



Uberprüfen, LLC DBA
National Property Inspections

Joann L



Thursday, February 7, 2019
Inspector
Gary Dehm
541-550-9360
gary.dehm@npiinspect.com
OR CCB# 220886/OCHI# 2146

Inspection Date:
02/07/2019

Inspector: Gary Dehm
Inspector Phone: 541-550-9360

Email: gary.dehm@npiinspect.com
OR CCB# 220886/OCHI# 2146



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Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

1 GRADING / DRAINAGE

MARGINAL

Marginal/Be aware: Monitor drainage along North, South and West sides of home. Slope is from West to East, Negative slope toward front of home, positive slope to the rear of the home. Believe this may be contributing to heaving of the front patio/entry of the home. See "Walks and Steps" section.

Repair/Replace concerns: None

2 WALKS / STEPS

REPAIR/REPLACE

Marginal/Be aware: None

Repair/Replace concerns: Heaving concrete slab at front walk of home, trip hazard. Advise repair/replace by qualified contractor. Review drainage is proper to limit water accumulation in this area as is a negative slope from street toward the front of the home.



WALKS / STEPS: lifting/heaving, trip hazard

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3 DECKS / BALCONY

REPAIR/REPLACE

Marginal/Be aware: None

Repair/Replace concerns:

1. Handrail needs terminated to the deck, to prevent a falling hazard.
2. Advise shielding of "riser" sections of steps to protect from a fall hazard.
3. Deck fascia board pulling/warping and caulk has failed.



DECKS / BALCONY: hand rail needs properly terminated



DECKS / BALCONY: Riser boards needed for steps; fascia board warped, caulk failed



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4 EXTERIOR SURFACE

Exterior Electrical Outlets

REPAIR/REPLACE

Marginal/Be aware: None

Repair/Replace concerns:

- 1. Exterior outlets, at front door and South patio, extremely difficult to insert plugs into. Advise further evaluation by qualified contractor and replace if necessary.**
- 2. Soffit panel, off South porch is bowed Advise further evaluation by qualified contractor to correct and/or secure properly.**



EXTERIOR SURFACE: Very difficult to plug tester into, front entry



EXTERIOR SURFACE: Very difficult to plug tester into, South patio deck



EXTERIOR SURFACE: open penetration, should be sealed, North side of home



EXTERIOR SURFACE: soffit board bowed

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5 WINDOWS

MARGINAL

Marginal/Be aware: None

Repair/Replace concerns:

1. Caulking failed/failing top edge of upstairs bathroom window, SW corner.
2. Window trim board bowed, popping loose--see picture. Advise repair by qualified contractor.



WINDOWS: SW 2nd story bathroom window, window trim board bowed, not attached correctly.



WINDOWS: SW 2nd story bathroom window caulk failing



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6 FOUNDATION

REPAIR/REPLACE

Marginal/Be aware: None

Repair/Replace concerns:

- 1. South foundation wall, diagonal crack noted, advise appropriate sealant to seal crack from water intrusion.**
- 2. Foundation vent at SW corner at/below grade and susceptible to water intrusion. Advise placement of vent well protector to help divert water away from entering the crawl space. See picture.**



FOUNDATION:



FOUNDATION:



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7 CHIMNEY

REPAIR/REPLACE

Marginal/Be aware: None

Repair/Replace concerns: Advise cleaning/service due to soot buildup on glass and exterior wall of home. See pictures. Heavy soot build up noted on interior glass surface of fireplace too. Combustion and drafting should be evaluated and adjusted, if needed.



CHIMNEY:



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8 GARAGE/CARPORT

Siding/Trim

REPAIR/REPLACE

Marginal/Be aware: None

Repair/Replace concerns: Garage trim boards in contact with concrete/ground and are susceptible to water damage as water. Appropriate cut back not done on both sides of garage door trim.



GARAGE/CARPORT: wood trim not cut back for water drainage



GARAGE/CARPORT: wood trim not cut back for water drainage, wood susceptible to water damage/rot



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9 OVERHEAD GARAGE DOORS

REPAIR/REPLACE

Marginal/Be aware: None

Repair/Replace concerns: weather strip detached/loose, see picture, advise repair to prevent water intrusion into garage when door closed.



