

# Cornerstone Home Inspection



33 Arnold Street  
Providence, RI 02906

Prepared for: Bruce Long

Prepared by: CornerStone Home Inspection  
43 Colonial Way  
Rehoboth, MA 02769

# CornerStone Home Inspection

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## Definitions

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

A	Acceptable	Functional with no obvious signs of defect.
NP	Not Present	Item not present or not found.
NI	Not Inspected	Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.
M	Marginal	Item is not fully functional and requires repair or servicing.
D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

## General Information

### Property Information

Property Address 33 Arnold Street  
City Providence State RI Zip 02906  
Contact Name Chris Healey  
Phone 401-258-8534 Fax

### Client Information

Client Name Bruce Long  
Client Address 43 Washington Street  
City Newport State RI Zip 02840  
Phone 917-856-3128 Fax  
E-Mail bclong@cox.net

### Inspection Company

Inspector Name Charles Grassie  
Company Name CornerStone Home Inspection  
Company Address 43 Colonial Way  
City Rehoboth State MA Zip 02769  
Phone 508-252-1038 Fax  
E-Mail cornerstoneinspection@comcast.net  
File Number 1202  
Amount Received 610.00

### Conditions

Others Present Buyer's Agent and Buyer Property Occupied Occupied  
Estimated Age 174 Entrance Faces South  
Inspection Date 12/15/2009  
Start Time 12:00 End Time 2:30  
Electric On  Yes  No  Not Applicable  
Gas/Oil On  Yes  No  Not Applicable  
Water On  Yes  No  Not Applicable  
Temperature 48  
Weather Cloudy Soil Conditions Damp  
Space Below Grade Basement  
Building Type Multi-family Garage Detached  
Sewage Disposal City How Verified Visual Inspection  
Water Source City How Verified Visual Inspection  
Additions/Modifications Upgrades electrical service  
Permits Obtained N/A How Verified Visual Inspection

# CornerStone Home Inspection

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## Lots and Grounds

The following exterior items are EXCLUDED from this report: A. Components covered by snow. B. Detached structures such as sheds, barns, pool house, pump house etc. C. The location of property lines. D. Swimming pools. E. Underground oil tanks. F. Lawn sprinkler systems. G. Common elements in multi-unit or condominiums. Note: Wood sidings should be a minimum of 6" above ground. Detection of the presence of concealed moisture, mold or wood decay present behind exterior finishes is beyond the scope of this inspection. Promote positive (+) drainage away from foundation and extend runoff from roofing and downspouts a minimum 10 ft from foundation.

- |    | A                                   | NP                       | NI                       | M                                   | D                        |   |
|----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Driveway: Brick   |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Walks: Stone  |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Steps/Stoops: Brick   |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Patio: Brick  |
| 5. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Deck: Treated wood <span style="color: blue;">Clean and reseal</span> |



- |    |                                     |                          |                          |                          |                                     |   |
|----|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Grading: Sloped   |
| 7. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vegetation: Trees/shrubs <span style="color: red;">Tree limbs are in contact with house and garage and need to be cut back. Trim vegetation back 1' from house and garage in order to prevent moisture damage to siding.</span> |



- |     |                                     |                                     |                          |                          |                          |                             |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retaining Walls: Stone      |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell: Walkout |
| 10. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lawn Sprinklers:            |

## Exterior Surface and Components

The following exterior items are EXCLUDED from this report. A. Components covered by SNOW. B. The condition of unknown underlying siding materials. C. Detached structures such as sheds, barns, pool house, pump house etc. D. The location of property lines. E. Swimming pools. F. Underground oil tanks. G. Lawn sprinkler systems. H. Common elements in multi-unit or condominiums.

