

Whisper Computer Solutions, Inc

Whisper Computer Solutions, Inc

8423 Burwell
San Antonio, TX 78254

Phone 210-446-7512

INVOICE

SOLD TO:

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INVOICE NUMBER	Texas 7-6 Boilerplate (v1.2) Cloaked / WDI T-5 w/ Invoice
INVOICE DATE	12/04/2021
LOCATION	
REALTOR	

DESCRIPTION	PRICE	AMOUNT
	SUBTOTAL	\$0.00
	TAX	\$0.00
	TOTAL	\$0.00
	BALANCE DUE	\$0.00

THANK YOU FOR YOUR BUSINESS!



PROPERTY INSPECTION REPORT FORM

	12/04/2021
Name of Client	Date of Inspection
Address of Inspected Property	
Joe R Inspector	
Name of Inspector	TREC License #
Name of Sponsor (if applicable)	TREC License #

PURPOSE OF INSPECTION

A real estate inspection is a visual survey of a structure and a basic performance evaluation of the systems and components of a building. It provides information regarding the general condition of a residence at the time the inspection was conducted. *It is important* that you carefully read ALL of this information. Ask the inspector to clarify any items or comments that are unclear.

RESPONSIBILITY OF THE INSPECTOR

This inspection is governed by the Texas Real Estate Commission (TREC) Standards of Practice (SOPs), which dictates the minimum requirements for a real estate inspection.

The inspector IS required to:

- use this Property Inspection Report form for the inspection;
- inspect only those components and conditions that are present, visible, and accessible at the time of the inspection;
- indicate whether each item was inspected, not inspected, or not present;
- indicate an item as Deficient (D) if a condition exists that adversely and materially affects the performance of a system or component **OR** constitutes a hazard to life, limb or property as specified by the SOPs; and
- explain the inspector’s findings in the corresponding section in the body of the report form.

The inspector IS NOT required to:

- identify all potential hazards;
- turn on decommissioned equipment, systems, utilities, or apply an open flame or light a pilot to operate any appliance;
- climb over obstacles, move furnishings or stored items;
- prioritize or emphasize the importance of one deficiency over another;
- provide follow-up services to verify that proper repairs have been made; or
- inspect system or component listed under the optional section of the SOPs (22 TAC 535.233).

RESPONSIBILITY OF THE CLIENT

While items identified as Deficient (D) in an inspection report DO NOT obligate any party to make repairs or take other actions, in the event that any further evaluations are needed, it is the responsibility of the client to obtain further evaluations and/or cost estimates from qualified service professionals regarding any items reported as Deficient (D). It is recommended that any further evaluations and/or cost estimates take place prior to the expiration of any contractual time limitations, such as option periods.

Please Note: Evaluations performed by service professionals in response to items reported as Deficient (D) on the report may lead to the discovery of additional deficiencies that were not present, visible, or accessible at the time of the inspection. Any repairs made after the date of the inspection may render information contained in this report obsolete or invalid.

REPORT LIMITATIONS

This report is provided for the benefit of the named client and is based on observations made by the named inspector on the date the inspection was performed (indicated above).

ONLY those items specifically noted as being inspected on the report were inspected.

This inspection IS NOT:

- a technically exhaustive inspection of the structure, its systems, or its components and may not reveal all deficiencies;
- an inspection to verify compliance with any building codes;

- an inspection to verify compliance with manufacturer's installation instructions for any system or component and DOES NOT imply insurability or warrantability of the structure or its components.

NOTICE CONCERNING HAZARDOUS CONDITIONS, DEFICIENCIES, AND CONTRACTUAL AGREEMENTS

Conditions may be present in your home that did not violate building codes or common practices in effect when the home was constructed but are considered hazardous by today's standards. Such conditions that were part of the home prior to the adoption of any current codes prohibiting them may not be required to be updated to meet current code requirements. However, if it can be reasonably determined that they are present at the time of the inspection, the potential for injury or property loss from these conditions is significant enough to require inspectors to report them as Deficient (D). Examples of such hazardous conditions include:

- malfunctioning, improperly installed or missing ground fault circuit protection (GFCI) devices and arc-fault devices;
- ordinary glass in locations where modern construction techniques call for safety glass;
- malfunctioning or lack of fire safety features such as, smoke alarms, fire-rated doors in certain locations, and functional emergency escape and rescue openings in bedrooms;
- malfunctioning carbon monoxide alarms;
- excessive spacing between balusters on stairways and porches;
- improperly installed appliances;
- improperly installed or defective safety devices;
- lack of electrical bonding and grounding; and
- lack of bonding on gas piping, including corrugated stainless steel tubing (CSST).