OVERHEAD GARAGE DOORS:



OVERHEAD GARAGE DOORS:



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10 BATHROOM 2/ UP

Windows/Trim

MARGINAL

Marginal/Be aware: caulking touch up needed interior windows--see picture

Repair/Replace concerns: None



BATHROOM 2/ UP: caulking touch up needed here



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11 LIVING ROOM/ MAIN

Walls

MARGINAL

Marginal/Be aware: None

Repair/Replace concerns: Entertainment shelf caulking has pulled away, large open gaps on Left side and along back interior wall. Advise re caulking.



LIVING ROOM/ MAIN:



LIVING ROOM/ MAIN:



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12 ATTIC VENTILATION

MARGINAL

Marginal/Be aware: Monitor mild warping of soffit vents on South side of home, possibly related to bowing soffit board noted earlier in report.

Repair/Replace concerns: None

13 INTERIOR FOUNDATION

REPAIR/REPLACE

Marginal/Be aware: evidence of previous water intrusion at South foundation vent, midway of wall. No current water noted. Suspect condition has been remedied by addition of vent well protector.

Repair/Replace concerns: 1. One of the homes foundation tie down bolts not attached. Advise further evaluation by qualified contractor to repair. See picture.



INTERIOR FOUNDATION: Location: East wall, to South side of home, anchor bolt unattached.



INTERIOR FOUNDATION: Evidence of previous water intrusion, South foundation wall vent

MAR (MARGINAL)

The item/system was marginally acceptable. It performed its designed function at the time of the inspection. However, due to age and/or deterioration, it will likely require early repair or replacement.

RR (REPAIR/REPLACE)

The item/system failed to operate/perform its intended function, was structurally deficient, was unsafe or was hazardous at the time of the inspection.



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GRADING / DRAINAGE

Monitor Condition

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negative Slope

Positive Slope

Comments:

Marginal/Be aware: Monitor drainage along North, South and West sides of home. Slope is from West to East, Negative slope toward front of home, positive slope to the rear of the home. Believe this may be contributing to heaving of the front patio/entry of the home. See "Walks and Steps" section.

Repair/Replace concerns: None



Grading / Drainage:



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Grading / Drainage:



Grading / Drainage:

DRIVEWAY

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

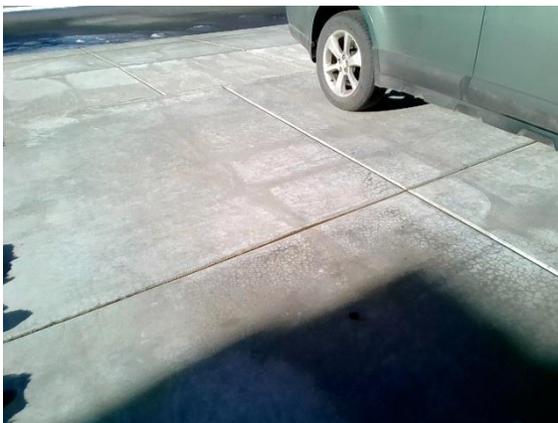
Concrete

Comments:

The driveway was concrete and had the proper expansion joints to help prevent cracking. The concrete driveway had no visual flaws or defects and was in acceptable condition.

Marginal/Be aware: None

Repair/Replace concerns: None



Driveway:



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WALKS / STEPS

Recommend Repairs

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Concrete

Tripping Hazard

Comments:

Marginal/Be aware: None

Repair/Replace concerns: Heaving concrete slab at front walk of home, trip hazard. Advise repair/replace by qualified contractor. Review drainage is proper to limit water accumulation in this area as is a negative slope from street toward the front of the home.



Walks / Steps: This section of concrete heaving/lifting

DECKS / BALCONY

Recommend Repairs

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Wood

Composite

Metal

Railing / Handrail Loose

Comments:

Recommend annual inspection, ongoing repairs and painting/sealing to properly maintain the deck area.