A NP NI M D

All sides of building Exterior Surface

1.      Type: Cedar clapboard  
 2.      Trim: Wood **Peeling paint noted at west gable trim.**



3.      Fascia: Wood  
 4.      Soffits: Wood **Deterioration noted at front soffit.**



5.      Door Bell: Hard wired  
 6.      Entry Doors: Metal, Wood **Deteriorated jamb noted at basement door.**



7.      Windows: Double hung  
 8.      Basement Windows: Foundation style, Double hung  
**Deteriorated sill noted at left rear double hung basement window.**



9.      Exterior Lighting: Surface mount  
 10.      Hose Bibs: Gate  
 11.      Gas Meter: Basement  
 12.      Main Gas Valve: Located at gas meter

## Roof

**A. The true condition of roof components covered by snow is undetermined and EXCLUDED from this report. B. The inspector is not required to observe attached accessories including but no limited to solar systems, antennae and lightning arrestors. C. Because of many factors contributing to the adequacy of a roof installation, the COMPANY cannot warrant such adequacy an can only comment on those installation features that are readily accessible and identifiable by visual inspection - inaccessible areas are EXCLUDED. Any additional investigation would require "destructive testing" of the installation to explore roof decking, under layments, nailing schedules and many other factors not evident in a visual examination. D. This report is NOT a guarantee against roof leakage as climatic conditions such as high winds, wind driven rain, snow loads, winter ice dams and sun degradation can cause unpredictable leakage after heavy rain or snow conditions. E. THE INSPECTION AND REPORTING ON THE CONDITION OF CHIMNEY FLUE LINERS IS EXCLUDED FROM THIS REPORT AS FLUE LINER IS NOT FULLY ACCESSIBLE FOR EVALUATION. You should have each chimney cleaned cleaned by a certified chimney sweep for the true determination of condition.**

A NP NI M D

### South Roof Surface

1. Method of Inspection: Ground level
2.      Material: Slate
3. Type: Gable
4. Approximate Age: Original

### North Roof Surface

5. Method of Inspection: Ground level
6.      Material: Asphalt shingle
7. Type: Gable
8. Approximate Age: 8 Layers 1
9.      Flashing: Aluminum, Lead, Copper
10.      Skylights: Copper, Insulated glass
11.      Plumbing Vents: Cast iron, PVC, Copper
12.      Electrical Mast: Surface mount
13.      Gutters: Aluminum, Wood
14.      Downspouts: Galvanized Corrosion noted at right front downspout.



### Southwest Chimney

15.      Chimney: Brick
16.      Flue/Flue Cap: Unable to view due to height
17.      Chimney Flashing: Lead

### Center Chimney

18.      Chimney: Brick
19.      Flue/Flue Cap: Unable to view due to height
20.      Chimney Flashing: Aluminum, Lead Temporary tar repair noted. A qualified roofing contractor is recommended to evaluate and estimate repairs.



## Roof (Continued)

**East Chimney**

- 21.      Chimney: Brick
- 22.      Flue/Flue Cap: Unable to view due to height
- 23.      Chimney Flashing: Aluminum, Lead Temporary tar repair noted. A qualified roofing contractor is recommended to evaluate and estimate repairs.



**Northwest Chimney**

- 24.      Chimney: Brick
- 25.      Flue/Flue Cap: Unable to view due to height
- 26.      Chimney Flashing: Aluminum, Lead Temporary tar repair noted. A qualified roofing contractor is recommended to evaluate and estimate repairs.



## Garage/Carport

Limited review due to storage items.

A NP NI M D

**Detached Garage**

- 1. Type of Structure: Detached Car Spaces: 3
- 2.      Garage Doors: Wood Deterioration noted. Doors require replacement.



- 3.      Door Operation: Manual
- 4.      Exterior Surface: Stucco
- 5.      Roof: Asphalt shingle
- 6.      Roof Structure: Rafter
- 7.      Ceiling: Exposed framing
- 8.      Walls: Block
- 9.      Floor/Foundation: Concrete

## Garage/Carport (Continued)

10.      Electrical: 110 VAC **Inoperable at time of inspection**



## Electrical

The following items are expressly EXCLUDED from this report: low voltage systems, smoke detectors, telephone systems, security systems, cable TV systems, intercoms or other ancillary wiring that is not part of the primary electrical distribution system.

