



Bearmark Home Inspection LLC



Prepared This Home Inspection Report Exclusively For:

Steve Markiewich

1234 Test Street

Happy, Ohio 99999

Bearmark Home Inspection

To schedule an inspection call:
Main Number **(440) 729-3232**
Fax **(440) 729-4342**

PROPERTY INSPECTION REPORT

Prepared For: Steve Markiewich
(Name of Client)

Concerning: 1234 Test Street
(Address of Inspected Property)

Happy, Ohio 99999
(City, State, Zip)

Wednesday, May 13, 2009
(Date)

By: Steve Markiewich
(Name of Inspector)

0707071
(Report Number)

9:00am
(Time)

The inspection is of conditions which are present and visible at the time of the inspection, and all of the equipment is operated in normal modes. The inspector must indicate which items are in need of repair or are not functioning and will report on all applicable items. This report is intended to provide you with information concerning the condition of the property at the time of inspection. Please read the report carefully. If any item is unclear, you should request the inspector to provide clarification.

It is recommended that you obtain as much history as is available concerning this property. This historical information may include copies of any seller's disclosures, previous inspection or engineering reports, reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should attempt to determine whether repairs, renovation, remodeling, additions or other such activities have taken place at this property.

Property conditions change with time and use. Since this report is provided for the specific benefit of the client(s), secondary readers of this information should hire a licensed inspector to perform an inspection to meet their specific needs and to obtain current information concerning this property.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

- This report is received in agreement with the buyer's acceptance of the Pre-Inspection.
- Paint, Floor Coverings, and other Cosmetic Items are SPECIFICALLY EXCLUDED from this report.
- Compensation may be received from outside companies for services/information provided by Bearmark Home Inspection pertaining to this inspection, unless otherwise requested in writing.
- By signing this agreement you authorize Brink's Home Security to call you at the phone number you have provided to discuss a special alarm offer.
- This report cannot and does not represent the operation or condition of any items after the date and time of this inspection.
- These items should not be considered a complete list of all defects with the house. This list is Limited to those items that are *Readily Accessible* and the inspector(s) noted at the time of the inspection.
- This inspection does not include a mold test. If indications of water penetration are known, such as notes of water penetration on this report or seller's disclosure or any visible water stains, recommend a mold inspection/test be considered.
- Some area utility companies may pressure test the gas line prior to turning on the utilities. Pressure testing the line is beyond the scope of this inspection and may find gas line leaks not noted at the time of inspection. Recommend contacting the local gas company regarding start up procedure prior to closing on the property and having the line pressure checked by them if available.

Weather: Clear and Cool Temp.: 66° F

Inspection Environment: Vacant

Report Forwarded To: Buyer: ☒ Agent: ☒ Seller: ☐ Other: _____

People Present: BUYER - BUYER'S AGENT

Access: Buyer's Agent

(Date) Wednesday, May 13, 2009

Customer Signature: X

Thank You!

INVOICE

<input checked="" type="checkbox"/> Residential Inspection	\$250.00	<input type="checkbox"/> Inspection Type	\$0.00
<input type="checkbox"/> Water Test	\$0.00	<input type="checkbox"/> Inspection Type	\$0.00
<input type="checkbox"/> Flow Test	\$0.00	<input type="checkbox"/> Sales Tax	\$0.00
<input type="checkbox"/> Inspection Type	\$0.00	<input type="checkbox"/> Inspection Type1	\$0.00

Total

\$ 250.00

Method of Payment

<input type="checkbox"/> Credit Card	Type: Master Card Card #:
<input type="checkbox"/> Check #	Expiration Date: Name on Card:
<input type="checkbox"/> Cash	Security Code: Billing Address:

Property Inspection Report

Additional pages may be attached to this report. Read them very carefully. This report may not be complete without the attachments. If an item is present in the property but is not inspected, the "NI" column will be checked and an explanation is necessary. Comments may be provided by the inspector whether or not an item is deemed in need of repair.

I = Inspected NI = Not Inspected NP = Not Present R = Not Functioning or In Need of Repair

I	NI	NP	R	Inspection Item
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I. STRUCTURAL SYSTEMS

☒ ☐ ☐ ☒ **A. Foundations** (If all crawl space areas are not inspected, provide an explanation.)

Comments (An opinion on performance is mandatory.): ☒ See the note(s) under the *Structural* Systems section of the Addendum page(s).

