



P D B D, LLC DBA
National Property Inspections

MARTIN, 9978 DRAKES RIDGE ROAD, MADISON, IN, 47043



Thursday, June 2, 2022
Inspector
Paul W. Davis
812-599-3008
ohioriverrat32@gmail.com
HI00500288

Inspection Date :
6/2/2022

Inspector: Paul W. Davis
Inspector Phone: (812) 599-3008

Email: ohioriverrat32@gmail.com
HI00500288



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INVOICE # : 7502

Inspection Date : 6/2/2022 3:26 PM

P D B D, LLC
 dba National Property Inspections
 National Property Inspections

716 Fillmore Street
 Madison IN 47250

Client Name : **MARTIN**
 Property Location : **9978 DRAKES RIDGE ROAD**
MADISON IN 47043

Billing Address :

Client Phone :
 Client Email :

TYPE OF INSPECTIONS PERFORMED

Home Inspection		\$400.00
	Subtotal	\$400.00
	Total	\$400.00
Grand Total	<i>Due Upon Receipt</i>	\$400.00

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PRE-INSPECTION AGREEMENT

The client understands that this Home Inspection is only a visual review of readily accessible areas. The Standards of Practice used meet those prescribed by the _____. No excavation, disassembly or removal of obstructions is performed. Hidden or obstructed defects may not be observed. In addition, some property components are inspected on a random sampling of like items, i.e., electrical outlets, windows, doors, etc. Therefore, not every defect may be identified.

We encourage the client to be present at the inspection. This will enable the inspector to point out specific observations, as well as help the client understand any comments provided in the Home Inspection Report. This report is intended for use only by the party contracting for same. It is not intended to benefit any third party.

The client understands, accepts and agrees that National Property Inspections does not, impliedly or expressly, warrant or guarantee its Home Inspection, Home Inspection Report, or the condition of the subject property.

In the event that any dispute arises out of, or relates to, the Home Inspection performed or Home Inspection Report issued under this Agreement, such dispute shall be submitted to arbitration for resolution. Election to submit any claim to arbitration must be given, in writing, to National Property Inspections within one (1) year of the Home Inspection. **The arbitration shall be conducted pursuant to the Construction Industry Arbitration Rules as set out by the American Arbitration Association.** In the event that a dispute is submitted to arbitration pursuant to this Paragraph, the decision of the arbitrator shall be final and binding on the parties and judgment on the award of the arbitrator may be entered in any court of competent jurisdiction. Our liability shall in no case exceed five times the amount of the fee charged.

National Property Inspections expresses no opinion of the subject property beyond what is set forth in its Home Inspection Report. The client may wish to obtain other types of inspections, such as mold, air quality or environmental inspections that are not addressed in the Home Inspection Report. National Property Inspections does not inspect for compliance with building codes or regulations of any governmental body, entity or agency.

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ACKNOWLEDGEMENT

Client acknowledges that P D B D, LLC, DBA National Property Inspections, its employees, owners or agents is an independently-owned and operated franchise and not an employee, partner, or agent and cannot make any contract, agreement, warranty or representation on behalf of National Property Inspections, Inc., 9375 Burt Street, Suite 201, Omaha, NE 68114.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Payment for the inspection services constitutes acceptance of this Pre-Inspection Agreement by Client.

Inspector Signature

Paul W. Davis

6/2/2022

Date

Client Signature

Print Client Name

Current Client Address

Date

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GENERAL INFORMATION

GENERAL CONDITIONS AT TIME OF INSPECTION :

<p>Property Occupied : Yes</p> <p>Estimated Age Of Property : 21 to 22 Year(s)</p> <p>Type of Property : <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multi</p> <p>Primary Construction : <input type="checkbox"/> Wood <input type="checkbox"/> Block <input type="checkbox"/> Brick</p> <p><input checked="" type="checkbox"/> Other : Composite</p>	<p>Property Faces : <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West</p> <p>Weather : Sunny Temperature : 71 F</p> <p>Soil Conditions : <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Damp/ Wet <input type="checkbox"/> Snow <input type="checkbox"/> Frozen</p> <p>Persons Present : <input type="checkbox"/> Buyer <input checked="" type="checkbox"/> Seller <input type="checkbox"/> Buyer's Agent <input type="checkbox"/> Seller'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. <i>(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.)</i>
NI	(NOT INSPECTED)	The item/system was not inspected due to safety concerns, inaccessibility and/or concealment or seasonal conditions.
NP	(NOT PRESENT)	The item/system does not exist or was visually concealed at the time of the inspection.
DEF	(DEFECTIVE)	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 :

National Property Inspections wishes to remind you, every property requires a certain amount of ongoing maintenance, such as, unclogging drains, servicing of furnaces, air conditioners, water heaters, etc. This property will be no exception. It is suggested that you budget for regular maintenance/repairs.