A NP NI M D

- 1. Service Size Amps: 200 Volts: 120-240 VAC
  - 2.      Service: Aluminum
  - 3.      120 VAC Branch Circuits: Copper
  - 4.      240 VAC Branch Circuits: Copper
  - 5.      Conductor Type: Romex
  - 6.      Ground: Plumbing and rod in ground
  - 7.      Smoke Detectors: Not Inspected
- Basement Electric Panel
- 8.      Manufacturer: Murray **Missing latch noted**



- 9. Maximum Capacity: 200 Amps
- 10.      Main Breaker Size: 2-100 Amps
- 11.      Breakers: Copper and Aluminum
- 12. Is the panel bonded?  Yes  No

## Structure

A. This report does NOT GUARANTEE A DRY BASEMENT. B. The inspector is not required to enter under-floor crawl spaces or attics when entry could damage the property, or when dangerous or adverse conditions are suspected. Be advised that areas not entered may contain hidden defects. C. Structural components or mechanical systems concealed by finished basement spaces or stored goods are inaccessible for visual inspection and are therefor EXCLUDED from the report. Be advised that hidden problems may exist. D. This report is NOT a STRUCTURAL ENGINEERING REPORT as assessing structural integrity of a building is beyond the scope of a limited visual inspection. A certified engineer is recommended when there are structural concerns about the building.

A NP NI M D

1.      Structure Type: Wood frame Charring noted in boiler room.



2.      Foundation: Brick, Stone
3.      Differential Movement: No movement or displacement noted
4.      Beams: Steel I-Beam, Solid wood
5.      Bearing Walls: Stone
6.      Joists/Trusses: 2x6, 3x8
7.      Piers/Posts: Steel posts
8.      Floor/Slab: Concrete
9.      Stairs/Handrails: Wood stairs with wood handrails  
Inadequate support noted at tread at wood stairs between 2nd and 3rd floor.



10.      Subfloor: Dimensional wood

## Attic

The following items are EXCLUDED from this report: A. Concealed insulation and vapor barriers. B. Venting equipment which is integral with household appliances. C. Inaccessible unfinished spaces. D. Spaces or problems concealed by storage items.

A NP NI M D

3rd floor Attic

1. Method of Inspection: In the attic
2.      Unable to Inspect: 80% Finished 3rd floor
3.      Roof Framing: 3x5 Rafter
4.      Sheathing: Dimensional wood
5.      Ventilation: Not present No ventilation noted
6.      Insulation: Fiberglass
7.      Insulation Depth: 8"
8.      Vapor Barrier: Paper
9.      Wiring/Lighting: 110 VAC
10.      Moisture Penetration: Not present



## Basement

A. This report does NOT GUARANTEE A DRY BASEMENT. B. The inspector is not required to enter under-floor crawl spaces or attics when entry could damage the property, or when dangerous or adverse conditions are suspected. Be advised that areas not entered may contain hidden defects. C. Structural components or mechanical systems concealed by finished basement spaces or stored goods are inaccessible for visual inspection and are therefor EXCLUDED from the report. Be advised that hidden problems may exist. D. This report is NOT a STRUCTURAL ENGINEERING REPORT as assessing structural integrity of a building is beyond the scope of a limited visual inspection. A certified engineer is recommended when there are structural concerns about the building.

A NP NI M D

1.      **Unable to Inspect:** 30% Storage items and shelving. The basement was not completely inspected. Be advised that because we could not completely inspect the basement, hidden problems may exist that are not documented in this report. It is recommended that after obstructions are removed a full examination of the space be made prior to closing.



2.      **Ceiling:** Sheetrock, Fixed tile, Exposed framing Loose tile noted



3.      **Walls:** Plywood, Stone, Pine  
 4.      **Floor:** Concrete  
 5.      **Doors:** Wood  
 6.      **Windows:** Foundation style  
 7.      **Electrical:** 110 VAC Cover needed at open junction box in boiler room.