☒ Foundation type: Block

☐ There are no significant cracks or movement noted at this time.

Method used to inspect the crawlspace: Entered Opening

☐ Vapor barrier ☐ Insulation ☒ Ventilation

☐ DRAINAGE SUMPS, SUMP PUMPS & RELATED PIPING

☐ TESTED ☐ NOT TESTED ☐ WATER OBSERVED IN CROCK

Pipes: ☐ Copper ☐ Galvanized ☐ Plastic ☐ _____

Basement Dampness: Some signs

☒ ☐ ☐ ☒ **B. Grading & Drainage**

Comments: ☒ See the note(s) under the *Structural* section of the Addendum page(s)

☒ Underground drainage systems are not inspected. These should be maintained for proper drainage.

☐ There are no indications of water penetration at this time.

NOTES: PROPER DRAINAGE AND SOIL MOISTURE CONTENTS SHOULD BE MAINTAINED AROUND THE FOUNDATION TO HELP MINIMIZE FUTURE FOUNDATION PROBLEMS. WE MAKE NO STATEMENT CONCERNING SITE STABILITY.

☐ I ☐ NI ☒ NP ☐ R **Retaining Walls**

☒ ☐ ☐ ☐ **C. Roof Covering** (If the roof is inaccessible, the method used to inspect):

Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).

Type: ☒ Asphalt ☐ Wood Shingle ☐ Wood Shakes ☐ Tile ☐ Slate
☐ Composition ☐ Roll ☐ Other

☐ Flashing needs recaulked.

☐ More than one layer of shingles was noted.

Method used to inspect roof: ☒ Walked ☐ Visual

☒ ☐ ☐ ☐ **D. Roof Structure & Attic** (If the attic is inaccessible, the method used to inspect):

Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).

☒ Framing type: Conventional 2X6

☒ Parts of the attic are not readily accessible.

Method used to inspect the attic: View from opening Scuttlehole

Insulation: Depth in inches: 6-8 (Approximate) ☐ None present

Type: ☐ Blown Fiberglass ☒ Blown Rockwool ☐ Fiberglass Batts
☐ Rockwool Batts ☐ Cellulose ☐ Other

☐ Vapor retarder

Ventilation type: Soffit vent

Moisture stains: ☐ Some signs ☐ Extensive ☐ Condensation ☒ None

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☒ ☐ ☐ ☐ **E. Walls (Interior & Exterior)**
Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).☒ Exterior wall covering type: VINYL/BRICK SIDINGInterior walls: ☐ Plaster ☒ Drywall ☐ Wood ☐ Masonry ☐ Other

Wall structure: 2X4

☒ ☐ ☐ ☐ **F. Ceilings & Floors**
Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).Ceilings: ☐ Plaster ☒ Drywall ☐ Wood ☐ OtherFloors: ☒ Hardwood ☐ Softwood ☐ Plywood ☒ Wall-to-Wall Carpet☐ Resilient ☒ Laminate ☐ _____ ☐ Not visible

Floor structure: 2X6

☒ ☐ ☐ ☐ **G. Doors (Interior & Exterior)**
Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).**NOTE: INTERIOR DOOR LOCKS NOT TESTED.**
☒ ☐ ☐ ☒ **H. Stairways and Railings**
Comments: ☒ See the note(s) under the *Structural* section of the Addendum page(s).☐ BALCONY ☒ STAIRS ☐ RAILINGS
☒ ☐ ☐ ☐ **I. Windows**
Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).☐ Roof windows and skylights ☐ Moisture stains ☐ Extensive

NOTES: SIGNS OF LOST SEALS IN THE THERMAL PANE WINDOWS MAY APPEAR AND DISAPPEAR AS TEMPERATURE AND HUMIDITY CHANGES. SOME WINDOWS WITH LOST SEALS MAY NOT BEEN EVIDENT AT THE TIME OF THE INSPECTION. WINDOWS ONLY CHECKED FOR OBVIOUS FOGGING. IF SOME LOST SEALS WERE NOTED, RECOMMEND ALL WINDOWS BE CHECKED BY A SPECIALIST FOR FURTHER LOST SEALS.

STORM WINDOWS ONLY CHECKED FOR DAMAGED OR MISSING GLASS.

