

STATUS DEFINITIONS

For each category, when applicable, rate the status of each item by checking the box as follows:



- ☐ = ACCEPTABLE: The item is free of defects as of the date of inspection.
- ☐ = NOT PRESENT: The item does not exist in the structure being inspected.
- ☐ = NOT INSPECTED: The item was not inspected because of inaccessibility or seasonal impediments.
- ☐ = DEFECTIVE: The item is either: structurally unsound; unsafe; or hazardous; or impactive, as defined on page one.

A NP N D

Item

Remarks

LOTS & GROUNDS (L/G)

- | | | | | | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wells |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stoops/steps |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deck/balcony |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retaining walls |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SURFACE WATER CONTROL: |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Girding |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swales |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basmt stairwell drain |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window wells |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ext. surface drain |

ROOF (R)

- | | | | | | | | | | | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|---|--------------|------|--------------|---------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Method of Inspection: | VIEWED FROM THE GROUND WITH BINOCULARS. | | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #1 MAIN ROOF | ASPHALT SHINGLE | Approx. Age: | 1 YR | Design Life: | 18-22 Y |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #2 GARAGE ROOF | ASPHALT SHINGLE | Approx. Age: | 1 YR | Design Life: | 18-22 Y |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #3 | | Approx. Age: | | Design Life: | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #4 | | Approx. Age: | | Design Life: | |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #5 | | Approx. Age: | | Design Life: | |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flashing | | Approx. Age: | | Design Life: | |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skylights | | | | | |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chimney | | | | | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ROOF WATER CONTROL: | | | | | |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gutters | DAMAGED GUTTER ABOVE THE FRONT PORCH. | | | | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downspouts & eaves | | | | | |

EXTERIOR SURFACE (ES)

- | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #1 | VINYL |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #2 | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #3 | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trim | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piercing | (SEE CONTINUATION PAGE.) |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits | |

GARAGE/CARPORTS (G/C)

- | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--|-----------------------------------|-----------------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Garage | <input type="checkbox"/> Carport | <input type="checkbox"/> Attached | <input type="checkbox"/> Detached |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Operation | STORED ITEMS PREVENTED INSPECTION OF ONE OF THE GARAGE OVERHEAD DOORS. | | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Auto Door Opener | | | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Condition | STORED ITEMS, LIMITED VISIBILITY. NO APPARENT PROBLEM. | | |

STRUCTURE (S)

- 1 ☒ ☐ ☐ ☐ Foundation
- 2 ☒ ☐ ☐ ☐ Beams
- 3 ☐ ☒ ☐ ☐ Bearing Walls
- 4 ☒ ☐ ☐ ☐ Joists/Tusses
- 5 ☐ ☐ ☐ ☒ Piers/Posts (SEE CONTINUATION PAGE)
- 6 ☒ ☐ ☐ ☐ Floor/Slab
- 7 ☒ ☐ ☐ ☐ Hand Rails

ATTIC (A)

- 1 ☐ ☐ ☐ ☐ Method of Inspection: ENTERED
- 2 ☒ ☐ ☐ ☐ Roof Framing
- 3 ☒ ☐ ☐ ☐ Sheathing
- 4 ☒ ☐ ☐ ☐ Ventilation
- 5 ☐ ☐ ☐ ☐ Attic Fan
- 6 ☐ ☒ ☐ ☐ Whole House Fan
- 7 ☐ ☐ ☐ ☐ Evidence of ongoing water penetration? ☐ Yes ☒ No If Yes, describe:

BASEMENT (B)

NOT APPLICABLE

CRAWL SPACE (CS)

- 1 ☐ ☐ ☐ ☐ Method of Inspection: ENTERED
- 2 ☒ ☐ ☐ ☐ Moisture
- 3 ☒ ☐ ☐ ☐ Access
- 4 ☐ ☐ ☐ ☐ Evidence of ongoing water penetration? ☐ Yes ☒ No If Yes, describe:

ELECTRICAL (E)

- 1 ☐ ☐ ☐ ☐ Amps: 200. Volts: 120/240.
- 2 ☒ ☐ ☐ ☐ Service Cable THE SERVICE CABLE IS UNDERGROUND. NO APPARENT PROBLEM.
- 3 ☐ ☐ ☐ ☐ Panel
- 4 ☐ ☐ ☐ ☒ Branch Circuits LOOSE OUTLET AT THE MASTER BATHROOM.
- 5 ☒ ☐ ☐ ☐ Ground
- 6 ☒ ☐ ☐ ☐ Wire Conductor
- 7 ☒ ☐ ☐ ☐ GFI
- 8 ☒ ☐ ☐ ☐ Smoke Detector HARDWIRED.
- 9 ☐ ☐ ☐ ☐ Is the size of the incoming electrical service adequate to meet the needs of the dwelling? ☒ Yes ☐ No

HEATING SYSTEM (HS)

1		Primary:	WARM AIR FURNACE	Approx. Age:	1 YR.	Design Life:	15-35 YRS.
2		Additional:	WARM AIR FURNACE	Approx. Age:	1 YR.	Design Life:	15-35 YRS.
3		Fuel(s):	GAS.				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Primary Operation
 Additional Operation
 Draft Control
 Exhaust System
 Distribution UNSECURED DISTRIBUTION BOX AT THE CRAWL SPACE.
 Fuel Tank/Lines GAS LINES.
 Thermostat
 Blower
 Humidifier
 Heat Exchanger LIMITED VISIBILITY DUE TO DESIGN. NO APPARENT PROBLEM.
 Pressure Red Valve
 Circulator Pump

AIR CONDITIONING SYSTEM (AC)

1		Type:	CENTRAL SPLIT SYSTEM.	Fuel:	ELECTRIC.
2		Approx. Age:	1 YR.	Design Life:	10-15 YRS.
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		System	TWO UNITS.		

PLUMBING (P)

1		Water Source:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	How Verified?	OWNER
2		Sewage Service:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	How Verified?	OWNER
3		Water Service On?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Water Pipes LIMITED VISIBILITY. NO APPARENT PROBLEM.
 Drain Pipes LIMITED VISIBILITY. NO APPARENT PROBLEM.
 Vent Pipes LIMITED VISIBILITY. NO APPARENT PROBLEM.
 Laundry Tub
 Laundry Tub Pump
 Water Pressure
 Toilet
 Tub/Shower THERE IS A HYDRO MASSAGE TUB INTEGRAL WITH THE MASTER BATHROOM.
 Exhaust Fan
 Sink
 WATER HEATER: Approx. Age (yrs): 1 YR. Approx. Design Life (yrs): 10-15
 Water Heater Unit
 Exhaust System
 Temp/Pres Red Valve

ON-SITE SEWAGE DISPOSAL (SD)

NOT APPLICABLE

WELL (W)

NOT APPLICABLE

POOL AND HOT TUB (P/T)

NOT APPLICABLE

FIREPLACE/WOODBURNING DEVICES (FP)

- | | | | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------|---------------------|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireplace | DIRECT VENT GAS LOG |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Free-standing Stove | |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireplace Insert | |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flue | |

KITCHEN (K)

- | | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------|--|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooking Appliances | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disposal | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Dishwasher | LEAKING WATER CONNECTION AT THE DISHWASHER |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilator | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Built-ins: | MICROWAVE OVEN |

FINAL COMMENTS

During this inspection, have you observed other unsafe or hazardous conditions as defined on page 1 of this report? NO If yes, explain:

For items identified "defective" or "not inspected", further examination from a local licensed tradesman/inspector may be advisable.

I certify that I have adhered to the terms of the assignment set forth in the definitions and procedural guidelines on page 1 of 5 of this report.