8.      **HVAC Source:** Baseboard  
 9.      **Ventilation:** Windows  
 10.      **Sump Pump:**  
 11.      **Moisture Location:** Not Present  
 12.      **Basement Stairs/Railings:** Wood stairs with wood handrails

## Air Conditioning

A NP NI M D

**Rear AC System** \_\_\_\_\_

1.      A/C System Operation: To avoid possible compressor damage due to outside temperature below 60 degrees, the unit was not tested.
2.      Condensate Removal: Electric pumps
3.      Exterior Unit: Pad mounted
4. Manufacturer: 3-York
5. Area Served: Whole building Approximate Age: 10
6. Fuel Type: 220 VAC Temperature Differential:
7. Type: Central A/C Capacity:
8.      Visible Coil: Copper core with aluminum fins
9.      Refrigerant Lines:
10.      Electrical Disconnect: Breaker disconnect
11.      Exposed Ductwork: Insulated flex, Metal
12.      Blower Fan/Filters: Direct drive with disposable filter
13.      Thermostats: Multi-zone

## Fireplace/Wood Stove

A NP NI M D

**Not inspected Fireplace** \_\_\_\_\_

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

## Heating System

**Mechanical equipment tested for functional operation at time of inspection only. No life expectancy is expressed or implied. Inspection does not determine balancing or sizing of system. The inspection covers only the visible components of the heating system. Hidden problems may exist that are not documented in this report. Annual cleaning and servicing recommended for best performance and life expectancy.**

A NP NI M D

**Basement Heating System** \_\_\_\_\_

1.      Heating System Operation: Adequate
2. Manufacturer: Smith
3. Type: Steam boiler Capacity: 300,000 BTUHR
4. Area Served: 1st and 2nd floors Approximate Age: 10
5. Fuel Type: Natural gas
6.      Heat Exchanger: 8 Burner
7. Unable to Inspect: 10%
8.      Distribution: Radiator
9.      Circulator: Gravity
10.      Draft Control: Draft hood

## Heating System (Continued)

11.  Flue Pipe: Single wall **Inadequate clearance noted between vent pipe and combustibles.**



12.  Controls: Relief valve  
13.  Devices: Low water cut off

### Basement Heating System

14.  Heating System Operation: Adequate  
15. Manufacturer: Smith  
16. Type: Boiler Capacity: 75,000 BTUHR  
17. Area Served: 3rd floor and basement Approximate Age: 9  
18. Fuel Type: Natural gas  
19.  Heat Exchanger: 3 Burner  
20. Unable to Inspect: 10%  
21.  Distribution: Baseboard  
22.  Circulator: Pump  
23.  Draft Control: Automatic  
24.  Flue Pipe: Single wall  
25.  Controls: Relief valve **Missing discharge line noted**



26.  Devices: Zone valves  
27.  Thermostats: Multi-zone  
28. Suspected Asbestos: No Encapsulated asbestos noted in basement.



## Plumbing

The following items are EXCLUDED from this report: underground pipes or pipes within walls, floors and finished ceilings, solar systems, the effectiveness of anti siphon devices, operation of automatic safety controls, operation of any valve except water closet flush valves, fixture faucets, and hose faucets. Also excluded are water conditioning systems, fire and lawn sprinkler systems, spas and central vacuum systems. The following items are EXCLUDED from this report: underground pipes or pipes within walls, floors and finished ceilings, solar systems, the effectiveness of anti siphon devices, operation of automatic safety controls, operation of any valve except water closet flush valves, fixture faucets, and hose faucets. Also excluded are water conditioning systems, fire and lawn sprinkler systems, spas and central vacuum systems.

A NP NI M D

- 1.      Service Line: Copper
- 2.      Main Water Shutoff: Basement
- 3.      Water Lines: Copper Leaking gate valve noted behind basement bathroom access panel. A licensed plumber is recommended to evaluate and estimate repairs.