Please Note: items identified as Deficient (D) in an inspection report DO NOT obligate any party to make repairs or take other actions. The decision to correct a hazard or any deficiency identified in an inspection report is left up to the parties to the contract for the sale or purchase of the home.

This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions.

INFORMATION INCLUDED UNDER "ADDITIONAL INFORMATION PROVIDED BY INSPECTOR", OR PROVIDED AS AN ATTACHMENT WITH THE STANDARD FORM, IS NOT REQUIRED BY THE COMMISSION AND MAY CONTAIN CONTRACTUAL TERMS BETWEEN THE INSPECTOR AND YOU, AS THE CLIENT. THE COMMISSION DOES NOT REGULATE CONTRACTUAL TERMS BETWEEN PARTIES. IF YOU DO NOT UNDERSTAND THE EFFECT OF ANY CONTRACTUAL TERM CONTAINED IN THIS SECTION OR ANY ATTACHMENTS, CONSULT AN ATTORNEY.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

Present at Inspection: Buyer Selling Agent Listing Agent Occupant
Building Status: Vacant Owner Occupied Tenant Occupied Other
Weather Conditions: Fair Cloudy Rain Temp: _____
Utilities On: Yes No Water No Electricity No Gas
Special Notes: _____

INACCESSIBLE OR OBSTRUCTED AREAS

- Sub Flooring Attic Space is Limited - Viewed from Accessible Areas
 - Floors Covered Plumbing Areas - Only Visible Plumbing Inspected
 - Walls/Ceilings Covered or Freshly Painted Siding Over Older Existing Siding
 - Behind/Under Furniture and/or Stored Items Crawl Space is limited - Viewed From Accessible Areas
- Mold/Mildew investigations are NOT included with this report; it is beyond the scope of this inspection at the present time. Any reference of water intrusion is recommended that a professional investigation be obtained.

**NOTICE: THIS REPORT IS PAID FOR BY AND PREPARED FOR THE CLIENT NAMED ABOVE.
THIS REPORT IS NOT VALID WITHOUT THE SIGNED SERVICE AGREEMENT AND IS NOT TRANSFERABLE.**

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I	NI	NP	D
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I. STRUCTURAL SYSTEMS

A. Foundations

Type of Foundation(s): Foundation Types

Comments:

Signs of Structural Movement or Settling

Performance Opinion: (An opinion on performance is mandatory)

Note: Weather conditions, drainage, leakage and other adverse factors are able to effect structures, and differential movements are likely to occur. The inspectors opinion is based on visual observations of accessible and unobstructed areas of the structure at the time of the inspection. Future performance of the structure cannot be predicted or warranted.

SUGGESTED FOUNDATION MAINTENANCE & CARE - Proper drainage and moisture maintenance to all types of foundations due to the expansive nature of the area load bearing soils. Drainage must be directed away from all sides of the foundation with grade slopes. In most cases, floor coverings and/or stored articles prevent recognition of signs of settlement - cracking in all but the most severe cases. It is important to note, this was not a structural engineering survey nor was any specialized testing done of any sub-slab plumbing systems during this limited visual inspection, as these are specialized processes requiring excavation. In the event that structural movement is noted, client is advised to consult with a Structural Engineer who can isolate and identify causes, and determine what corrective steps, if any, should be considered to either correct and/or stop structural movement.

B. Grading and Drainage

Comments:

Note: Any area where the ground or grade does not slope away from the structure is to be considered an area of improper drainage. Six inches per 10 feet.