Marginal/Be aware: None

Repair/Replace concerns:

1. Handrail needs terminated to the deck, to prevent a falling hazard.
2. Advise shielding of "riser" sections of steps to protect from a fall hazard.
3. Deck fascia board pulling/warping and caulk has failed.

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PATIO

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Composite Wood

Comments:

Marginal/Be aware: None

Repair/Replace concerns: None



Patio:

FENCES / GATES

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wood

Comments:

Wood fencing present with gates enclosing the back yard of the home. No concerns noted.

Marginal/Be aware: None

Repair/Replace concerns: None

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Fences / Gates:



Fences / Gates:

EXTERIOR SURFACE

Recommend Repairs

Cement fiberboard

	ACC	MAR	NI	NP	RR
SIDING/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR FAUCETS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ELECTRICAL OUTLETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXTERIOR LIGHTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Marginal/Be aware: None

Repair/Replace concerns:

- 1. Exterior outlets, at front door and South patio, extremely difficult to insert plugs into. Advise further evaluation by qualified contractor and replace if necessary.**
- 2. Soffit panel, off South porch is bowed Advise further evaluation by qualified contractor to correct and/or secure properly.**

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WINDOWS

Monitor Condition

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vinyl Needs Caulk / Seal Defective Trim

Comments:
Marginal/Be aware: None

Repair/Replace concerns:
1. Caulking failed/failing top edge of upstairs bathroom window, SW corner.
2. Window trim board bowed, popping loose--see picture. Advise repair by qualified contractor.

EXTERIOR DOORS

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vinyl Wood Repair / Replace Weather - Strip

Comments:
Marginal/Be aware: None

Repair/Replace concerns: light coming through UL corner, repair/replace door seal to correct open gap.

FOUNDATION

Recommend Repairs

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Concrete

Comments:
Marginal/Be aware: None

Repair/Replace concerns:
1. South foundation wall, diagonal crack noted, advise appropriate sealant to seal crack from water intrusion.
2. Foundation vent at SW corner at/below grade and susceptible to water intrusion. Advise placement of vent well protector to help divert water away from entering the crawl space. See picture.



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ROOFING

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age: 1 Year(s) Design Life: 20-25 Year(s) Layers: 2

Asphalt / Composition

Comments:

Roofing consists of architectural style shingles. These are a thicker, longer lasting shingle with a dimensional appeal, generally 20-25 years.

Marginal/Be aware: None

Repair/Replace concerns: None

Leaks not always detectable.



Roofing:



Roofing:

FLASHING/VALLEYS

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Composition / Membrane Metal

Comments:

All valleys and flashings that were readily visible at time of inspection were acceptable.

Marginal/Beaware:None

Repair/Replace concerns: None

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Flashing/Valleys:



Flashing/Valleys:

GUTTERS/DOWN SPOUTS

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

The gutter system and downspouts should ideally drain water at least 4 feet away from the structure foundation or crawl space at all times. Gutters should be checked for leakage, repaired if necessary, and cleaned of debris on an annual basis, or more often as necessary.

Marginal/Be aware: None

Repair/Replace concerns: No gutters on South side, runoff, on to porch below and steps off of porch, want to minimize slip hazards with run off and ice accumulation in winter months. See pictures.



Gutters/Down Spouts:



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CHIMNEY

Recommend Repairs

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Metal

Comments:

Home has a direct vent out South wall for gas log fireplace. Sooty buildup noted on exterior wall surface. Advise having unit serviced and cleaned by qualified contractor.

Marginal/Be aware: None

Repair/Replace concerns: Advise cleaning/service due to soot buildup on glass and exterior wall of home. See pictures. Heavy soot build up noted on interior glass surface of fireplace too. Combustion and drafting should be evaluated and adjusted, if needed.

Flue not inspected. Annual cleaning is recommended.