- 4.      Drain Pipes: Cast iron, PVC, Copper Unused washer drain on 1st floor needs to be capped in order to prevent sewer gases from entering living space.



- 5.      Service Caps: Accessible
- 6.      Ejector pump Basement
- 7.      Vent Pipes: Cast iron, PVC, Copper
- 8.      Gas Service Lines: Black iron

### Basement Water Heater

- 9.      Water Heater Operation: Adequate
- 10. Manufacturer: Bock
- 11. Type: Indirect fired Capacity: 50 Gal.
- 12. Approximate Age: 9 Area Served: Whole building
- 13.      TPRV and Drain Tube: Copper

# CornerStone Home Inspection

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## Bathroom

A. The condition of hidden supply, drain, waste and vent piping hidden within wall cavities is undetermined as they are inaccessible for visible inspection. B. If water service or service to any fixture was shut-down at time of inspection, then the true function of that fixture is undetermined and is EXCLUDED from this report.

A NP NI M D

### 3rd floor Bathroom

- |     | A                                   | N                        | P                        | NI                       | M                        | D                        |                                       |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| 1.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Plaster                      |
| 2.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Plaster                        |
| 3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Tile                           |
| 4.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood                           |
| 5.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Skylight                     |
| 6.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI              |
| 7.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Pedestal                  |
| 8.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps:                        |
| 9.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: Tile                 |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Eljer                        |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Baseboard                |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan |

### 2nd floor off of sitting room Bathroom

- |     |                                     |                          |                          |                                     |                          |                          |  |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Plaster   |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Plaster   |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Tile  |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood  |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Double hung   |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI   |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Counter/Cabinet:   |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Single bowl  |
| 21. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Missing handles noted at sink supply line shutoff valves. |



- |     |                                     |                          |                          |                          |                          |                          |   |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: Porcelain tub and ceramic tile surround |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: Kohler                                       |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Baseboard                                |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan                 |

### Master Bathroom

- |     |                                     |                          |                          |                          |                          |                          |                            |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Plaster           |
| 27. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Plaster             |
| 28. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Tile                |
| 29. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood                |
| 30. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Double hung       |
| 31. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI   |
| 32. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Single bowl    |
| 33. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps:             |
| 34. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower/Surround: Tile      |
| 35. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: American Standard |

## Bathroom (Continued)

- 36.      HVAC Source: Radiator
- 37.      Ventilation: Electric ventilation fan

2nd off of hallway Bathroom

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- 38.      Ceiling: Plaster
- 39.      Walls: Plaster
- 40.      Floor: Tile
- 41.      Doors: Wood
- 42.      Windows: Double hung
- 43.      Electrical: 110 VAC GFCI
- 44.      Sink/Basin: Single bowl
- 45.      Faucets/Traps:
- 46.      Tub/Surround: Porcelain tub and ceramic tile surround
- 47.      Toilets: American Standard
- 48.      HVAC Source: Radiator
- 49.      Ventilation: Electric ventilation fan

1st floor Bathroom

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- 50.      Ceiling: Plaster
- 51.      Walls: Plaster
- 52.      Floor: Hardwood
- 53.      Doors: Wood
- 54.      Windows: Double hung
- 55.      Electrical: 110 VAC GFCI Outlet does not trip when tested and requires replacement.



- 56.      Sink/Basin: Pedestal
- 57.      Faucets/Traps: Hot water at sink faucet does not turn off. A licensed plumber is required to evaluate and estimate repairs.



- 58.      Toilets:
  - 59.      HVAC Source: Radiator
  - 60.      Ventilation: Window
- 
- Basement Bathroom
- 61.      Ceiling: Plaster
  - 62.      Walls: Plaster
  - 63.      Floor: Tile
  - 64.      Doors: Wood
  - 65.      Windows: Foundation style
  - 66.      Electrical: 110 VAC GFCI

## Bathroom (Continued)

- 67.      Sink/Basin: Pedestal
- 68.      Faucets/Traps:
- 69.      Shower/Surround: Fiberglass
- 70.      Toilets: Kohler
- 71.      HVAC Source:
- 72.      Ventilation: Electric ventilation fan

## Kitchen

The following items are EXCLUDED from this report: A. Portable appliances. B. Appliance timers & thermostats. C. Water filtration devices, ice makers and instant hot water makers. D. Clothes washers and dryer operation. E. Areas concealed by cabinet storage or appliances. F. The functional evaluation of fixtures or appliances that are "shut-off" is undetermined and EXCLUDED from this report.