The following report is based on visual inspection only of the accessible areas of this property. Please read and study the entire report carefully.

Home contains current occupants belongings. Any floors, walls, ceilings, windows, doors, etc covered by these items are to be considered outside the scope of my inspection.

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GRADING / DRAINAGE

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Near Level
 Positive Slope
 Negative Slope
 Ponding

Comments :

DRIVEWAY

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Concrete
 Asphalt
 Brick
 Gravel
 General Deterioration
 Cracks
 Settlement

Comments :

WALKS / STEPS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input checked="" type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Concrete Flagstone Brick Wood stone
 General Deterioration
 Handrail Loose / Missing Cracks / Settlement
 Tripping Hazard
 Poor Earth / Wood Clearance

Comments : Handrailing missing not installed at steps around perimeter of home.



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PORCHES / STOOPS

- Monitor Condition
 Recommend Repairs

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

- Enclosed Open
 General Deterioration Settlement Poor Earth / Wood Clearance Handrail Loose / Missing

Comments : Handrailing missing not installed around perimeter of Porch.

Stain also Faded / Missing in sections of Decking Boards and Roof support Columns.



DECKS / BALCONY

- Monitor Condition
 Recommend Repairs

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

- Wood _____
 General Deterioration Defective Posts / Boards No Footings Evident Poor Earth / Wood Clearance
 Needs Joist Hangers Not Bolted To House Railing / Handrail Loose Rail Opening Unsafe

Comments :

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PATIO

Monitor Condition

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

Recommend Repairs

- | | | | |
|---|------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Flagstone | <input type="checkbox"/> Brick | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Cracks | <input type="checkbox"/> Settlement | <input type="checkbox"/> Slopes Toward House |

Comments :

FENCES / GATES

Monitor Condition

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

Recommend Repairs

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Plastic / PVC | <input type="checkbox"/> Chain Link | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Wrought Iron | <input type="checkbox"/> _____ | <input type="checkbox"/> Rotting | <input type="checkbox"/> Portion(s) Missing |
| <input type="checkbox"/> General Deterioration | <input type="checkbox"/> Leaning | | |
| <input type="checkbox"/> Needs Repairs | <input type="checkbox"/> _____ | | |

Comments :

RETAINING WALLS

Monitor Condition

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

Recommend Repairs

- | | | | |
|---|--|---------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Sides | <input type="checkbox"/> Driveway | <input type="checkbox"/> Front | <input type="checkbox"/> Rear |
| <input checked="" type="checkbox"/> Concrete | <input checked="" type="checkbox"/> Block | <input type="checkbox"/> Timber | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Brick | <input type="checkbox"/> _____ | <input type="checkbox"/> Cracks | <input type="checkbox"/> Leaning |
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Weep Holes Needed | | |

Comments :

ROOFING

Monitor Condition

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

Recommend Repairs

- | | | | | | |
|--|---|--|---|-------------------|---------------------|
| Age : 7 to 8 | Year(s) | Design Life : 30 + | Year(s) | Layers : 2 | 90 % Visible |
| <input checked="" type="checkbox"/> Visual From Ground | <input type="checkbox"/> Walked On | <input checked="" type="checkbox"/> Ladder at Eaves | <input type="checkbox"/> Snow Covered | | |
| <input type="checkbox"/> Asphalt / Composition | <input type="checkbox"/> Wood Shake | <input type="checkbox"/> Wood Shingle | <input type="checkbox"/> Tile | | |
| <input type="checkbox"/> Tar and Gravel | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> Rolled Composition | <input type="checkbox"/> Slate | | |
| <input type="checkbox"/> Membrane | <input type="checkbox"/> _____ | | | | |
| <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Missing Shingle(s) | <input type="checkbox"/> Cupping/Curling/Lifting/Brittle | <input type="checkbox"/> Previous Repairs Noted | | |
| <input type="checkbox"/> Excessive Granular Loss | <input type="checkbox"/> Bubbling | <input type="checkbox"/> Trim Trees / Branches | <input type="checkbox"/> Improper Installation | | |

Comments : **Leaks not always detectable.**
Roof coverings were in good condition at time of inspection.