Chimney:

GARAGE/CARPORT

Recommend Repairs

2 Cars

Attached

	ACC	MAR	NI	NP	RR
FLOOR/WALLS/CEILING/ELECTRICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIDING/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

At time of inspection, the garage and all related components were acceptable, except for trim boards as noted in Summary.

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Marginal/Be aware: None

Repair/Replace concerns: Garage trim boards in contact with concrete/ground and are susceptible to water damage as water. Appropriate cut back not done on both sides of garage door trim.

OVERHEAD GARAGE DOORS

Recommend Repairs

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

of Openers: 1

Fiberglass

Repair / Replace Weather - Strip

Comments:

*Tip: Overhead door hardware, nuts and bolts need to be tightened periodically, as well as carriage wheels and tension spring lubricated. This should become part of your on-going maintenance routine. Seek help from a qualified contractor if uncertain how to perform maintenance.

The operation of the garage door, opener and all related safety devices appear to be satisfactory at time of inspection.

Marginal/Be aware: None

Repair/Replace concerns: weather strip detached/loose, see picture, advise repair to prevent water intrusion into garage when door closed.



Overhead Garage Doors:

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GARAGE PEDESTRIAN DOOR INTO HOUSE

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Solid Core

Comments:

The pedestrian door leading into the garage was a solid core, metal fire rated door. The door and hardware operated as designed and was in acceptable condition.

Self closure doors not required in Oregon. This door IS equipped. Very nice!

Marginal/Be aware: None

Repair/Replace concerns: None



Garage Pedestrian Door into House:



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LAUNDRY FACILITIES

Monitor Condition

Location: Main floor

	ACC	MAR	NI	NP	RR
UTILITY HOOKUPS <input checked="" type="checkbox"/> Electric (Dryer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRYER VENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY TUB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All components in laundry room were acceptable at time of inspection. There is no exhaust fan, but the room has an operable window for ventilation.

Marginal/Be aware: None

Repair/Relace concerns: None

ELECTRICAL

SERVICE SIZE (Main Panel)

Brand: siemens

Main Disconnect Location: Garage

200 AMP

	ACC	MAR	NI	NP	RR
SERVICE <input checked="" type="checkbox"/> Underground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDING/GROUNDING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI(IN PANEL)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARC FAULT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARBON MONOXIDE DETECTORS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

A random sampling of electrical outlets and light switches was conducted. All defects may not be identified in this inspection (Only a competent licensed electrician spending considerable time and effort, physically removing receptacles, switches and fixtures, could do a full and complete electrical inspection).

Smoke detectors: Present in all bedrooms, and combo units with CO present both floors, outside bedrooms, appropriately spaced.

Carbon Monoxide detectors: Yes

*Tip: compressed air can/should be utilized to clear dust from ionization/sensing plates of all detectors in the home at least once per year, along with replacing batteries on an annual basis. All detectors are typically designed with a life expectancy of 10 years and should be replaced after that time (manufacture dates are stamped on the back of each unit). If there's no date, it is very likely old and beyond its trusted design life.

*FYI: **GFCI (Ground Fault Circuit Interrupter) outlets** are a safety feature of the electrical system designed to help reduce the risk of electrical shock. GFCIs are advised to be placed in areas of close proximity to water (kitchen, bathroom, etc). They detect changes in current between the "hot" and "neutral" wires and trip the circuit, shutting off power to the circuit.

Marginal/Be aware: advise writing replacement dates on all smoke/CO detectors (10 yrs from manufacturing date)

Repair/Replace concerns: None

*Smoke Detectors / GFCI's checked with test button only. Monthly Test Recommended.



Electrical:

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PLUMBING

Monitor Condition

Water Service

Water Public

Sewage Service

Sewage Public

Fuel Service

Shut Off Location: Exterior North

	ACC	MAR	NI	NP	RR
SUPPLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAINS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EJECTOR PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

No defects were found pertaining to the main plumbing system.

*Tip: Remember to shut off outside taps, drain the line/s, and place insulative covers over faucets prior to winter freeze up.

*Tip: Recommend hanging a gas wrench on gas meter for emergency shut off.