C. Roof Covering Materials

Type(s) of Roof Covering: Roof Covering Materials

Viewed From: Roof Viewed From

Comments:

D. Roof Structures and Attics

Viewed From: Roof Structure Viewed From

Approximate Average Depth of Insulation:

Approximate Average Thickness of Vertical Insulation:

Comments:

E. Walls (Interior and Exterior)

Comments:

Interior Walls:

Exterior Walls:

Siding Materials: Brick Stone Wood Wood byproducts Stucco
 Vinyl Aluminum Asbestos Cement Board Other

F. Ceilings and Floors

Comments:

G. Doors (Interior and Exterior)

Comments:

Interior Doors

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I	NI	NP	D
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Exterior Doors

Garage Doors

Type: Metal Wood Fiberglass Doors / panels are damaged

H. Windows

Comments:

I. Stairways (Interior and Exterior)

Comments:

INTERIOR

EXTERIOR

J. Fireplaces and Chimneys

Comments:

Type of Fireplace: Factory Masonry Free Standing

K. Porches, Balconies, Decks, and Carports

Comments:

L. Other

Comments:

II. ELECTRICAL SYSTEMS

A. Service Entrance and Panels

Comments:

Overhead Service Underground Service

Main Disconnect Panel

Sub Panels

Type of Wire: Copper Aluminum

B. Branch Circuits, Connected Devices, and Fixtures

Type of Wiring: Copper Aluminum Conduit _____

Comments:

Outlet and Switches

Ground/ARC Fault Circuit Interrupt Safety Protection

Kitchen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	Bathrooms:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Exterior:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	Garage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Basement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	Wet Bar:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Living:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	Dining:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Crawlspace:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	Laundry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
A/C Unit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	Pool/Spa:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Bedroom:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial				

Fixtures

Smoke and Fire Alarms

Other Electrical System Components

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I	NI	NP	D	
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C. Other

Comments:

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

A. Heating Equipment

Type of System: Heating Types

Energy Source: Heating Energy Sources

Comments:

B. Cooling Equipment

Type of System: Cooling Types

Comments:

Unit #1:

Supply Air Temp: ____ °F Return Air Temp: ____ °F Temp. Differential: ____ °F

Unit #2:

Supply Air Temp: ____ °F Return Air Temp: ____ °F Temp. Differential: ____ °F

For attic installations :

Minimum 30" clearance above and to the side for maintenance

Lack of work platform (>30")

Lack of 24"Walkway, light near unit, or outlet

Greater than 20 feet from access

Scuttle opening less than 22" by 30"

EVAPORATIVE COOLERS ONE SPEED TWO SPEED Water Supply Line: _____

C. Duct Systems, Chases, and Vents

Comments:

Type of Ducting: Flex Ducting Duct Board Metal

D. Other

Comments:

IV. PLUMBING SYSTEMS

A. Plumbing Supply, Distribution Systems and Fixtures

Location of water meter: _____ Functional Flow Inadequate

Location of main water supply valve: _____

Static water pressure reading: _____ below 40 psi above 80 psi
 Lack of reducing valve over 80 psi

Type of supply piping material: _____

Comments:

Water Source: Public Private **Sewer Type:** Public Private

Sinks

Comments: _____

Bathtubs and Showers

Comments: _____

Commodes

Comments: _____

Washing Machine Connections

Comments: _____

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I	NI	NP	D
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Exterior Plumbing

Comments: _____

B. Drains, Wastes, and Vents

Type of drain piping material:

Comments:

C. Water Heating Equipment

Energy Source: Water Heating Energy Sources

Capacity:

Comments:

Water heater Temperature and Pressure Relief Valve

D. Hydro-Massage Therapy Equipment

Comments:

E. Gas Distribution Systems and Gas Appliances

Location of gas meter:

Type of gas distribution piping material:

Comments:

F. Other

Comments:

V. APPLIANCES

A. Dishwashers

Comments:

B. Food Waste Disposers

Comments:

C. Range Hood and Exhaust Systems

Comments:

D. Ranges, Cooktops, and Ovens

Comments:

Range Type: Electric Gas

Oven(s):

Unit #1: Electric Gas

Tested at 350°F, Variance noted: _____°F (max 25°F)

Unit #2: Electric Gas

Tested at 350°F, Variance noted: _____°F (max 25°F)

E. Microwave Ovens

Comments:

F. Mechanical Exhaust Vents and Bathroom Heaters

Comments:

G. Garage Door Operators

Comments:

H. Dryer Exhaust Systems

Comments:

I. Other

Comments:

VI. OPTIONAL SYSTEMS

I=Inspected

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D=Deficient

I	NI	NP	D
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A. Landscape Irrigation (Sprinkler) Systems

Comments:

B. Swimming Pools, Spas, Hot Tubs, and Equipment

Type of Construction: [Pool Construction Types](#)

Comments:

DEFICIENCIES FOUND IN:

C. Outbuildings

Comments:

DEFICIENCIES FOUND IN:

D. Private Water Wells (A coliform analysis is recommended)

Type of Pump: [Water Pump Types](#)

Type of Storage Equipment: [Water Storage Equipment](#)

Proximity To Known Septic System: _____

Comments:

DEFICIENCIES FOUND IN:

E. Private Sewage Disposal Systems

Type of System: [Septic Systems](#)

Location of Drain Field:

PROXIMITY TO ANY KNOWN WELLS OR UNDERGROUND WATER SUPPLY: _____

Comments:

DEFICIENCIES FOUND IN:

F. Other Built-in Appliances

Comments:

G. Other

Comments:

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Rule §7.176 Requires this department prescribed form to be used for real estate transactions in Texas regarding the visible presence or absence of wood destroying insects and conditions conducive to infestations of wood destroying insects.

Inspected Address

City

Zip Code

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**
- C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.**
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- F. **THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.**
- G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

Inspected Address _____ City _____ Zip Code _____

1A. Whisper Computer Solutions, Inc 1B. _____
 Name of Inspection Company SPCS Business License Number

1C. 8423 Burwell San Antonio TX 78254 210-446-7512
 Address of Inspection Company City State Zip Telephone No.

1D. Joe R Inspector 1E. Certified Applicator (check one)
 Name of Inspector (Please Print) Technician

1F. Saturday, December 4, 2021
 Inspection Date

2. _____ Seller Agent Buyer Management Co. Other
 Name of Person Purchasing Inspection

3. _____
 Owner/Seller

4. REPORT FORWARDED TO: Title Company or Mortgagee Purchaser of Service Seller Agent Buyer
 (Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5A. _____
 List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

5B. Type of Construction:
 Foundation: Slab Pier and Beam Pier Type: _____ Basement Other: _____
 Siding: Wood Fiber Cement Board Brick Stone Stucco Other: _____
 Roof: Composition Wood Shingle Metal Tile Other _____

6A. This company has treated or is treating the structure for the following wood destroying insects: _____
 If treating for subterranean termites, the treatment was: Partial Spot Bait Other
 If treating for drywood termites or related insets, the treatment was: Full Limited

6B. _____
 Date of Treatment by Inspecting Company Common Name of Insect Name of Pesticide, Bait or Other Method
 This company has a contract or warranty in effect for control of the following wood destroying insects:
 Yes No List Insects: _____
If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the purchase of sale of this property. I do further state that neither I nor the company for which I am acting is associate in any way with any party to this real estate transaction.

Signatures:
 7A. _____
 Inspector (Technician or Certified Applicator Name and License Number)

Others Present:
 7B. _____
 Apprentices, Technicians, or Certified Applicators (Names) and Registration/License Number(s)

Notice of Inspection Was Posted At or Near:
 8A. Electric Breaker Box 8B. Date Posted: _____
 Water Heater Closet
 Beneath the Kitchen Sink

9A. Were any areas of the property obstructed or inaccessible? Yes No
 (Refer to Part B & C, Scope of Inspection) If "Yes" specify in 9B.
 9B. The obstructed or inaccessible areas include but are not limited to the following:
 Attic Insulated area of attic Plumbing Areas Planter box abutting structure
 Deck Sub Floors Slab Joints Craw Space
 Soil Grade Too High Heavy Foliage Eaves Weepholes
 Other Specify: _____

10A. Conditions conducive to wood destroying insect infestation? Yes No
 (Refer to Part J, Scope of Inspection) If "Yes" specify in 10B.
 10B. Conducive Conditions include but are not limited to:
 Wood to Ground Contact (G) Formboards left in place (I) Excessive Moisture (J)
 Debris under or around structure (K) Footing too low or soil line too high (L) Wood Rot (M) Heavy Foliage (N)
 Planter box abutting structure (O) Wood Pile in Contact with Structure (Q) Wooden Fence in Contact with the Structure (R)
 Insufficient ventilation (T) Other (C) Specify: _____

Inspected Address	City	Zip Code
11. Inspection Reveals Visible Evidence in or on the structure:	Active Infestation	Previous Infestation
11A. Subterranean Termites	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11B. Drywood Termites	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11C. Formosan Termites	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11D. Carpenter Ants	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11E. Other Wood Destroying Insects	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous Treatment
Yes No

