

HOME INSPECTION REPORT

0000 Greensboro Street
Greensboro, NC 27455

Prepared for: Customer

Prepared by: Mid-State Inspections, LLC
1108 Grecale Street
Greensboro, NC 27408
Prepared for by Lee Boyd
336-274-6111

Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

S	Satisfactory	Functional with no obvious signs of defect. Functioning as intended.
U	Unsatisfactory	Items need immediate repair or replacement. It is unable to perform its intended function and/or the item may present a safety concern.
NI	Not Inspected	Item was unable to be inspected for safety reasons or due to lack of power, inaccessible or disconnected at time of the inspection.
NP	Not Present	Item not present or not found

General Information

Property Information

Property Address
City State Zip
Contact Name
Phone Fax

Client Information

Client Name
Client Address
City State Zip
Phone Fax

Inspection Company

Inspector Name
Company Name Mid-State Inspections, LLC
Company Address 1108 Grecale Street
City Greensboro State NC Zip 27408
Phone 336-274-6111 Fax 888-213-4150
E-Mail Midstateinspections@yahoo.com
Company Website Address midstatehomeinspections.com

Conditions

Others Present Property Occupied
Estimated Age Entrance Faces
Inspection Date 07/23/2009
Electric On Yes No Not Applicable
Gas/Oil On Yes No Not Applicable
Water On Yes No Not Applicable
Space Below Grade
Building Type Garage
Sewage Disposal How Verified
Water Source How Verified

Lots and Grounds

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

- | | S | U | NI | NP | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walks: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walks: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deck: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grading: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vegetation: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retaining Walls: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell: |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell Drain: |

Exterior Surface and Components
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S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

- | | S | U | NI | NP | |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| Exterior Surface | | | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trim: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eaves |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Bell: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entry Doors: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entry Doors: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entry Doors: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio Door: |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio Door: |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patio Door: |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows Sills: |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storm Windows: |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Screens: |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Windows: |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Lighting: |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Electric Outlets: |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose Bibs: |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas Meter: |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main Gas Valve: Located at gas meter |

Outbuilding

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Outbuilding

- | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Surface: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Structure: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gutters: |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downspouts: |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leader/Extension: |

Roof

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Roof Surface

- | | | | | | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| 1. | | | | | Method of Inspection: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material: |
| 4. | | | | | Type: |
| 5. | | | | | Approximate Age: |

Roof Surface

- | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| 6. | | | | | Method of Inspection: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material: |
| 9. | | | | | Type: |
| 10. | | | | | Approximate Age: |

Roof Surface

- | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| 11. | | | | | Method of Inspection: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material: |
| 14. | | | | | Type: |
| 15. | | | | | Approximate Age: |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main Flashing: |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gable Flashing (Kick out type): |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gable Flashing (Kick out type): |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Valleys: |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skylights: |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing Vents: |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Mast: |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gutters: |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downspouts: |

Roof (Continued)

25. Leader/Extension:

Chimney

26. Chimney:

27. Flue/Flue Cap:

28. Chimney Flashing:

Chimney

29. Chimney:

30. Flue/Flue Cap:

31. Chimney Flashing:

Garage/Carport

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S U NI NP

Garage

1. Type of Structure: Car Spaces:

2. Garage Doors:

3. Door Operation:

4. Door Opener:

5. Exterior Surface:

6. Roof:

7. Roof Structure:

8. Service Doors:

9. Service Doors:

10. Ceiling:

11. Walls:

12. Floor/Foundation:

13. Hose Bibs:

14. Electrical:

15. Heating:

16. Windows:

17. Gutters:

18. Downspouts:

19. Leader/Extensions:

Electrical

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S U NI NP

1. Service Size Amps: Volts:

2. Service Drop:

3. Service Entrance Cable:

4. Service Mast:

5. 120 VAC Branch Circuits:

6. 240 VAC Branch Circuits:

7. Aluminum Wiring:

8. Conductor Type:

9. Ground:

10. Smoke Detectors:

Electrical (Continued)

Electric Panel

- 11. Manufacturer:
- 12. Maximum Capacity:
- 13. Main Breaker Size:
- 14. Breakers:
- 15. Fuses:
- 16. AFCI:
- 17. GFCI:
- 18. Is the panel bonded? Yes No

Electric Panel

- 19. Manufacturer:
- 20. Maximum Capacity:
- 21. Main Breaker Size:
- 22. Breakers:
- 23. Fuses:
- 24. AFCI:
- 25. GFCI:
- 26. Is the panel bonded? Yes No