☐ ☐ ☒ ☐ **J. Fireplace/Chimney**
Comments: ☐ See the note(s) under the *Structural* section of the Addendum page(s).Number of Fireplaces: ONEType: ☐ Metal Box & Flue(s) ☐ Masonry(s)/Brick ☐ Wood Stove ☐ Other☐ Flue liner partially observed.☐ This fireplace is intended for radiant heat or gas logs only.**NOTE: UNABLE TO CHECK RECESSED GAS VALVE(S) FOR LEAKS.****RECOMMEND FIREPLACES WITH GAS LOGS HAVE A POSITIVE STOP TO ENSURE PROPER VENTILATION.**
☒ ☐ ☐ ☒ **K. Porches, Decks and Carports (Attached)**
Comments: ☒ See the note(s) under the *Structural* section of the Addendum page(s).☒ I ☐ NI ☐ NP ☐ R **Wood deck location: BACK OF HOUSE****NOTE: ONLY THE PORCHES, DECKS OR BALCONIES ATTACHED TO THE STRUCTURE ARE INSPECTED.**

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L. Other

Comments: ☒ See the note(s) under the *Structural* section of the Addendum page(s).☒ I ☐ NI ☐ NP ☒ R Walks☒ I ☐ NI ☐ NP ☒ R Driveway☒ I ☐ NI ☐ NP ☒ R Cabinets & Counter Tops

☒ ☐ ☐ ☒ **II. ELECTRICAL SYSTEMS** Amps: 200 Volts: 120/240
A. Service Entrance & Panels (Report on recognized hazards):

Comments: ☒ See the note(s) under the *Electrical* section of the Addendum page(s).Service line entrance: ☒ Overhead ☐ Underground☐ Raceway Conductor material: ☒ Copper ☐ Aluminum☒ Unable to inspect underground services.Location of the Main Electrical & Sub Panels: ☐ Garage ☒ Basement☐ Master Bedroom Closet ☐ Other☒ Grounded ☐ BondedCapacity of Main Disconnect: 100☒ Fuses ☒ BreakersInterior inspected: ☒ Yes ☐ No

NOTE: MOST COMPONENTS OF THE ELECTRICAL SYSTEM ARE NOT READILY ACCESSIBLE, UNABLE TO FULLY INSPECT.

☒ ☐ ☐ ☒ **B. Branch Circuits - Connected Devices and Fixtures**

(Report on recognized hazards such as lack of ground fault circuit protection):

Comments: ☒ See the note(s) under the *Electrical* section of the Addendum page(s).Visible Wiring Type: ☒ Copper ☐ Aluminum Conductor type: ROMEX/KNOT & TUBEGFCI Resets located at: ☐ Kitchen ☐ Garage ☐ Master Bathroom ☐ Hall Bathroom☐ Circuit breakers in the Main Electrical Panel ☐ OtherOutlets and fixtures: ☒ Randomly tested ☒ Reverse polarity ☐ Open ground

☒ ☐ ☐ ☐ **III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS**
A. Heating Equipment

Comments: ☐ See the note(s) under the *Heating-AC* section of the Addendum page(s).

Type: Forced air furnace

Energy Source: Oil Pipes: Copper

Fuel supply: Public gas supply Fuel shut off location: AT TANK

When turned on by thermostat: Fired

Type of Pilot: ☐ Standing ☒ Automatic Igniter

Heat distribution: Convectors

☐ Humidifier: EvaporatorNumber of units: ONELocation: BASEMENT

Location: _____

NOTES: THERMOSTATS ARE CHECKED IN MANUAL MODE ONLY.

FULL EVALUATION OF THE INTEGRITY OF A HEAT EXCHANGER REQUIRES DISMANTLING OF THE FURNACE AND IS BEYOND THE SCOPE OF THIS INSPECTION.

RECOMMEND TURNING THE PILOT OFF IN THE SUMMER TO RETARD RUST BUILD-UP IN THE HEAT EXCHANGER.

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I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Cooling Equipment

Comments: ☐ See the note(s) under the *Heating-AC* section of the Addendum page(s).

Type: Central air

Energy Source: ☒ Electric ☐ Gas ☐ Other

Number of units: ONE

Location: SIDE OF HOUSE

Temperature Differential: 14 °F

Location: _____

Temperature Differential: _____ °F

☐ Unable to do a check of the A/C systems due to low outside temperature.☐ Window units.☐ No secondary drain pan was noted below the unit.

NOTES: WINDOW A/C UNITS ARE NOT INSPECTED.

UNIT(S) ARE NOT INSPECTED FOR CLEANLINESS AND/OR FOR RUST.