A NP NI M D

### 1st Floor Kitchen

- 1.      Cooking Appliances: Viking
- 2.      Ventilator: Viking
- 3.      Disposal: In-Sink-Erator
- 4.      Dishwasher: KitchenAid
- 5. Air Gap Present?  Yes  No
- 6.      Sink: Stainless Steel
- 7.      Electrical: 110 VAC GFCI
- 8.      Plumbing/Fixtures: PVC
- 9.      Counter Tops: Granite
- 10.      Cabinets: Wood
- 11.      Ceiling: Plaster
- 12.      Walls: Plaster
- 13.      Floor: Pine
- 14.      Doors: Glass
- 15.      Windows: Double hung
- 16.      HVAC Source: Radiator

### Basement Kitchen

- 17.      Cooking Appliances: Premier
- 18.      Sink: Porcelain
- 19.      Electrical: 110 VAC GFCI outlets needed next to sink.



- 20.      Plumbing/Fixtures: PVC
- 21.      Counter Tops: Formica
- 22.      Cabinets: Wood
- 23.      Ceiling: Plaster
- 24.      Walls: Plaster
- 25.      Floor: Concrete
- 26.      Windows: Fixed

# CornerStone Home Inspection

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## Bedroom

A NP NI M D

### 3rd left Bedroom

1.      Closet:  
2.      Ceiling: Plaster **Cracks present**



3.      Walls: Plaster  
4.      Floor: Pine **Loose flooring noted**



5.      Doors: Wood  
6.      Windows: Double hung **Cracked pane noted at front window**



7.      Electrical: 110 VAC  
8.      HVAC Source: Baseboard

### 3rd right front Bedroom

9.      Closet: Single  
10.      Ceiling: Plaster  
11.      Walls: Plaster  
12.      Floor: Pine  
13.      Doors: Wood  
14.      Windows: Double hung  
15.      Electrical: 110 VAC **Exposed light bulb noted in closet. This is a potential fire hazard if close or storage items come in contact with bulb.**





## Bedroom (Continued)

16.      HVAC Source: Baseboard

### Master Bedroom

17.      Closet: Three

18.      Ceiling: Plaster

19.      Walls: Plaster

20.      Floor: Pine

21.      Doors: Wood

22.      Windows: Double hung

23.      Electrical: 110 VAC Exposed light bulbs noted in closets. This is a potential fire hazard if close or storage items come in contact with bulb.



24.      HVAC Source: Radiator

### 2nd left front Bedroom

25.      Closet: Single

26.      Ceiling: Plaster

27.      Walls: Plaster Crack noted above entry door



28.      Floor: Pine

29.      Doors: Wood

30.      Windows: Double hung

31.      Electrical: 110 VAC

32.      HVAC Source: Radiator

### 2nd right rear Bedroom

33.      Closet: Single

34.      Ceiling: Plaster A/C duct in closet needs to be sealed off.



# CornerStone Home Inspection

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## Bedroom (Continued)

35.      Walls: Plaster Cracks noted above entry door.



36.      Floor: Pine

37.      Doors: Wood

38.      Windows: Double hung Cracked pane noted at right side window



39.      Electrical: 110 VAC

40.      HVAC Source: Radiator

## Living Space

The Following items are EXCLUDED from interior report: A. The condition of walls & floors beneath wall or floor coverings or where hidden by furniture. B. Carpeting. C. Draperies, blinds, or other window treatments. D. Portable appliances. E. Recreational facilities. Alarm, security, intercom and stereo systems. G. Fire sprinkler or alarm systems & smoke detectors. H. Inaccessible fireplaces or chimney flue spaces. I. Vacuum systems. J. Determining odors or stains. K. Determining the condition of thermopane windows & and exterior glass door seals when glass is dirty.