Attic

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Attic

- 1. Method of Inspection:
- 2. Unable to Inspect:
- 3. Roof Framing:
- 4. Sheathing:
- 5. Construction Type:
- 6. Ventilation:
- 7. Insulation:
- 8. Insulation Depth:
- 9. Attic Fan:
- 10. House Fan:
- 11. Wiring/Lighting:
- 12. Moisture Penetration:
- 13. Bathroom Fan Venting:

Attic

- 14. Method of Inspection:
- 15. Unable to Inspect:
- 16. Roof Framing:
- 17. Sheathing:
- 18. Construction Type:
- 19. Ventilation:
- 20. Insulation:
- 21. Insulation Depth:
- 22. Vapor Barrier:
- 23. Attic Fan:
- 24. House Fan:
- 25. Wiring/Lighting:
- 26. Moisture Penetration:

Attic (Continued)

27. Bathroom Fan Venting:

Structure

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

- | | S | U | NI | NP | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structure Type: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Differential Movement: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beams: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Columns: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior Columns: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bearing Walls: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists/Trusses: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists/Trusses: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piers/Posts: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Slab: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor/Slab: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairs/Handrails: |

Basement

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

- | | S | U | NI | NP | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <hr/> | | | | | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unable to Inspect: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Drain: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vapor Barrier: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulation: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump: |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moisture Location: |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairs/Railings: |

Crawl Space

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Crawl Space

1. Method of Inspection:
2. Unable to Inspect:
3. Access:
4. Construction Type:
5. Moisture Penetration:
6. Moisture Location:
7. Moisture Barrier:
8. Ventilation:
9. Insulation:
10. Vapor Barrier:
11. Sump Pump:
12. Electrical:
13. HVAC Source:

Crawl Space

14. Method of Inspection:
15. Unable to Inspect:
16. Access:
17. Construction Type:
18. Moisture Penetration:
19. Moisture Location:
20. Moisture Barrier:
21. Ventilation:
22. Insulation:
23. Vapor Barrier:
24. Sump Pump:
25. Electrical:
26. HVAC Source:

Air Conditioning

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

AC System

1. A/C System Operation:
2. Condensate Removal:
3. Exterior Unit:
4. Manufacturer:
5. Area Served: Approximate Age:
6. Fuel Type: Temperature Differential:
7. Type: Capacity:
8. Outdoor Coil - Heat Pump:
9. Inside Coil - Heat Pump:
10. Evaporator Coil - Interior:
11. Condenser Coil - Exterior:
12. Refrigerant Lines:
13. Electrical Disconnect:

Air Conditioning (Continued)

AC System

- 14. A/C System Operation:
- 15. Condensate Removal:
- 16. Exterior Unit:
- 17. Manufacturer:
- 18. Area Served: Approximate Age:
- 19. Fuel Type: Temperature Differential:
- 20. Type: Capacity:
- 21. Outdoor Coil - Heat Pump:
- 22. Inside Coil - Heat Pump:
- 23. Evaporator Coil - Interior:
- 24. Condensor Coil - Exterior:
- 25. Refrigerant Lines:
- 26. Electrical Disconnect:
- 27. Exposed Ductwork:
- 28. Blower Fan/Filters:
- 29. Thermostats:

Fireplace/Wood Stove

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Fireplace

- 1. Freestanding Stove:
- 2. Fireplace Construction:
- 3. Type of Fireplace:
- 4. Fireplace Insert:
- 5. Smoke Chamber:
- 6. Flue (Liner):
- 7. Damper:
- 8. Hearth:

Heating System

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Heating System

- 1. Heating System Operation:
- 2. Manufacturer:
- 3. Type: Capacity:
- 4. Area Served: Approximate Age:
- 5. Fuel Type:
- 6. Heat Exchanger:
- 7. Blower Fan/Filter:
- 8. Distribution:
- 9. Circulator:
- 10. Draft Control:
- 11. Flue Pipe:
- 12. Controls:

Heating System (Continued)

- 13. Devices:
- 14. Humidifier:
- Heating System _____
- 15. Heating System Operation:
- 16. Manufacturer:
- 17. Type: Capacity:
- 18. Area Served: Approximate Age:
- 19. Fuel Type:
- 20. Heat Exchanger:
- 21. Blower Fan/Filter:
- 22. Distribution:
- 23. Circulator:
- 24. Draft Control:
- 25. Flue Pipe:
- 26. Controls:
- 27. Devices:
- 28. Humidifier:
- 29. Thermostats:
- 30. Suspected Asbestos:

Plumbing

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

- | | | | | | |
|--|---|---|----|----|--|
| | S | U | NI | NP | |
|--|---|---|----|----|--|
- 1. Service Line to House:
 - 2. Main Water Shutoff:
 - 3. Water Lines:
 - 4. Drain Pipes:
 - 5. Service Caps: *Accessible*
 - 6. Vent Pipes in Attic:
 - 7. Gas Service lines (Water Heater):
 - Water Heater _____
 - 8. Water Heater Operation:
 - 9. Manufacturer:
 - 10. Type: Capacity:
 - 11. Approximate Age: Area Served:
 - 12. Flue Pipe:
 - 13. TPRV and Drain Tube:
 - Water Heater _____
 - 14. Water Heater Operation:
 - 15. Manufacturer:
 - 16. Type: Capacity:
 - 17. Approximate Age: Area Served:
 - 18. Flue Pipe:
 - 19. TPRV and Drain Tube:

Bathroom

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Bathroom

- | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabinet Material: |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps at Sink: |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps at Tub/Shower: |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa Tub/Surround: |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: |

Bathroom

- | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabinet Material: |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps at Sink: |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps at Tub/Shower: |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa Tub/Surround: |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: |

Bathroom

- | | | | | | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabinet Material: |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps at Sink: |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps at Tub/Shower: |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: |
| 44. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: |
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa Tub/Surround: |
| 46. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: |

Bathroom (Continued)

- 47. HVAC Source:
- 48. Ventilation:

Kitchen

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

- Kitchen
-
- 1. Cooking Appliances:
 - 2. Ventilator:
 - 3. Disposal:
 - 4. Dishwasher:
 - 5. Dishwasher Drain Line:
 - 6. Trash Compactor:
 - 7. Microwave:
 - 8. Sink:
 - 9. Electrical:
 - 10. Plumbing/Fixtures:
 - 11. Counter Tops:
 - 12. Cabinets:
 - 13. Ceiling:
 - 14. Walls:
 - 15. Floor:
 - 16. Doors:
 - 17. Windows:
 - 18. HVAC Source:

Bedroom

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

- Bedroom
-
- 1. Closet:
 - 2. Ceiling:
 - 3. Walls:
 - 4. Floor:
 - 5. Doors:
 - 6. Windows:
 - 7. Electrical:
 - 8. HVAC Source:
- Bedroom
-
- 9. Closet:
 - 10. Ceiling:
 - 11. Walls:
 - 12. Floor:
 - 13. Doors:
 - 14. Windows:
 - 15. Electrical:
 - 16. HVAC Source:

Bedroom (Continued)

Bedroom

- 17. Closet:
- 18. Ceiling:
- 19. Walls:
- 20. Floor:
- 21. Doors:
- 22. Windows:
- 23. Electrical:
- 24. HVAC Source:

Bedroom

- 25. Closet:
- 26. Ceiling:
- 27. Walls:
- 28. Floor:
- 29. Doors:
- 30. Windows:
- 31. Electrical:
- 32. HVAC Source:

Bedroom

- 33. Closet:
- 34. Ceiling:
- 35. Walls:
- 36. Floor:
- 37. Doors:
- 38. Windows:
- 39. Electrical:
- 40. HVAC Source:

Living Space

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Living Space

- 1. Closet:
- 2. Ceiling:
- 3. Walls:
- 4. Floor:
- 5. Doors:
- 6. Windows:
- 7. Electrical:
- 8. HVAC Source:

Living Space

- 9. Closet:
- 10. Ceiling:
- 11. Walls:
- 12. Floor:
- 13. Doors:
- 14. Windows:
- 15. Electrical:
- 16. HVAC Source:

Living Space (Continued)

Living Space

- 17. Closet:
- 18. Ceiling:
- 19. Walls:
- 20. Floor:
- 21. Doors:
- 22. Windows:
- 23. Electrical:
- 24. HVAC Source:

Living Space

- 25. Closet:
- 26. Ceiling:
- 27. Walls:
- 28. Floor:
- 29. Doors:
- 30. Windows:
- 31. Electrical:
- 32. HVAC Source:

Laundry Room/Area

S = Satisfactory, U = Unsatisfactory, NI = Not Inspected, NP = Not Present

S U NI NP

Laundry Room/Area

- 1. Closet:
- 2. Ceiling:
- 3. Walls:
- 4. Floor:
- 5. Doors:
- 6. Windows:
- 7. Electrical:
- 8. HVAC Source:
- 9. Laundry Tub:
- 10. Laundry Tub Drain:
- 11. Washer Hose Bib:
- 12. Washer and Dryer Electrical:
- 13. Dryer Vent:
- 14. Dryer Gas Line:
- 15. Washer Drain:
- 16. Floor Drain:

Final Comments

Note: The full report may include additional information of interest or concern to the client. It is strongly recommended that the client promptly read the complete report. For information regarding the negotiability of any item in this report under a real estate purchase contract, contact your North Carolina real estate agent or an attorney."