Inspector's Signature

Inspector Name (please type): ()

Tax ID Number:

Date:

OVERALL SUMMARY PAGE

CLIENT NAME

CLIENT ADDRESS

ADDRESS OF PROPERTY

8204 S
Waxhaw, NC 28173

CLIENT CONTACT

TELEPHONE NUMBER

FAX NUMBER

HOME TELEPHONE

OFFICE TELEPHONE

SCOPE OF THIS SUMMARY: ORIGINAL INSPECTIONS

This summary only pertains to the first inspections that were performed on the above property. All other re-inspections will be summarized on a different summary sheet.

SUMMARY ITEMS

HOME INSPECTION

DEFECTIVE ITEMS:

ROOF: GUTTERS

PROB: DAMAGED GUTTER ABOVE THE FRONT PORCH.

SOLU: PROPERLY REPAIR/REPLACE THE DAMAGED GUTTER.

EXTERIOR SURFACE: FASCIA

PROB: DAMAGED ALUMINUM FASCIA AT THE FRONT TURNED GABLE ABOVE THE FRONT PORCH. DAMAGED FASCIA BOARDS CAN ALLOW WATER TO ENTER AND POTENTIALLY PROMOTE DETERIORATION OF THE STRUCTURAL MEMBERS.

SOLU: PROPERLY REPLACE THE DAMAGED METAL FASCIA AT THE FRONT TURNED GABLE ABOVE THE FRONT PORCH.

STRUCTURAL: PIERS POSTS

PROB: THE MAIN GIRDER IS ENTERED ON THE MIDDLE PORTION OF THE BLOCK PIER

IN THE CRAWLSPACE. THE INSPECTOR WAS UNABLE TO DETERMINE IF THE EXISTING PIER CAN HANDLE THE LOAD BEARING OF THE GIRDER.

SOLU: FURTHER EVALUATION NEEDED BY A STRUCTURAL ENGINEER.

ELECTRICAL: BRANCH CIRCUITS

PROB: LOOSE OUTLET AT THE MASTER BATHROOM.

SOLU: PROPERLY SECURE THE LOOSE OUTLET.

ALL ELECTRICAL REPAIRS MUST BE PERFORMED BY A LICENSED ELECTRICIAN.

HEATING: DISTRIBUTION

PROB: UNSECURED DISTRIBUTION BOX AT THE CRAWL SPACE.

SOLU: PROPERLY SECURE THE DISTRIBUTION BOX TO THE JOISTS.

KITCHEN: DISHWASHER

PROB: LEAKING WATER CONNECTION AT THE DISHWASHER.

SOLU: PROPERLY REPAIR THE LEAK OR REPLACE THE DISHWASHER.

NOT INSPECTED ITEMS:

GARAGE CARPORTS: DOOR OPERATION

PROB: STORED ITEMS PREVENTED INSPECTION OF ONE OF THE GARAGE OVERHEAD DOORS.

SOLU: EVALUATE WHEN STORED ITEMS ARE REMOVED.

ADDITIONAL COMMENTS:

MISSING AND FALLEN INSULATION AT VARIOUS AREAS OF THE CRAWL SPACE.

PROPERLY REPLACE THE MISSING AND FALLEN INSULATION AT THE CRAWL SPACE AS NEEDED.

Home Inspection Report
Continuation Page

EXTERIOR SURFACE: Fascia

DAMAGED ALUMINUM FASCIA AT THE FRONT TURNED GABLE ABOVE THE FRONT PORCH.
DAMAGED FASCIA BOARDS CAN ALLOW WATER TO ENTER AND POTENTIALLY PROMOTE
DETERIORATION OF THE STRUCTURAL MEMBERS.

STRUCTURE: Piers/Posts

THE MAIN GIRDER IS NOT CENTERED ON THE MIDDLE PORTION OF THE BLOCK PIER IN THE
CRAWLSPACE. THE INSPECTOR WAS UNABLE TO DETERMINE IF THE EXISTING PIER CAN
HANDLE THE LOAD BEARING OF THE GIRDER.