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FLASHING/VALLEYS

- Metal
- General Deterioration
- Exposed Nails

- Composition / Membrane
- Rust
- Previous Repairs Noted

- _____
- Improper Installation
- Filled with Debris

- Monitor Condition
- Recommend Repairs

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

- Suspected Leak(s)

Comments :

SKYLIGHTS

- Fixed / Stationary
- Suspected Leak(s)

- Operable
- Caulking Needed

- Fogged

- Cracked

- Monitor Condition
- Recommend Repairs

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

Comments :

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CHIMNEY

Monitor Condition

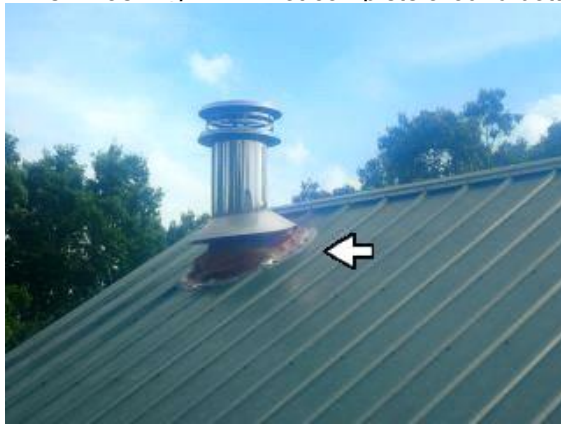
Recommend Repairs

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

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Brick / Masonry | <input type="checkbox"/> Framed | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Suspected Leak(s) | <input type="checkbox"/> Deteriorated / Missing Cap | <input type="checkbox"/> Improper Height |
| <input type="checkbox"/> Separated from House | <input type="checkbox"/> Unlined | <input type="checkbox"/> Deteriorated Brick / Mortar | <input type="checkbox"/> Out of Plumb |

Comments : **Flue not inspected. Annual cleaning is recommended.**

Finish Flashing / Trim not complete around bottom of Chimney.



GUTTERS/DOWN SPOUTS

Monitor Condition

Recommend Repairs

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

- | | | | | |
|--|--|---|--------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Aluminum | <input type="checkbox"/> Copper | <input type="checkbox"/> Steel | <input type="checkbox"/> Vinyl | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Missing | <input type="checkbox"/> Rust / Corroded | <input type="checkbox"/> Leaking | <input type="checkbox"/> Loose | |
| <input type="checkbox"/> Filled with Debris | <input type="checkbox"/> Misaligned | <input type="checkbox"/> Missing Extension / Splash Block | | |

Comments :

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EXTERIOR SURFACE

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
SIDING/TRIM	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/> NO GFCI	<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"/>
<input checked="" type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco					
<input type="checkbox"/> Synthetic Stucco <input checked="" type="checkbox"/> Composite <input type="checkbox"/> Veneer <input type="checkbox"/> Brick <input checked="" type="checkbox"/> composite					
<input checked="" type="checkbox"/> General Deterioration <input checked="" type="checkbox"/> Needs Paint <input type="checkbox"/> Missing / Loose <input checked="" type="checkbox"/> Cracked					
<input type="checkbox"/> Needs Caulk / Seal <input type="checkbox"/> Poor Earth / Siding Clearance					

Comments : Small Cracks, Warping and Faded / Peeling Paint noted in sections of trim around perimeter of home.

Faded Paint and caulking repairs noted throughout siding / trim of Garage.

Bare OSB Board showing in two areas under southeast corner of Porch.



Bare OSB Board under Porch



Bare OSB Board under Porch



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WINDOWS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|---|--|--------------------------------|
| <input checked="" type="checkbox"/> Wood | <input type="checkbox"/> Vinyl | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Insulated Panes | <input type="checkbox"/> Single Pane | <input type="checkbox"/> Window Wells | |
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Defective / Damaged Storm Windows | |
| <input type="checkbox"/> Needs Paint / Finish | <input type="checkbox"/> Fogged | <input type="checkbox"/> Painted Shut | |

Comments : Screens stored in Garage Attic at time of inspection.

