



Benny Paneto DBA
National Property Inspections

Dan Blanco, 2661 W Daw Ct, Ranger, CA, 92699



Friday, March 31, 2023

Inspector

Benny Paneto

909-996-9213

benny.panetonpiinspect.com

Inspection Date:
03/31/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

<p>Property Occupied : Yes</p> <p>Estimated Age Of Property : 28 Year(s)</p> <p>Property Faces : <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Type of Property :</p> <p> <input checked="" type="checkbox"/> Single-Family</p> <p>Primary Construction :</p> <p> <input checked="" type="checkbox"/> Wood</p>	<p>Temperature : 56 F</p> <p>Weather :</p> <p> <input checked="" type="checkbox"/> Sunny</p> <p>Soil Conditions :</p> <p> <input checked="" type="checkbox"/> Dry</p> <p>Persons Present :</p> <p> <input checked="" type="checkbox"/> Buyer <input checked="" type="checkbox"/> Buyer's Agent</p>
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DEFINITIONS :

Below are listed the definitions used throughout the report to describe each feature of the property.

ACC (ACCEPTABLE)	The item/system was performing its intended function at the time of the inspection.
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.
NI (NOT INSPECTED)	The item/system was not inspected due to safety concerns, inaccessibility and/or concealment or seasonal conditions and no representations of whether or not it was functioning as intended were made.
NP (NOT PRESENT)	The item/system does not exist or was visually concealed at the time of the inspection.
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.

SCOPE OF THE INSPECTION :

We wish to remind you that every property requires a certain amount of ongoing maintenance: drains sometimes clog, gutters, downspouts and the grading around the property must be properly maintained to help prevent water intrusion in to the basement or crawlspace; roofs, furnaces, air conditioners and other components require regular maintenance and inspection. This property will be no exception and we strongly suggest that you both expect and budget for regular maintenance/repairs. The following report is based on visual inspection of the readily accessible areas of this property and on a random sampling of like items, not every item was or could be inspected. Please read the entire report carefully, ask your inspector any questions you might have and obtain estimates or discuss noted items with a contractor before closing. The Inspector may rely on a third-party sources for reporting ages of certain components and appliances, based on make/model and/or serial numbers. While sources are believed to be reliable, the inspector cannot guarantee their accuracy. Note: The client agrees that if they are not present at the time of the inspection and therefore do not sign this agreement that the agreement will become part of the inspection report and acceptance of and payment for this report shall constitute acceptance of the terms and condition in this agreement unless the report is returned by receipt within 5 business days of report receipt and acceptable explanation of client's objections attached.

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GRADING / DRAINAGE

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

☒ Positive Slope

Comments:

Grading/drainage appeared to be a positive slope around all sides of the home.



Grading / Drainage: front



Grading / Drainage: front



Grading / Drainage: backyard



Grading / Drainage: backyard

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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 in generally good condition with minor cracks, no settlement and had an acceptable surface.



Driveway:

WALKS / STEPS

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

☒ Concrete

☒ dirt

Comments:

Walkways/steps to the house and around the property were in good condition at time of the inspection.

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Walks / Steps: front



Walks / Steps: left side



Walks / Steps: rear left side



Walks / Steps: right rear

PORCHES / STOOPS

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

☒ Open

Comments:

Porch was functional at time of inspection with no major defects noted.

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Porches / Stoops:

PATIO

☒ 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:

Observed wood rot on several areas of the patio wood trim. Recommend further evaluation/repair by qualified contractor(s).



Patio:



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Patio:



Patio: observed wood rot on the patio upper wood trim



Patio:



Patio: wood rot patio post

FENCES / GATES

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

☒ Masonry

☒ Wood

Comments:

Wood fence was in generally good condition with operational gate(s). Observed metal posts on the right rear wood fence.