A NP NI M D

Sitting room Living Space

1.      Ceiling: Plaster

2.      Walls: Plaster

3.      Floor: Pine

4.      Doors: Wood

5.      Windows: Double hung

6.      Electrical: 110 VAC

7.      HVAC Source: Radiator

Foyer Living Space

8.      Closet: Single

9.      Ceiling: Plaster

10.      Walls: Plaster

11.      Floor: Pine

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## Living Space (Continued)

12.      Doors: Wood **Front door sticks at jamb**



13.      Windows: Double hung

14.      Electrical: 110 VAC **Exposed light bulb noted in closet. This is a potential fire hazard if close or storage items come in contact with bulb.**



15.      HVAC Source: Radiator

Dining Room Living Space

16.      Ceiling: Plaster

17.      Walls: Plaster

18.      Floor: Pine

19.      Doors: French

20.      Windows: Double hung

21.      Electrical: 110 VAC

22.      HVAC Source: Radiator

Living room Living Space

23.      Ceiling: Plaster **Inactive water stains noted**



24.      Walls: Plaster

25.      Floor: Pine

26.      Doors: Pocket, French

27.      Windows: Double hung

28.      Electrical: 110 VAC

29.      HVAC Source: Radiator

Family Room Living Space

30.      Ceiling: Plaster

31.      Walls: Plaster

32.      Floor: Hardwood

33.      Doors: French

34.      Windows: Double hung

## Living Space (Continued)

35.      Electrical: 110 VAC  
36.      HVAC Source: Radiator

## Laundry Room/Area

A NP NI M D

### 2nd Floor Laundry Room/Area

1.      Electrical: 110 VAC  
2.      Washer Hose Bib: Ball valves  
3.      Washer and Dryer Electrical: 110-240 VAC  
4.      Dryer Vent: Metal flex  
5.      Washer Drain: PVC  
6.      Floor Drain: Not present



### Basement Laundry Room/Area

7.      Electrical: 110 VAC **Non-GFCI circuit**  
8.      Washer Hose Bib: Ball valves  
9.      Washer and Dryer Electrical: 110 VAC  
10.      Dryer Vent: Rigid metal  
11.      Dryer Gas Line: Black iron  
12.      Washer Drain: PVC

## Marginal 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.

### Lots and Grounds

1. Deck: Treated wood [Clean and reseal](#)



### Exterior Surface and Components

2. Trim: Wood [Peeling paint noted at west gable trim.](#)



### Roof

3. Downspouts: Galvanized [Corrosion noted at right front downspout.](#)



### Electrical

4. Basement Electric Panel Manufacturer: Murray [Missing latch noted](#)



## Marginal Summary (Continued)

### Structure

5. Structure Type: Wood frame [Charring noted in boiler room.](#)



### Basement

6. Ceiling: Sheetrock, Fixed tile, Exposed framing [Loose tile noted](#)



### Bathroom

7. 2nd floor off of sitting room Bathroom Faucets/Traps: [Missing handles noted at sink supply line shutoff valves.](#)



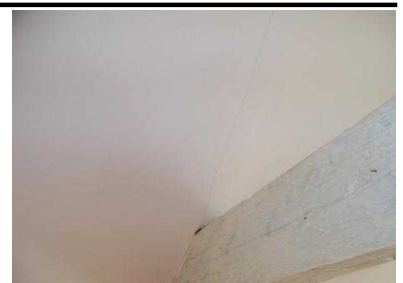
### Kitchen

8. Basement Kitchen Electrical: 110 VAC [GFCI outlets needed next to sink.](#)



### Bedroom

9. 3rd left Bedroom Ceiling: Plaster [Cracks present](#)