Marginal/Be aware: None

Repair/Replace concerns: None

Main utility line, septic systems and gray water systems are excluded from this Inspection.



Plumbing:



Plumbing: shut off for natural gas here.

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WATER HEATER

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand: Bradford White
Design Life: 15-20 Year(s)

Model: RG250T6N
SerialNo: PL40483628

Size: 50 Gallons

Age: 1 Year(s)

Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection, and properly drafted to the homes exterior. The expansion tank had adequate pressure and did not leak. Routine maintenance such as draining the water heater could prolong its lifespan. Always refer to manufactures' specifications before doing any maintenance on your water heater.

Marginal/Be aware: None

Repair/Replace concerns: None



Water Heater:



Water Heater:

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HEATING

Monitor Condition

Brand: Coleman Model: CM30BXA1C Age: <1 Year(s) Design Life: 20-25 Year(s)
SerialNo: WIK7105195

Gas Forced Air

	ACC	MAR	NI	NP	RR
OPERATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABOVE GROUND STORAGE TANKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUMIDIFIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Furnace was functioning properly and no carbon monoxide was detected at time of inspection using a gas sniffing device. Furnace and water heater housed in garage "closet" space, no protection ballard needed.

*Tip: For added safety, consider adding a certified carbon monoxide detector close to all fuel-fired appliances in garage, no closer than 15 ft, as they can signal a potentially dangerous situation that must be corrected immediately.

Filters advised to be replaced every 1 to 4 months.

It is important that the furnace be properly maintained for efficiency and greater life span.

Recommend a yearly maintenance program be set up with a local heating company to service and clean the furnace.

Marginal/Be aware: None

Repair/Replace concerns: None

Heat Exchanger - Unable to detect cracks/holes without dismantling unit.

DRAFT CONTROL/VENT

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PVC

Comments:

Proper venting to exterior via direct venting through North wall. No obstructions observed at time of inspection. Appears to operate as designed.

Marginal/Be aware: None

Repair/Replace concerns: None

Inspection Date:
02/07/2019

Inspector: Gary Dehm
Inspector Phone: 541-550-9360

Email: gary.dehm@npiinspect.com
OR CCB# 220886/OCHI# 2146



Uberprufen, LLC DBA National Property Inspections

Joann L

HEATING DISTRIBUTION

Monitor Condition

Ductwork

	ACC	MAR	NI	NP	RR
DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROLS/THERMOSTAT (CALIBRATIONS/TIMED FUNCTIONS NOT CHECKED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIRCULATOR PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Heating functions and operations were normal and responsive. Distribution to all areas of the home were consistent and within the 14-22 degree change rate within 5 min of operation.

Filters should be replaced every 1-2 months. This is done at the intake panel located in the stairwell of the home, see picture.

**HVAC systems should be cleaned and serviced annually as poorly adjusted systems could contribute to more than 50% of air quality problems in the home.

Marginal/Be aware: None

Repair/Replace concerns: None



Heating Distribution: Air filter replacement here.

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02/07/2019

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Uberprüfen, LLC DBA National Property Inspections

Joann L

COOLING

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand: Coleman
Design Life: 20-25 Year(s)

Model: TC3B3021HA
SerialNo: W1F8916163

Size: 2.5 Ton

Age: 1 Year(s)

Electric

Central Air

Comments:

A/C unit should not be tested in cool mode with temperature below 60 degrees for fear of damaging compressor. Recommend checking when ambient air is warmer. The temperature splits could not be properly tested with the low temperatures, even if it was safe to operate.

No concerns noted



Cooling:

KITCHEN

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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National Property Inspections**

Joann L

SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE TOP/OVEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE ANTI-TIP BRACKET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISHWASHER/CROSS FLOW PROTECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROWAVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GARBAGE DISPOSAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

This home has a standard kitchen with custom wood cabinets and composite wood flooring. There is a pantry closet for food/misc storage. The countertops are granite/marble material.