EXTERIOR DOORS

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|---|--|---|---|--------------------------------|
| <input checked="" type="checkbox"/> Wood | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Delaminated / Damaged | <input type="checkbox"/> Missing / Damaged Hardware | <input type="checkbox"/> Doorbell Inoperative | |
| <input type="checkbox"/> Screen / Storm Door Damaged | <input type="checkbox"/> Evidence of Leak(s) | <input type="checkbox"/> Repair/Replace Weather-Strip | <input type="checkbox"/> Needs Caulk / Seal | |

Comments : Doors and locks were in good working order a time of inspection.

Small areas of peeling / chipping paint starting to form throughout exterior trim of doors that are exposed to sun.



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FOUNDATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Concrete Block | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Slab | <input type="checkbox"/> Post / Pier |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Stone | <input type="checkbox"/> Wood | <input type="checkbox"/> Insulated Concrete Forms (ICF) |
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Horizontal Cracks | <input type="checkbox"/> Step Cracks | <input checked="" type="checkbox"/> Vertical Cracks |
| <input type="checkbox"/> Limited Observation | <input type="checkbox"/> Needs Caulk / Seal | <input type="checkbox"/> Trim Vegetation | <input type="checkbox"/> Sub-Grade Entryway |

Comments : Limited visibility due to design or landscaping.



GARAGE/CARPORT

Monitor Condition Recommend Repairs

- Attached Detached Carport
 One Car Two Cars Three or More Cars

FLOOR/WALLS/CEILING/ELECTRICAL

ROOF

SIDING/TRIM

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

- General Deterioration Settlement / Movement Obscured / Limited View Cracked
 Outlets NOT GFCI Protected Electrical Deficiencies

Comments : Faded Paint and repairs noted throughout exterior siding / trim.

Limited view due to personal items.

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OVERHEAD GARAGE DOORS

Monitor Condition

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

Recommend Repairs

of Openers : **3**

- | | | | |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Metal | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Loose Track | <input type="checkbox"/> Repair / Replace Weather-Stripping | |
| <input type="checkbox"/> Missing / Damaged Hardware | <input type="checkbox"/> Damaged / Inoperative | <input type="checkbox"/> Repair / Adjust Automatic Reverse | |

Comments :

GARAGE PEDESTRIAN DOORS

Monitor Condition

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

Recommend Repairs

- | | | | |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Solid Core | <input type="checkbox"/> Hollow Core | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Repair / Replace Weather-Stripping / Seal | | |
| <input type="checkbox"/> Non-Fire Rated Assembly | <input type="checkbox"/> _____ | | |

Comments :

Attic / Roof

Method of Inspection

- Physical Entry Visual from Access No Access / Limited View **50 % Visible**

ATTIC / ROOF FRAMING/SHEATHING

Monitor Condition

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

Recommend Repairs

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Trusses | <input checked="" type="checkbox"/> Rafters | <input checked="" type="checkbox"/> Plywood / Panel Boards / OSB | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Broken Rafters / Trusses | <input type="checkbox"/> Deflection | <input type="checkbox"/> Water Stains / Suspected Leak(s) | <input type="checkbox"/> Delaminated |

Comments : **Leaks not always detectable.**

Framing / sheathing was in good sound condition at time of inspection.



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ATTIC / ROOF VENTILATION

Monitor Condition

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

Recommend Repairs

- | | | | | |
|--|--|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Gable | <input checked="" type="checkbox"/> Ridge | <input checked="" type="checkbox"/> Soffit | <input type="checkbox"/> Static Vent | <input type="checkbox"/> Turbine |
| <input type="checkbox"/> Powered Vent | <input type="checkbox"/> Attic Fan | <input type="checkbox"/> Whole House Fan | <input type="checkbox"/> No Venting | |
| <input type="checkbox"/> Additional Vents Needed | <input type="checkbox"/> Obstructed Air Flow | <input type="checkbox"/> Clothes Dryer / Exhaust Fans Vented Into Attic | | |

Comments :

ATTIC / ROOF INSULATION

Monitor Condition

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

Recommend Repairs

- | | | | |
|--|---|----------------------------------|--|
| <input checked="" type="checkbox"/> Loose Fill | <input checked="" type="checkbox"/> Blanket | <input type="checkbox"/> Missing | <input type="checkbox"/> Uneven Distribution |
|--|---|----------------------------------|--|

Comments : 10-12 Inches = approx. R30

ATTIC ELECTRICAL

Monitor Condition

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

Recommend Repairs

- Open Splices / Junction Boxes

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

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P D B D, LLC DBA
National Property Inspections