## Marginal Summary (Continued)

10. 3rd left Bedroom Floor: Pine [Loose flooring noted](#)



11. 3rd left Bedroom Windows: Double hung [Cracked pane noted at front window](#)



12. 3rd right front Bedroom Electrical: 110 VAC [Exposed light bulb noted in closet. This is a potential fire hazard if close or storage items come in contact with bulb.](#)



13. Master Bedroom Electrical: 110 VAC [Exposed light bulbs noted in closets. This is a potential fire hazard if close or storage items come in contact with bulb.](#)



14. 2nd left front Bedroom Walls: Plaster [Crack noted above entry door](#)



## Marginal Summary (Continued)

15. 2nd right rear Bedroom Ceiling: Plaster A/C duct in closet needs to be sealed off.



16. 2nd right rear Bedroom Walls: Plaster Cracks noted above entry door.



17. 2nd right rear Bedroom Windows: Double hung Cracked pane noted at right side window



## Living Space

18. Foyer Living Space Doors: Wood Front door sticks at jamb



19. Foyer Living Space Electrical: 110 VAC Exposed light bulb noted in closet. This is a potential fire hazard if close or storage items come in contact with bulb.





## Marginal Summary (Continued)

20. Living room Living Space Ceiling: Plaster [Inactive water stains noted](#)



## Laundry Room/Area

21. 2nd Floor Laundry Room/Area Floor Drain: Not present



22. Basement Laundry Room/Area Electrical: 110 VAC [Non-GFCI circuit](#)

## Defective 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.

### Lots and Grounds

1. Vegetation: Trees/shrubs **Tree limbs are in contact with house and garage and need to be cut back. Trim vegetation back 1' from house and garage in order to prevent moisture damage to siding.**



### Exterior Surface and Components

2. Soffits: Wood **Deterioration noted at front soffit.**



3. Entry Doors: Metal, Wood **Deteriorated jamb noted at basement door.**



## Defective Summary (Continued)

4. Basement Windows: Foundation style, Double hung **Deteriorated sill noted at left rear double hung basement window.**



## Roof

5. Center Chimney Chimney Flashing: Aluminum, Lead **Temporary tar repair noted. A qualified roofing contractor is recommended to evaluate and estimate repairs.**



6. East Chimney Chimney Flashing: Aluminum, Lead **Temporary tar repair noted. A qualified roofing contractor is recommended to evaluate and estimate repairs.**



7. Northwest Chimney Chimney Flashing: Aluminum, Lead **Temporary tar repair noted. A qualified roofing contractor is recommended to evaluate and estimate repairs.**



## Garage/Carport

8. Detached Garage Garage Doors: Wood **Deterioration noted. Doors require replacement.**



## Defective Summary (Continued)

9. Detached Garage Electrical: 110 VAC **Inoperable at time of inspection**



### Structure

10. Stairs/Handrails: Wood stairs with wood handrails **Inadequate support noted at tread at wood stairs between 2nd and 3rd floor.**



### Attic

11. 3rd floor Attic Ventilation: Not present **No ventilation noted**  
**Basement**

12. Electrical: 110 VAC **Cover needed at open junction box in boiler room.**



### Heating System

13. Basement Heating System Flue Pipe: Single wall **Inadequate clearance noted between vent pipe and combustibles.**



## Defective Summary (Continued)

14. Basement Heating System Controls: Relief valve Missing discharge line noted



### Plumbing

15. Water Lines: Copper Leaking gate valve noted behind basement bathroom access panel. A licensed plumber is recommended to evaluate and estimate repairs.



16. Drain Pipes: Cast iron, PVC, Copper Unused washer drain on 1st floor needs to be capped in order to prevent sewer gases from entering living space.



### Bathroom

17. 1st floor Bathroom Electrical: 110 VAC GFCI Outlet does not trip when tested and requires replacement.



18. 1st floor Bathroom Faucets/Traps: Hot water at sink faucet does not turn off. A licensed plumber is required to evaluate and estimate repairs.