Appliances included: Refrigerator, Electric range/oven, Microwave (over-range) oven, and Dishwasher. *(Appliances will be checked for Recall concerns via RecallChek, watch for follow up email regarding potential concerns)* All appliances were operational at time of inspection.

Marginal/Be aware: None

Repair/Replace concerns: None



Kitchen:



Kitchen:

Inspection Date:
02/07/2019

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**Uberprufen, LLC DBA
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Joann L

FIREPLACE/STOVE

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gas Log Gas Starter Metal Firebox Recommend Cleaning

Comments:

Appeared to operate as designed. The switch operated fireplace appeared to be in acceptable condition at the time of the inspection.

Recommend further evaluation/repair by qualified contractor(s), as well as on an annual basis for maintenance/proper function and safety.

Marginal/Be aware: None

Repair/Replace concerns: Advise service to unit to make sure it is functioning properly and cleaned, due to excess soot buildup on glass interior and exterior wall above direct vent chimney.

Recommend annual cleaning - Fireplace design and soot / creosote buildup, in most cases, prevents view of chimney liner / cracks.

BATHROOM MASTER

Monitor Condition

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection Date:
02/07/2019

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Uberprufen, LLC DBA
National Property Inspections

Joann L

Comments:

The Master bathroom is located as an "on suite" to the master bedroom. It is a spacious dual vanity bathroom with a tile lined enclosed shower. There is a door separating the toilet from the main bathroom. All components in bathroom were acceptable at time of inspection. Bathtub/shower inspected. No leaks or defects found.

GFCI outlets reset to half bathroom near entry of home. GFCI outlets operate properly.

Marginal/Be aware: None

Repair/Replace concerns: None

BATHROOM 2/ UP

Monitor Condition

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The second bathroom is located in the hallway of the home. It is a single vanity/cabinet bathroom with a shower/tub combination.

All components in bathroom were acceptable at time of inspection. Bathtub/shower inspected. No leaks or defects found.

Inspection Date:
02/07/2019

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National Property Inspections

Joann L

Marginal/Be aware: caulking touch up needed interior windows--see picture

Repair/Replace concerns: None

DOWNSTAIRS HALF BATH

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUB/SHOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JETTED TUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER PRESSURE/FLOW/DRAINAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All components in bathroom were acceptable at time of inspection. Outlets all GFCI protected. Waterflow/pressure and drainage all acceptable from sink(s)/tub

Marginal/Be aware: Signs of a previous leak under the sink but dry at inspection today and no leaks suspected. Possibly related to bathroom update completed previously.

Repair/Replace concerns: None

Inspection Date:
02/07/2019

Inspector: Gary Dehm
Inspector Phone: 541-550-9360

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**Uberprufen, LLC DBA
National Property Inspections**

Joann L

MASTER BEDROOM

Monitor Condition

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) and closet doors functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly. Smoke detector present.

Marginal/Be aware: None

Repair/Replace concerns: None



Master Bedroom:

Inspection Date:
02/07/2019

Inspector: Gary Dehm
Inspector Phone: 541-550-9360

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Uberprufen, LLC DBA National Property Inspections

Joann L

BEDROOM 2

Monitor Condition

	ACC	MAR	NI	NP	RR
CEILING(S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) and closet doors functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly. Smoke detector present.

Marginal/Be aware: None

Repair/Replace concerns: None



Bedroom 2:

Inspection Date:
02/07/2019

Inspector: Gary Dehm
Inspector Phone: 541-550-9360

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**Uberprufen, LLC DBA
National Property Inspections**

Joann L

BEDROOM 3

Monitor Condition

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) and closet doors functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly. Smoke detector present.

Marginal/Be aware: None

Repair/Replace concerns: None



Bedroom 3:

Inspection Date:
02/07/2019

Inspector: Gary Dehm
Inspector Phone: 541-550-9360

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**Uberprufen, LLC DBA
National Property Inspections**

Joann L

LIVING ROOM/ MAIN

Monitor Condition

	ACC	MAR	NI	NP	RR
CEILINGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) and closet doors functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly. Smoke/CO detector present.