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Fences / Gates: rear masonry wall



Fences / Gates: right wood fence



Fences / Gates: left side



Fences / Gates: right side

ROOFING

☒ Recommend Repairs

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

Age: 20-30 Year(s)

Design Life: 30-50 Year(s)

Layers: 1

25% Visible

☒ Visual From Ground

☒ Tile

☒ Suspected Leak(s)

Comments:

Observed a missing piece of a roof tile located on a rear metal flashing cover, the piece is still on the roof. Recommend further evaluation/repair by qualified roofing contractor(s).

Leaks not always detectable.

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Roofing:



Roofing:



Roofing: noted a piece of roof tile on the rear side



Roofing: noted a piece of roof tile missing, the loose piece is still on the roof

FLASHING/VALLEYS

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

☒ Metal

Comments:

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

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Flashing/Valleys:



Flashing/Valleys:

CHIMNEY

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

☒ Framed

Comments:
Chimney appeared in good condition with rain cap present.

Flue not inspected. Annual cleaning is recommended.



Chimney:

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EXTERIOR SURFACE

☒ Stucco

☒ Wood

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR ELECTRICAL OUTLETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR LIGHTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Exterior siding and trim appeared to be in good condition at time of this inspection.



Exterior Surface:



Exterior Surface:



Exterior Surface:



Exterior Surface:

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WINDOWS

☒ 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:

Two windows are missing their screen. Recommend further evaluation/repair by qualified contractor(s).



Windows:



Windows: window is missing the screen



Windows:



Windows: window is missing the screen

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EXTERIOR DOORS

☒ Recommend Repairs

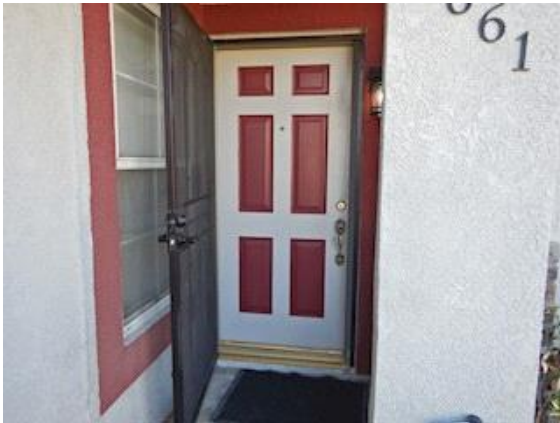
ACC	MAR	NI	NP	RR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☒ Metal

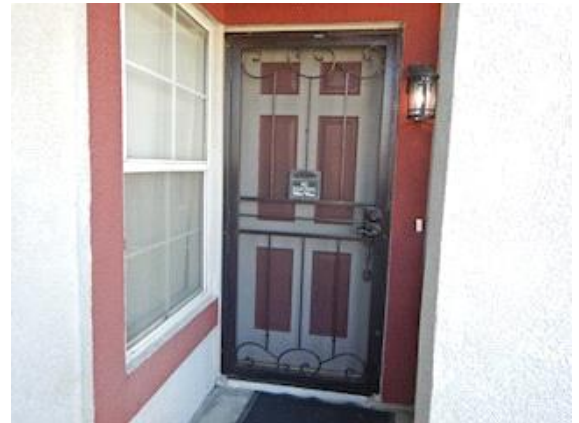
☒ Wood

Comments:

Noted a damaged French door screen door. Recommend further evaluation/repair by qualified contractor(s).



Exterior Doors: front entry door



Exterior Doors: front metal screen door



Exterior Doors: patio French doors



Exterior Doors: damaged French door screen door

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Exterior Doors: observed previous repairs on the patio French door frame



Exterior Doors: patio sliding door

FOUNDATION

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

☒ Concrete

Comments:

All visible exterior foundation walls appear in acceptable condition at time of inspection with no major defects or movement noted.

GARAGE/CARPORT

☒ Recommend Repairs

☒ 2 Cars

☒ Attached

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

Comments:

Observed wet roof sheathing on the left side ceiling. Recommend to have a qualified roofer further evaluate the roofing system and make the necessary repairs.