RECOMMEND THE FILTER BE CLEANED OR CHANGED ON A REGULAR BASIS.

UNITS ARE NOT INSPECTED FOR PROPER SIZE OR EFFICIENCY.

UNITS ARE NOT DISASSEMBLED OR OPENED FOR INSPECTION.

☒ ☐ ☐ ☒**C. Ducts and Vents**Comments: ☒ See the note(s) under the *Heating-AC* section of the Addendum page(s).

Heating – A/C filter size(s): 16x25x1

☐ Washable ☐ Disposable ☐ Fiberglass ☒ Media ☐ Electrostatic**IV. PLUMBING SYSTEMS**☒ ☐ ☐ ☐**A. Water Supply System & Fixtures**Comments: ☐ See the note(s) under the *Plumbing* section of the Addendum page(s).

Type of Supply Lines: Copper

Location of Main Valve: BASEMENT

Water supply: ☒ Public ☐ Private ☐ Not known☐ The washer and dryer are connected, unable to check the laundry utility lines.

NOTE: UNABLE TO TEST WASHER UTILITY DRAIN AT FULL CAPACITY.

☒ ☐ ☐ ☐**B. Drains, Wastes, Vents**Comments: ☐ See the note(s) under the *Plumbing* section of the Addendum page(s).

Type of Drain Pipes: Plastic

Type of Vent Pipes: Galvanized

☒ ☐ ☐ ☒**C. Water Heating Equipment**Comments: ☒ See the note(s) under the *Plumbing* section of the Addendum page(s).Energy Source: ☐ Gas ☒ Electric ☐ Other☒ Pressure relief valve ☒ Extension

Number of Water Heaters: ONE

Location: BASEMENT

Size: 40 gallons

Location: _____

Size: _____ gallons

☐ ☐ ☒ ☐**D. Hydro-Therapy Equipment**Comments: ☐ See the note(s) under the *Plumbing* section of the Addendum page(s).☐ Cover is absent or inaccessible for area under tub.

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I	NI	NP	R	Inspection Item
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V. APPLIANCES
☐ ☐ ☒ ☐
A. Dishwasher

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

NOTE: LOWER PANEL NOT REMOVED FOR INSPECTION.

☐ ☐ ☒ ☐
B. Food Waste Disposer

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

☐ ☐ ☒ ☐
C. Range Hood

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

☐ Recirculating (vent pipe not required) ☐ Vented ☐ Downdraft

NOTE: RANGE VENT NOT CHECKED FOR CLEANLINESS.

☐ ☐ ☒ ☐
D. Ranges/Ovens/Cooktops

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

Oven: ☐ Electric Elements ☐ Gas Burners

Range: ☐ Electric Elements ☐ Gas Burner

Type of Pilot: ☐ Standing ☐ Automatic Igniter

NOTES: IF PRESENT, DELAY TIMER AND SELF-CLEAN MODE ARE NOT TESTED.

☐ Gas line not readily accessible.

☐ Electric line not readily accessible.

☐ ☐ ☒ ☐
E. Microwave Cooking Equipment

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

NOTE: MICROWAVE OVEN NOT INSPECTED FOR RADIATION LEAKS.

☐ ☐ ☒ ☐
F. Trash Compactor

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

☐ ☐ ☒ ☐
G. Bathroom Exhaust Fans and/or Heaters

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

☐ Heaters not present. ☐ Exhaust fans not present.

☐ ☐ ☒ ☐
I. Garage Door Operators

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

☐ Safety reverse type: Both Beam and pressure

☐ ☒ ☐ ☐
J. Door Bell & Chimes

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

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I	NI	NP	R	Inspection Item
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Dryer Vent

Comments: ☐ See the note(s) under the *Appliances* section of the Addendum page(s).

NOTE: DRYER VENT NOT CHECKED FOR CLEANLINESS. IF THE CLOTHES DRYER VENT RUNS INTO THE ATTIC, LINT MAY COLLECT IN THE VENT PIPE OVER TIME CAUSING THE DRYER TO OVER-HEAT OR NOT FUNCTION PROPERLY.

☒ ☐ ☐ ☒ **L. Other Built-In Appliances**

Comments: ☒ See the note(s) under the *Appliances* section of the Addendum page(s).

☐ I ☐ NI ☐ NP ☒ R **Smoke Detectors** ☐ If inspected, tested with test button only.
☐ Part of a central security system.
☐ Some or all units are inaccessible.