MARTIN, 9978 DRAKES RIDGE ROAD, MADISON, IN, 47043

Interior Foundation

Foundation Type Basement Crawl Space Slab On Grade

INTERIOR FOUNDATION

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> General Deterioration | <input type="checkbox"/> Horizontal Cracks | <input type="checkbox"/> Step Cracks | <input type="checkbox"/> Vertical Cracks |
| <input checked="" type="checkbox"/> Limited Observation | <input type="checkbox"/> Leaning / Bowing | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Efflorescence / Suspected Leak(s) |

Comments : Limited visibility due to finish.

UNDER FLOOR FRAMING & SUPPORT

Monitor Condition Recommend Repairs

					ACC	MAR	NI	NP	DEF
BEAMS	<input type="checkbox"/> Engineered	<input type="checkbox"/> Steel	<input checked="" type="checkbox"/> Dimensional Lumber		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOISTS	<input checked="" type="checkbox"/> Engineered	<input type="checkbox"/> Trusses	<input type="checkbox"/> Dimensional Lumber		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSTS	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Dimensional Lumber			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIERS	<input type="checkbox"/> Block	<input type="checkbox"/> Concrete	<input type="checkbox"/> Dimensional Lumber	<input checked="" type="checkbox"/> steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|---|---|--------------------------------|
| <input type="checkbox"/> Leaning/Bowing | <input type="checkbox"/> Rusted | <input type="checkbox"/> Cracked | <input type="checkbox"/> Split |
| <input type="checkbox"/> Excessive Notching | <input checked="" type="checkbox"/> General Deterioration | <input checked="" type="checkbox"/> Limited Observation | <input type="checkbox"/> _____ |

Comments : Limited view due to finish and Insulation installed between floor joist in Crawl Space.

FLOOR/SLAB

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|---------------------------------------|---|
| <input checked="" type="checkbox"/> Concrete | <input checked="" type="checkbox"/> Wood | <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Settlement | <input type="checkbox"/> Cracks | <input type="checkbox"/> Differential | <input type="checkbox"/> Obscured / Covered |

Comments : Limited visibility due to floor covering.

Inspection Date :
6/2/2022

Inspector: Paul W. Davis
Inspector Phone: (812) 599-3008

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CRAWL SPACE

% of Crawl Space Visible : 100

<input checked="" type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Physical Entry | <input type="checkbox"/> Visual From Access | <input type="checkbox"/> No Access | <input type="checkbox"/> Limited Access |
| <input type="checkbox"/> Vented | <input type="checkbox"/> Sealed | | |
| <input type="checkbox"/> Standing Water | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Suspected Water Intrusion | <input type="checkbox"/> Tree / Shrub Penetration |
| <input type="checkbox"/> Damaged / Deteriorated Wood | <input type="checkbox"/> Suspected Plumbing Leak | <input checked="" type="checkbox"/> Insulation Present | <input checked="" type="checkbox"/> Missing / Improper Vapor Barrier |

Comments : Vapor Barrier missing not installed throughout Crawl Space.

Crawl Space Access Door Frame not secured to Foundation properly.



SUMP/SUMP PUMP

<input type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Covered | <input type="checkbox"/> No Pump Present | <input type="checkbox"/> Dry at Time of Inspection |
|----------------------------------|--|--|

Comments :

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ELECTRICAL

Monitor Condition Recommend Repairs

SERVICE SIZE (Main Panel)

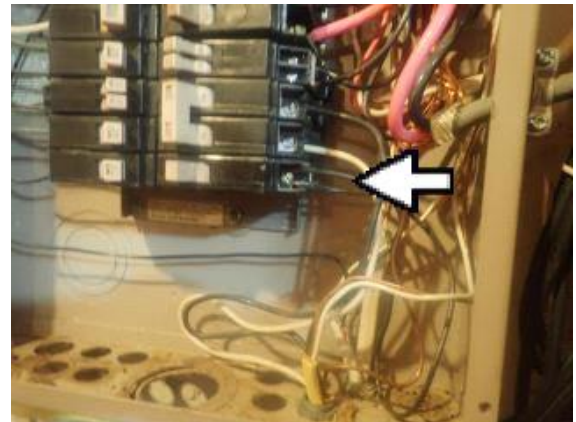
- 110 Volt (Nominal) 110 / 220 Volt (Nominal) 120 / 240 Volt (Nominal) 60 Amp 100 Amp
 125 Amp 150 Amp 200 Amp Undetermined