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Garage/Carport: roof area of the garage where water is leaking from



Garage/Carport:



Garage/Carport:



Garage/Carport:



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Garage/Carport: garage GFCI outlet protects both bathrooms



Garage/Carport: observed wet roof sheathing on the garage ceiling

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"/>

☒ Metal

Comments:

The automatic garage door opener had a inoperable or out of adjustment automatic-reverse feature. Auto reverse is a safety feature that stops the door from closing when it hits a object. Recommend a garage door technician review the operation of garage door and make repairs/adjustments needed for door to operate in a safe manor.



Overhead Garage Doors:

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GARAGE PEDESTRIAN DOOR INTO HOUSE

☒ Recommend Repairs

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

☒ Solid Core

Comments:

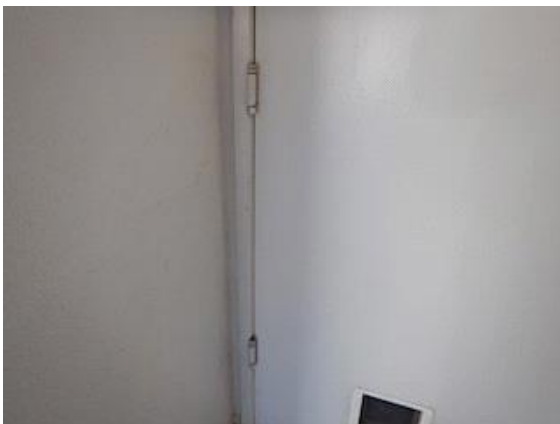
Pet doors are not permitted in fire rated doors. This concern compromises the electivity of the fire door. Recommend further evaluation/repair by qualified contractor(s).



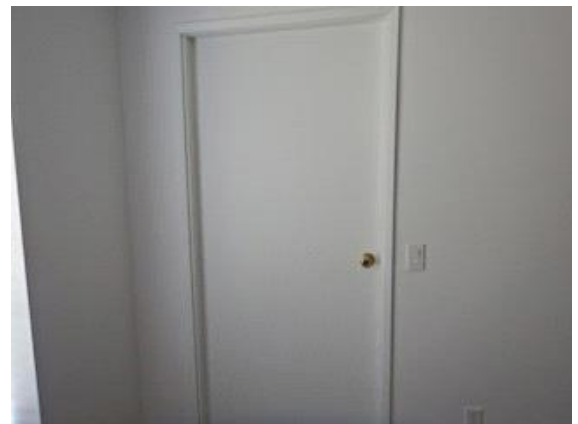
Garage Pedestrian Door into House: pedestrian door in bedroom one is sealed (cannot be used)



Garage Pedestrian Door into House: garage fire door with a pet access door



Garage Pedestrian Door into House: adjustable hinges on the garage pedestrian door



Garage Pedestrian Door into House: second pedestrian door located in bedroom 1 (the door is sealed cannot be open)

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Attic / Roof

Method of Inspection ☒ Physical Entry

25 % Visible

ATTIC FRAMING/SHEATHING

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

☒ Trusses

Comments:

Framing/sheathing appeared to be functioning as designed at time of inspection. It appeared to be built within standards of practice for time of construction.

Leaks not always detectable.



Attic Framing/Sheathing:



Attic Framing/Sheathing:



Attic Framing/Sheathing:



Attic Framing/Sheathing:

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ATTIC VENTILATION

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

☒ Gable

☒ Soffit

Comments:

The attic was ventilated properly. No deficiencies were observed at time of inspection.



Attic Ventilation:



Attic Ventilation:



Attic Ventilation:



Attic Ventilation:

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Attic Ventilation: soffit



Attic Ventilation:

ATTIC INSULATION

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

☒ Blanket

Comments:

Attic insulation thickness was 10-12 inches = aprox R32. This was acceptable when the house was built. The modern recommended value is 14-16 inches = aprox . R32.