☐ I ☐ NI ☒ NP ☐ R **Power Attic Vents** ☐ Not readily accessible.

☐ I ☐ NI ☒ NP ☐ R **Other**

VI. OPTIONAL SYSTEMS

☐ ☐ ☒ ☐

A. Outbuildings

Comments: ☐ See the note(s) under the *Optional Systems* section of the Addendum page(s).

☐ ☐ ☒ ☐

B. Outdoor Cooking Equipment

Comments: ☐ See the note(s) under the *Optional Systems* section of the Addendum page(s).
Energy source: Natural Gas

VII. WATER TESTING

☐ ☒ ☐ ☐

A. Water Testing

Comments: ☐ See the note(s) under the *Water Testing* section of the Addendum page(s).

Total Coliform Results: ☐ Positive ☐ Negative

Fecal Coliform Results: ☐ Positive ☐ Negative

Lead: ☐ Positive ☐ Negative

Well Performance:

Avg. GPM:

Avg. Pressure:

Bearmark Home Inspection Summary Page

ITEMS IN NEED OF REPAIR AND ITEMS QUESTIONABLE AS TO PERFORMING FUNCTION AS INTENDED.

REPAIR IS NOT MANDATORY.

I. STRUCTURAL SYSTEMS

1. There is debris in the gutters.
2. Recommend sealing cracks in drive.
3. The front steps to house cracked. Recommend repair to prevent trip hazard.
4. Front porch has a negative pitch towards house.
5. Front brick fascia has two cracks. Unable to determine the condition of the underlying materials.
6. Front retaining wall bowed and cracked.
7. The soil level is higher than recommended and in contact with the siding materials mainly along the East and South windows. Recommend lowering the soil line to help prevent damage to the siding materials.
8. Back deck has inadequate spacing of joist to support floor.
9. Kitchen counter top buckled and not supported on end.
10. Lower back kitchen window not opening.
11. Wood rot was noted mainly along the rear back bedroom. Unable to determine the condition of the underlying materials.
12. Recommend hand rail for basement stairs.
13. There are indications of water penetration to the basement evident mainly by moisture and high meter readings. Unable to determine the cause or source of the leak. You may wish to consult a structural engineer and/or drainage specialists for further evaluation.

II. ELECTRICAL SYSTEMS

1. For information only: This house was originally wired with a two wire system. Most of the electrical outlets and fixtures are not grounded.
2. There is no GFCI (Ground Fault Circuit Interrupter) protection for all recommended electrical outlets in the kitchen, bathrooms, garage or the outside.
3. The kitchen fan and light at back door did not respond to the control.
4. Hot/Neutral reversed in kitchen outlet.
5. Unable to determine the function of at least four light switches. Recommend consulting with homeowner for more information.
6. This house is equipped with a Federal Pacific labeled main and/or sub-electrical panel. There is significant information that suggests that panels and circuit breakers of this manufacturer have a high rate of failure. The failures are not readily visible or apparent without dismantling the panel box to inspect the breakers and attachments from within. This is beyond the scope of inspection. Recommend Federal Pacific manufactured panel boxes be evaluated by a qualified electrician.
7. Disconnect placed too close to main panel. Unable to open panel without turning off panel.
8. The basement light fixture above panel did not respond to the control.
9. No disconnect next to hot water tank.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

1. Dirty air filter in furnace.

IV. PLUMBING SYSTEMS

1. No water shut off valves for kitchen and bath sinks.
2. Leak under bath sink at bowl.
3. Hot/Cold reversed in hall bath sink.
4. Sink and tub/shower drain slow in hall bath.
5. Transfer valve for tub/shower in hall bath leaks at steam.

Bearmark Home Inspection Summary Page

ITEMS IN NEED OF REPAIR AND ITEMS QUESTIONABLE AS TO PERFORMING FUNCTION AS INTENDED.
REPAIR IS NOT MANDATORY.

V. APPLIANCES

1. Smoke detectors were not noted in all recommended areas. Refer to the handbook provided at the time of inspection for further information.

VI. OPTIONAL SYSTEMS

1. No problems noted at this time.

Bearmark Home Inspection Photo Page



8386 Eagle Road



Debris in gutter.



Front steps cracked.



Crack in front fascia.



High soil line at windows.



No water shut off valves under kitchen sink.

Bearmark Home Inspection Photo Page



Wood rot in back bed room.



Leak under bath sink.



Disconnect in way of panel.



Moisture in basement.