				ACC	MAR	NI	NP	DEF
SERVICE	<input type="checkbox"/> Overhead	<input checked="" type="checkbox"/> Underground		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTRANCE CABLE	<input checked="" type="checkbox"/> Aluminum	<input type="checkbox"/> Copper		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANEL	<input checked="" type="checkbox"/> Breaker(s)	<input type="checkbox"/> Fuse(s)	<input type="checkbox"/> Combination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUB-PANEL	<input type="checkbox"/> Breaker(s)	<input type="checkbox"/> Fuse(s)	<input type="checkbox"/> Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BRANCH CIRCUITS	<input type="checkbox"/> Solid Aluminum	<input checked="" type="checkbox"/> Copper		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDING/GROUNDING				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI(IN PANEL)*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARC FAULT				<input 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"/>
<input type="checkbox"/> Overfused	<input checked="" type="checkbox"/> Double Tapping	<input type="checkbox"/> Rust / Corrosion	<input type="checkbox"/> Insufficient Access					
<input type="checkbox"/> Loose Connections	<input type="checkbox"/> No Main Disconnect	<input type="checkbox"/> Fuse / Breakers Incorrectly Sized	<input type="checkbox"/> Overheating / Scorching					
<input type="checkbox"/> Improper Splices	<input type="checkbox"/> Open Knockouts	<input type="checkbox"/> Water Meter Not Jumpered	<input type="checkbox"/> Improper Ground					

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

Two 20 amp Breakers Double Tapped in Panel.

Repairs needed for safety.



Double Tapped Breaker

Inspection Date :
6/2/2022

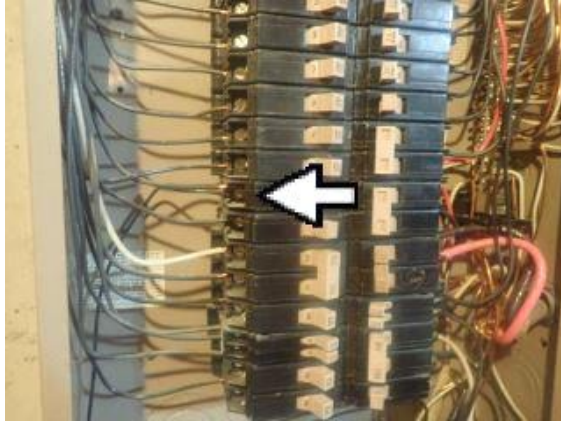
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Double Tapped Breaker

PLUMBING

Monitor Condition Recommend Repairs

Water Service : Water Public Water Private Water Off
Sewage Service : Sewage Public Sewage Private Fuel Off

						ACC	MAR	NI	NP	DEF
SUPPLY	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Polybutylene	<input type="checkbox"/> PEX	<input checked="" type="checkbox"/> CPVC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAINS	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Copper	<input type="checkbox"/> ABS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EJECTOR PUMP						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENTS	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Copper	<input type="checkbox"/> ABS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> General Deterioration <input type="checkbox"/> Improper Connections <input type="checkbox"/> Low Flow <input checked="" type="checkbox"/> Water Conditioner Not Part of Insp. <input type="checkbox"/> Missing / Improper Cleanouts <input type="checkbox"/> Suspected Leak(s) <input type="checkbox"/> Improper Venting <input type="checkbox"/> Water Hammer / Noise										

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

Leaks not detected at time of inspection but plumbing should always be monitored for leaks and repaired / replaced when needed.



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WATER HEATER

<input checked="" type="checkbox"/> Monitor Condition	ACC	MAR	NI	NP	DEF
<input type="checkbox"/> Recommend Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brand : **A . O. SMITH** Model : **electric** Size : **40 Gallons**
 Age : **12** Year(s) Design Life : **18 to 20** Year(s) Serial No : **10**

- | | | | | | | |
|--|--|---|---|--|--|--------------------------------|
| <input type="checkbox"/> Gas | <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Oil | <input type="checkbox"/> Solar | <input type="checkbox"/> Integral with Boiler | <input type="checkbox"/> Tankless | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Leaks | | | <input type="checkbox"/> Rust / Corrosion | <input type="checkbox"/> Improper Elevation | <input type="checkbox"/> Insulation Blanket Obstructs View | |
| <input type="checkbox"/> Gas Leak | | <input type="checkbox"/> Faulty Flue Connection | | <input checked="" type="checkbox"/> At or Near Design Life | <input type="checkbox"/> Beyond Design Life | |
| <input checked="" type="checkbox"/> Missing / Improper Pressure Relief Valve / Extension | | | <input type="checkbox"/> Seismically Strapped | <input type="checkbox"/> Impact Protection | | |

Comments : Water heater was in working order but is at or past design life and may need replaced soon.
 Expansion tank and t / p relief valve extension missing not installed on water heater.
 Both should be installed for safety.