Attic Insulation:



Attic Insulation:

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ATTIC ELECTRICAL

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

Comments:

Unable to inspect any electrical components in attic due to insulation. Recommend all concerns be addressed with a licensed electrician.

Limited visibility due to obstructions. See Electrical Section for additional Information.

Interior Foundation

Foundation Type ☒ Slab On Grade

INTERIOR FOUNDATION

ACC	MAR	NI	NP	RR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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. General deterioration of construction materials only.

FLOOR/SLAB

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

☒ Concrete

Comments:

Slab on grade. Limited visibility. The concrete floors of the home are covered by carpet, tiles and /or floor coverings. No reportable concerns were observed with the readily visible portions of the foundational time of inspection. However, our service does not guarantee or warrant against leaks, cracks, settlement, movement and /or other foundation failures. As with all systems and components of the home, continued routine inspections, maintenance, and monitoring are recommended.

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ELECTRICAL

☒ Recommend Repairs

SERVICE SIZE (Main Panel)

☒ Brand: Unknown

☒ Main Disconnect Location: Left front of the house

☒ 100 AMP

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

Comments:

Front cover on sub-panel not clearly labeled to identify what breakers supply what circuits. For additional safety, recommend identification and labeling of all specific breaker functions. Recommend to have a licensed electrician further evaluate this concern.

The electrical panel has a breaker with double tapping. A double tapped breaker is when two wires connect to one breaker. The problem is that it can cause loose connections, arcing. Recommend to have a licensed electrician further evaluate this concern.

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



Electrical: electrical panel located on the left front



Electrical: not all breakers are clearly labeled

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Electrical: main breaker 100 amps



Electrical: noted a breaker with double tap wires



Electrical:



Electrical: carbon monoxide located in the hallway going to the garage

PLUMBING

Water Service

☒ Water Public

☒ Shut Off Location: By the porch

Sewage Service

☒ Sewage Public

Fuel Service

☒ Shut Off Location: Left front

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	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.

Note: The fire suppression system in this house was not operated/tested and is beyond the scope of this inspection. Fire suppression/sprinkler systems should be evaluated by a professional on a routine basis.

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



Plumbing: water regulator and water shut off



Plumbing: 62 psi



Plumbing:



Plumbing: the fire sprinkler valve is on the off position

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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: 10-15 Year(s)

Model: URG140T6N
SerialNo: NB37278568

Size: 40 Gallons

Age: 7 Year(s)

☒ Gas

Comments:

The operation and installation of the water heater appeared to be satisfactory at time of inspection. 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.



Water Heater:



Water Heater:



Water Heater:



Water Heater:

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LAUNDRY FACILITIES

Location: In the hallway

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

Comments:

All components in laundry room were acceptable at time of inspection. Note: The clothes washer and dryer were not operated.



Laundry Facilities:



Laundry Facilities:

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Laundry Facilities:

HEATING

Brand: Goodman
SerialNo: 0906078819

Model: GME80905CXAC

Age: 14 Year(s)

Design Life: 15-20 Year(s)

☒ Electric

☒ 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:

Home heating included a gas-fired forced-air furnace. Located in the attic/ Furnace produced hot air and operated as intended.

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

Inspection Date:
03/31/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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Heating:

DRAFT CONTROL/VENT

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

☒ Metal Pipe

Comments:

Proper venting to exterior via chimney. No obstructions observed at time of inspection. Operates within manufacturers specifications.



Draft Control/Vent:



Draft Control/Vent: furnace

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HEATING DISTRIBUTION

☒ 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:

Distribution was acceptable at time of inspection.



