gas meter		
Forced Air System	<p>Brand name: Trane Model #: TUC080C94287 Approximate age: 6 year(s) Serial #: R374M607G</p> <p>Brand name: Trane Model #: TUC080C94887 Approximate age: 6 year(s) Serial #: Z064P4P7G</p> <p>Energy source: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric</p> <p>Hot air systems: <input type="checkbox"/> Belt drive <input checked="" type="checkbox"/> Direct drive <input type="checkbox"/> Gravity</p> <p>Heat exchanger: <input checked="" type="checkbox"/> Visual <input type="checkbox"/> N/A (sealed) <input type="checkbox"/> Not accessible</p> <p>Condition: <input type="checkbox"/> Rusted <input type="checkbox"/> Flame distortion <input type="checkbox"/> Other</p> <p>Heat pump: <input type="checkbox"/> Aux. Elec. <input type="checkbox"/> Aux. Gas <input type="checkbox"/> Aux. geothermal <input checked="" type="checkbox"/> N/A</p> <p>Emergency heat tested: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>Distribution: <input checked="" type="checkbox"/> Metal duct <input type="checkbox"/> Insul. flex duct <input type="checkbox"/> Cold air returns</p> <p>Flue piping: <input type="checkbox"/> Metal <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Proper pitch <input type="checkbox"/> Rusted <input type="checkbox"/> N/A</p> <p>Filter: <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Electrostatic <input type="checkbox"/> Paper <input type="checkbox"/> N/A</p> <p>Condition: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Replace/clean <input type="checkbox"/> Missing</p> <p>Operated: When turned on by thermostat: <input checked="" type="checkbox"/> Fired <input type="checkbox"/> Did not fire</p> <p>Operation: Satisfactory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend HVAC technician examine</p> <p>Controls: <input type="checkbox"/> Disconnect <input checked="" type="checkbox"/> Normal operating and safety controls observed</p>		
Boiler System	<p><input checked="" type="checkbox"/> N/A</p> <p>Brand name: INFO Approximate age: ??? year(s) Model #: ??? Serial #: ???</p> <p><input type="checkbox"/> System not operated due to:</p> <p>Energy source: <input type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric</p> <p>Distribution: <input type="checkbox"/> Hot water <input type="checkbox"/> Baseboard <input type="checkbox"/> Steam <input type="checkbox"/> Radiator</p> <p>Circulator: <input type="checkbox"/> Pump <input type="checkbox"/> Gravity <input type="checkbox"/> Multiple zones</p> <p>Controls: Temp/pressure gauge exist: <input type="checkbox"/> Yes <input type="checkbox"/> No Relief valve: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Operated: When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire</p> <p>Operation: Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend HVAC technician examine</p>		
Others	<p><input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Electric baseboard <input type="checkbox"/> Radiant ceiling cable <input type="checkbox"/> Gas space heater</p> <p><input type="checkbox"/> Woodburning stove (See Remarks page)</p>		
General Comments	<p>Furnaces were in normal working order at the time of the inspection.</p>		

COOLING SYSTEM

Energy source: Electric Gas Approximate age: 5 & 6 year(s)
 Central air: Air cooled Water cooled Gas chiller Heat pump
 Operated: Yes No Not operated due to outside temperature
 Temperature differential: Unit 1: 17 °F Un it 2: 19 °F Un it 3: ??? °F **(See Remarks page)**
 Operation: Satisfactory: Yes No **Recommend HVAC technician examine**
 Refrigerant lines: Leak Damaged Insulation missing Satisfactory
 Through wall unit(s): N/A *Operated:* Yes No Satisfactory Needs service

General Comments

A/C unit operated properly.

ELECTRICAL

Main Panel

Location: Basement

Amps: (2) 200 Volts: 240 Breakers Fuses
 Appears grounded: Yes No GFCI present: Yes No Operates: Yes No
Main Wire: Copper Aluminum Copper clad aluminum Not visible
Branch Wire: Copper Aluminum Copper clad aluminum Not visible
 Romex BX cable Conduit Knob & tube
 Double tapping Branch wires undersized Others
 Panel not accessible Not evaluated Reason:

Sub Panel(s)

None apparent

Location 1:

Location 2:

Location 3:

Panel not accessible Not evaluated Reason: **INFO**

Branch Wiring:

Copper Aluminum Copper clad aluminum
 Neutral/ground separated: Yes No Have electrician separate
 Neutral isolated: Yes No Have electrician isolate

Electrical Fixtures

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

Satisfactory Marginal Poor
 Open grounds Reverse polarity Other
 Solid conductor aluminum branch wiring circuits **(See Remarks page)**
 Recommend a licensed electrician evaluate the service

General Comments:

Panel size appeared to be compatible to service size.

SUMMARY*

ITEMS NOT OPERATING

None apparent

CONCERNS

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

The basement bar sink sprayer is leaking.

POTENTIAL SAFETY HAZARDS

The GFCI outlet on the north side exterior will not trip; recommend replacing.

DEFERRED COST ITEMS

Items that have reached or are reaching their normal life expectancy or show indications that they may require repair or replacement anytime during the next five (5) years.

Current roof approximate age is 6 years old, average roof life is 20 years.

Current furnace is 6 years old, average furnace life is 18 years

Current A/C is 6 years old, average A/C life is 12 years.

Current water heater is 6 years old, average water heater life is 10 years.

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

DEFINITIONS

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

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

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