LAUNDRY FACILITIES

Monitor Condition Recommend Repairs

Location : utility room	ACC	MAR	NI	NP	DEF
UTILITY HOOKUPS <input type="checkbox"/> Gas (Dryer) <input checked="" type="checkbox"/> Electric (Dryer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRYER VENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY TUB	<input 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 :

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HEATING DISTRIBUTION

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
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"/>
<input checked="" type="checkbox"/> Ductwork					
<input type="checkbox"/> Rusted					
<input type="checkbox"/> Air Leaks Noted at Plenum / Duct Joints					
<input type="checkbox"/> Radiators					
<input type="checkbox"/> Dirty Filter					
<input type="checkbox"/> Baseboard					
<input type="checkbox"/> Crushed / Disconnected Ducts					
<input type="checkbox"/> Circulator Pump Leaking / Noisy / Inoperable					
<input type="checkbox"/> _____					
<input type="checkbox"/> Noisy Blower					

Comments :

COOLING

Monitor Condition
 Recommend Repairs

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

Brand : **tempstar** Model : **electric** Size :
 Age : **8** Year(s) Design Life : **18 to 20** Year(s) Serial No:**14**

OPERATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Central Air | <input type="checkbox"/> Wall Unit | <input type="checkbox"/> Heat Pump |
| <input type="checkbox"/> Noisy Fan / Compressor | <input type="checkbox"/> Outside Unit Not Level | <input type="checkbox"/> Outside Temp Too Cold to Test |
| <input type="checkbox"/> No Pad Under Unit | <input type="checkbox"/> No Outside Disconnect | <input type="checkbox"/> Remove Obstructions / Vegetation |
| <input type="checkbox"/> At or Near Design Life | <input type="checkbox"/> Beyond Design Life | <input type="checkbox"/> Missing/Improper Condensate Line |
| <input type="checkbox"/> Window Units Not Inspected | <input type="checkbox"/> Damaged Suction Line | <input type="checkbox"/> Suspected Leak(s) / Clogged Condensate |
| <input type="checkbox"/> Temperature Differential Not Within Industry Standards | <input type="checkbox"/> Needs Normal Maintenance / Cleaning | <input type="checkbox"/> Dirty/Damaged Condenser |
| | | <input type="checkbox"/> Rust / Corrosion |

Comments : Regular maintenance is needed to extend life.



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KITCHEN

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXHAUST FAN		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOVE TOP/OVEN	<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric	<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"/> Leaking Seal <input type="checkbox"/> Clogged Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFRIGERATOR		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/> Seized <input type="checkbox"/> Noisy <input type="checkbox"/> Improper Elec. Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments :

FAMILY ROOM

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSET/STORAGE		<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"/>
BUILT IN SHELVING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WET BAR	<input type="checkbox"/> No GFCI Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments :

Inspection Date :
6/2/2022

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FIREPLACE/STOVES

Monitor Condition
 Recommend Repairs

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

- | | | | | |
|--|---|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Wood Burning | <input checked="" type="checkbox"/> Gas Log | <input type="checkbox"/> Gas Starter | <input type="checkbox"/> Electric | <input type="checkbox"/> Pellet Stove |
| <input type="checkbox"/> Fireplace Insert | <input type="checkbox"/> Masonry Firebox | <input type="checkbox"/> Metal Firebox | <input type="checkbox"/> Clean Out Trap | |
| <input type="checkbox"/> Damper Bent / Inoperable | <input type="checkbox"/> Poor Drafting | <input type="checkbox"/> Damaged Mortar / Firebrick | | |
| <input type="checkbox"/> Damaged / Defective Doors | <input type="checkbox"/> Missing Damper Stopper | <input checked="" type="checkbox"/> Recommend Cleaning | | |

Comments : Recommend annual cleaning - Fireplace design and soot / creosote buildup, in most cases, prevents view of chimney liner / cracks.
 Gas logs not inspected due to pilot lights not being lit.