Marginal/Be aware: None

Repair/Replace concerns: Entertainment shelf caulking has pulled away, large open gaps on Left side and along back interior wall. Advise re caulking.



Living Room/ Main:



Living Room/ Main:

Inspection Date:
02/07/2019

Inspector: Gary Dehm
Inspector Phone: 541-550-9360

Email: gary.dehm@npiinspect.com
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**Uberprufen, LLC DBA
National Property Inspections**

Joann L

DEN/OFFICE

	ACC	MAR	NI	NP	RR
CEILING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) and closet doors functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly.

Marginal/Be aware: None

Repair/Replace concerns: None



Den/office:

Inspection Date:
02/07/2019

Inspector: Gary Dehm
Inspector Phone: 541-550-9360

Email: gary.dehm@npiinspect.com
OR CCB# 220886/OCHI# 2146



**Uberprufen, LLC DBA
National Property Inspections**

Joann L

LOFT	<input checked="" type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	RR
CEILING		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Ceiling and walls were free of cracks. Window(s) and closet doors functioned properly and seals were acceptable. Receptacles and lights appeared to be wired correctly. Smoke/CO detector present.

Marginal/Be aware: None

Repair/Replace concerns: None



Loft:

Inspection Date:
02/07/2019

Inspector: Gary Dehm
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National Property Inspections

Joann L

STAIRS / RAILINGS

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Stairway free of concerns. Handrail(s) present and terminated correctly.

Marginal/Be aware: none

Repair/Replace concerns: None

Attic / Roof

Method of Inspection No Access / Limited

ATTIC FRAMING/SHEATHING

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plywood / Panel Board / OSB Trusses

Comments:

Home is not equipped with a formal attic. Roof line is insulated and thus no physical entry possible. Various access points throughout the home for potential maintenance access.

Marginal/Be aware: None

Repair/Replace concerns: None

Leaks not always detectable.

ATTIC VENTILATION

Monitor Condition

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Soffit

Comments:

No formal attic for this home, roofing space is ventilated with soffit venting only at North and South sides of the home.

Marginal/Be aware: Monitor mild warping of soffit vents on South side of home, possibly related to bowing soffit board noted earlier in report.

Repair/Replace concerns: None

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National Property Inspections

Joann L



Attic Ventilation:



Attic Ventilation:

ATTIC INSULATION

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Marginal/Be aware: None

Repair/Replace concerns: None

Interior Foundation

Foundation Type Crawl Space

INTERIOR FOUNDATION

Recommend Repairs

ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

All visible interior foundation walls appeared to be in acceptable condition with no apparent major defects (settlement, cracking, bowing, movement, or moisture issues) noted at time of inspection.

Marginal/Be aware: evidence of previous water intrusion at South foundation vent, midway of wall. No current water noted. Suspect condition has been remedied by addition of vent well protector.

Repair/Replace concerns: 1. One of the homes foundation tie down bolts not attached. Advise further evaluation by qualified contractor to repair. See picture.

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National Property Inspections**

Joann L



Interior Foundation:



Interior Foundation:

UNDER FLOOR FRAMING & SUPPORT

		ACC	MAR	NI	NP	RR
BEAMS	<input checked="" type="checkbox"/> Dimensional Lumber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOISTS	<input checked="" type="checkbox"/> Engineered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTS	<input checked="" type="checkbox"/> Dimensional Lumber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIERS	<input checked="" type="checkbox"/> Concrete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There were 2x10 floor joists that rest on the outer concrete walls and were supported by at appropriate areas by poured concrete footings of the crawlspace.

Marginal/Be aware: None

Repair/Replace concerns: None

FLOOR/SLAB

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

No concerns noted with the flooring material.

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Joann L

CRAWL SPACE

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90% Visible

Physical Entry Insulation Present Vented

Comments:

The crawl space was dry and has plastic vapor barrier present on the ground. There were no leaks from the plumbing fixtures above or signs of water intrusion coming in from the foundation walls.
The crawl space was entered through the access door.

Marginal/Be aware: None

Repair/Replace concerns: None