Specify: _____

11F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: _____

11G. Visible evidence of: _____ has been observed in the following areas: _____

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed on the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 11. (Refer to Part G, H and I, Scope of Inspection) Yes No

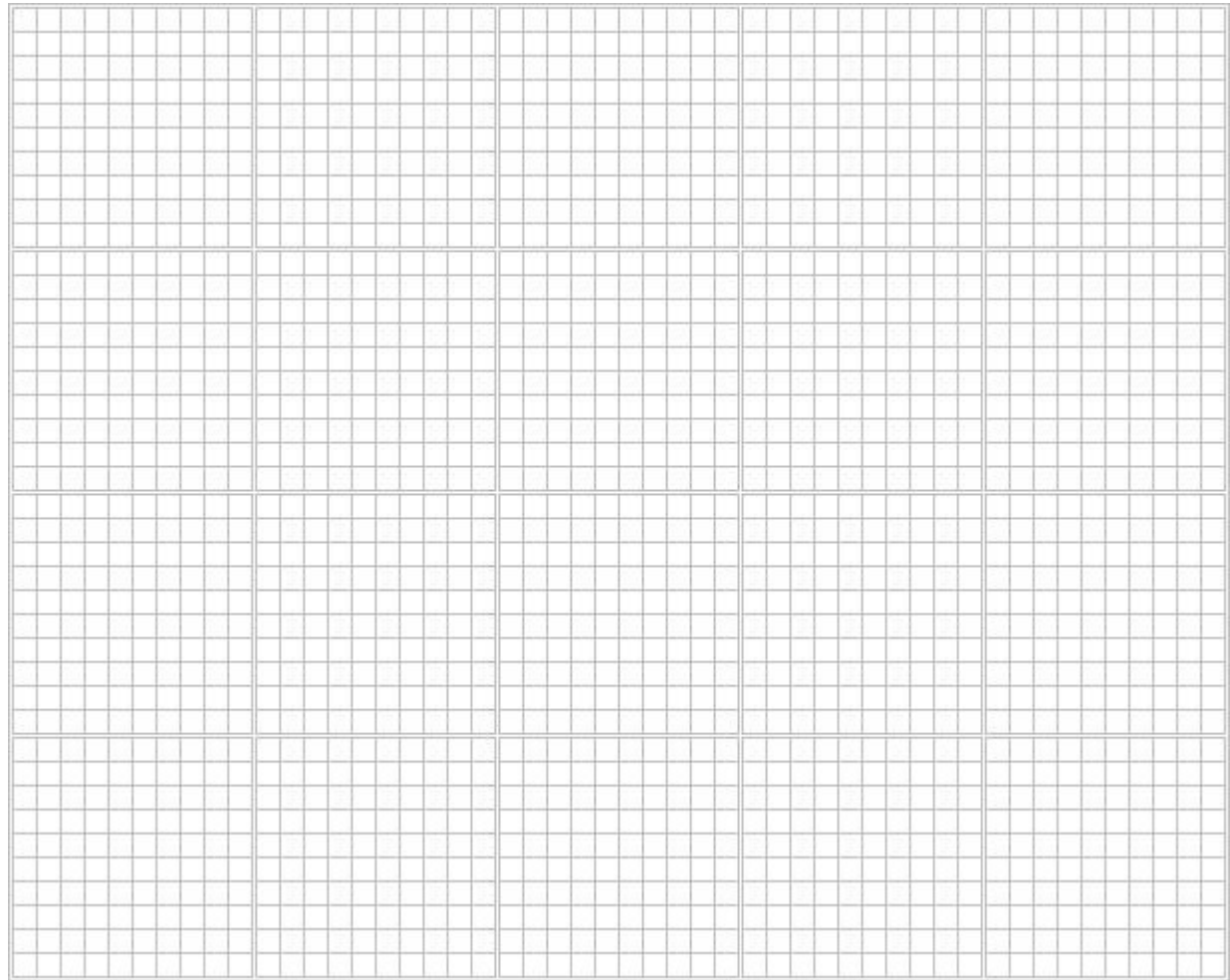
12B. A preventive treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows: Yes No

Specify reason: _____

Refer to Scope of Inspection Part J

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E- Evidence of infestation; A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify _____



Additional Comments _____

Inspected Address _____

City _____

Zip Code _____

Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages: _____

Signature of Purchaser of Property or their Designee _____

Date _____

Customer or Designee not Present **Buyers Initials** _____