Heating Distribution: thermostat located in the hallway



Heating Distribution:



Heating Distribution:



Heating Distribution:

Inspection Date:
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Heating Distribution: warm air



Heating Distribution: fresh air

COOLING

☒ Monitor Condition

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

Brand: Goodman
SerialNo: 0902750076

Model: SSX160481AB

Age: 14 Year(s)

Design Life: 10-15 Year(s)

☒ Electric

☒ Central Air

Comments:

Although the cooling was functional at time of this inspection, the unit was turned on/off. It was rated marginal due to the age of the system. Life expectancy of A/C condensing/compressor units is 10-15 years. This unit is 14 years old.

Note: A/C unit should not be tested in cool mode with temperature below 65 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.



Cooling:



Cooling:

Inspection Date:
03/31/2023

Inspector: Benny Paneto
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KITCHEN	<input checked="" type="checkbox"/> Recommend Repairs	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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

A drawer in the kitchen island has a loose roller. Recommend further evaluation/repair by qualified contractor(s).

The dishwasher is leaking water on the front side under the door. Recommend further evaluation/repair by qualified appliance contractor(s).

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Kitchen:



Kitchen:



Kitchen:



Kitchen:



Kitchen: drawer in the kitchen island has a loose roller



Kitchen: the dishwasher is leaking water

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FIREPLACE/STOVE

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

☒ Gas Starter

Comments:

Fireplace was in good condition with operational flue damper.

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



Fireplace/Stove:



Fireplace/Stove: gas key access



Fireplace/Stove:



Fireplace/Stove: damper

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BATHROOM 1

☒ Recommend Repairs

	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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TOILET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 sink is missing the splash guard. Recommend further evaluation/repair by qualified contractor(s).

Observed a water leak under the toilet tank. Recommend further evaluation/repair by qualified plumbing contractor(s).

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03/31/2023

Inspector: Benny Paneto
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Bathroom 1:



Bathroom 1: the sink is missing the splash guard



Bathroom 1: the outlet is GFCI protected, the GFCI is located in the garage



Bathroom 1:



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Bathroom 1: observed a water leak under the toilet tank

BATHROOM 2

☒ Recommend Repairs

	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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

All components in bathroom were acceptable at time of inspection.

Inspection Date:
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Inspector: Benny Paneto
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Noted small cracks on the sink. Recommend further evaluation/repair by qualified contractor(s).



Bathroom 2: noted small cracks on the sink



Bathroom 2: the outlet is GFCI protected, the GFCI is located in the garage



Bathroom 2:



Bathroom 2:



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Bathroom 2:

LIVING ROOM

	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 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) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.

Inspection Date:
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Living room :



Living room :



Living room :



Living room :

DINING ROOM

	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 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"/>

Inspection Date:
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Inspector: Benny Paneto
Inspector Phone: 909-996-9213

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Comments:

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



Dining room:

BEDROOM 1

	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) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.

Inspection Date:
03/31/2023

Inspector: Benny Paneto
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Bedroom 1:



Bedroom 1:



Bedroom 1:



Bedroom 1: closet



Bedroom 1: entrance

Inspection Date:
03/31/2023

Inspector: Benny Paneto
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BEDROOM 2

	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) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.



Bedroom 2:



Bedroom 2:

Inspection Date:
03/31/2023

Inspector: Benny Paneto
Inspector Phone: 909-996-9213

Email: benny.panetonpiinspect.com



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Bedroom 2:



Bedroom 2:

BEDROOM 3

	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) functioned properly and seals were acceptable. Receptacles and lights were wired correctly.

Inspection Date:
03/31/2023

Inspector: Benny Paneto
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Bedroom 3:



Bedroom 3:



Bedroom 3: closet



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HOT TUB / SPA

☒ Recommend Repairs

☒ Outdoor

☒ Portable

	ACC	MAR	NI	NP	RR
HEATER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUMP(S)	<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"/>
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIGHT(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI (CHECKED W/TEST BUTTON ONLY).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHELL/FRAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

The hot tub was started up and found to be in acceptable condition at the time of the inspection.

Observed a water leak on a front fitting. Recommend further evaluation/repair by qualified contractor(s).

NOTE: Spa Bodies are beyond the scope of this inspection.



Hot Tub / Spa:



Hot Tub / Spa: observed a water leak

Inspection Date:
03/31/2023

Inspector: Benny Paneto
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Benny Paneto DBA
National Property Inspections

Dan Blanco, 2661 W Daw Ct, Ranger, CA, 92699



Hot Tub / Spa:



Hot Tub / Spa:



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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 PATIO

REPAIR/REPLACE

Observed wood rot on several areas of the patio wood trim. Recommend further evaluation/repair by qualified contractor(s).

2 ROOFING

REPAIR/REPLACE

Observed a missing piece of a roof tile located on a rear metal flashing cover, the piece is still on the roof. Recommend further evaluation/repair by qualified roofing contractor(s).

3 WINDOWS

REPAIR/REPLACE

Two windows are missing their screen. Recommend further evaluation/repair by qualified contractor(s).

4 EXTERIOR DOORS

REPAIR/REPLACE

Noted a damaged French door screen door. Recommend further evaluation/repair by qualified contractor(s).

5 GARAGE/CARPORT

Floor/Walls/Ceiling/Electrical

REPAIR/REPLACE

Roof

REPAIR/REPLACE

Observed wet roof sheathing on the left side ceiling. Recommend to have a qualified roofer further evaluate the roofing system and make the necessary repairs.

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6 OVERHEAD GARAGE DOORS

REPAIR/REPLACE

The automatic garage door opener had a inoperable or out of adjustment automatic-reverse feature. Auto reverse is a safety feature that stops the door from closing when it hits a object. Recommend a garage door technician review the operation of garage door and make repairs/adjustments needed for door to operate in a safe manor.

7 GARAGE PEDESTRIAN DOOR INTO HOUSE

REPAIR/REPLACE

Pet doors are not permitted in fire rates doors. This concern compromises the electivity of the fire door. Recommend further evaluation/repair by qualified contractor(s).

8 ELECTRICAL

Panel

REPAIR/REPLACE

Branch Circuits

REPAIR/REPLACE

Front cover on sub-panel not clearly labeled to identify what breakers supply what circuits. For additional safety, recommend identification and labeling of all specific breaker functions. Recommend to have a licensed electrician further evalaute this concern.

The electrical panel has a breaker with double tapping. A double tapped breaker is when two wires connect to one breaker. The problem is that it can cause loose connections, arcing. Recommend to have a licensed electrician further evalaute this concern.

9 COOLING

MARGINAL

Although the cooling was functional at time of this inspection, the unit was turned on/off. It was rated marginal due to the age of the system. Life expectancy of A/C condensing/compressor units is 10-15 years. This unit is 14 years old.

Note: A/C unit should not be tested in cool mode with temperature below 65 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.

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10 KITCHEN

Countertops/Cabinets

REPAIR/REPLACE

Dishwasher/Cross Flow Protection

REPAIR/REPLACE

A drawer in the kitchen island has a loose roller. Recommend further evaluation/repair by qualified contractor(s).

The dishwasher is leaking water on the front side under the door. Recommend further evaluation/repair by qualified appliance contractor(s).

11 BATHROOM 1

Sink/Faucet

REPAIR/REPLACE

Toilet

REPAIR/REPLACE

The sink is missing the splash guard. Recommend further evaluation/repair by qualified contractor(s).

Observed a water leak under the toilet tank. Recommend further evaluation/repair by qualified plumbing contractor(s).

12 BATHROOM 2

Sink/Faucet

REPAIR/REPLACE

Noted small cracks on the sink. Recommend further evaluation/repair by qualified contractor(s).

13 HOT TUB / SPA

Shell/Frame

REPAIR/REPLACE

Observed a water leak on a front fitting. Recommend further evaluation/repair by qualified contractor(s).

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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