UPSTAIRS BATHROOM

Monitor Condition Recommend Repairs

	ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET <input type="checkbox"/> Leaking <input type="checkbox"/> Cracked / Damaged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET <input type="checkbox"/> Loose at Base <input type="checkbox"/> Runs Continuously	<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"/> No Service Access <input type="checkbox"/> No GFCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 :

Inspection Date :
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BASEMENT BATHROOM

Monitor Condition Recommend Repairs

		ACC	MAR	NI	NP	DEF
CEILINGS <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S) <input type="checkbox"/> Typical Crack(s) <input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM <input type="checkbox"/> Evidence of Leak(s) <input type="checkbox"/> Inoperative <input type="checkbox"/> Fogged		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS <input type="checkbox"/> Missing <input type="checkbox"/> Damaged		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET <input type="checkbox"/> Leaking <input type="checkbox"/> Cracked / Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET <input type="checkbox"/> Loose at Base <input type="checkbox"/> Runs Continuously		<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"/> No Service Access <input type="checkbox"/> No GFCI		<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 :

Inspection Date :
6/2/2022

Inspector: Paul W. Davis
Inspector Phone: (812) 599-3008

Email: ohioriverrat32@gmail.com
HI00500288



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MAIN BATHROOM

Monitor Condition Recommend Repairs

				ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL(S)	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input type="checkbox"/> Missing	<input type="checkbox"/> Damaged		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (RANDOM SAMPLING OF OUTLETS, SWITCHES, FIXTURES.)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI PROTECTION (CHECKED WITH TEST BUTTON ONLY. MONTHLY TEST RECOMMENDED.)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT/AIR DISTRIBUTION				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTERTOPS/CABINETS				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SINK/FAUCET	<input type="checkbox"/> Leaking	<input type="checkbox"/> Cracked / Damaged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET	<input type="checkbox"/> Loose at Base	<input type="checkbox"/> Runs Continuously		<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"/> No Service Access	<input type="checkbox"/> No GFCI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TILE WORK/ENCLOSURE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 :

INTERIOR ROOMS

Monitor Condition Recommend Repairs

				ACC	MAR	NI	NP	DEF
CEILINGS	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS	<input type="checkbox"/> Typical Crack(s)	<input type="checkbox"/> Stain(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS/TRIM	<input type="checkbox"/> Evidence of Leak(s)	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Fogged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW SCREENS	<input checked="" type="checkbox"/> Missing	<input type="checkbox"/> Damaged		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FLOOR/FINISH				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR DOORS/HARDWARE				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 : Limited view due to personal items.

Inspection Date :
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STAIRS / RAILINGS

Monitor Condition

Recommend Repairs

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

Missing Hand Rail

Rail Opening Unsafe

Railing / Handrail Loose

Tripping Hazard

Loose / Damaged Tread Riser

Comments :

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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. The inspection report is intended for use only by the party contracting for same. It is not intended to benefit any Third Party.

WALKS / STEPS

Defective

Handrailing missing not installed at steps around perimeter of home.



PORCHES / STOOPS

Defective

Handrailing missing not installed around perimeter of Porch.

Stain also Faded / Missing in sections of Decking Boards and Roof support Columns.

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CHIMNEY

Marginal

Finish Flashing / Trim not complete around bottom of Chimney.



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EXTERIOR SURFACE

Siding/Trim

Marginal

Small Cracks, Warping and Faded / Peeling Paint noted in sections of trim around perimeter of home.

Faded Paint and caulking repairs noted throughout siding / trim of Garage.

Bare OSB Board showing in two areas under southeast corner of Porch.



Bare OSB Board under Porch



Bare OSB Board under Porch



GARAGE/CARPORT

Siding/Trim

Marginal

Faded Paint and repairs noted throughout exterior siding / trim.

Limited view due to personal items.

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CRAWL SPACE

Marginal

Vapor Barrier missing not installed throughout Crawl Space.

Crawl Space Access Door Frame not secured to Foundation properly.



ELECTRICAL

Panel

Marginal

Branch Circuits

Marginal

Two 20 amp Breakers Double Tapped in Panel.

Repairs needed for safety.

Inspection Date :
6/2/2022

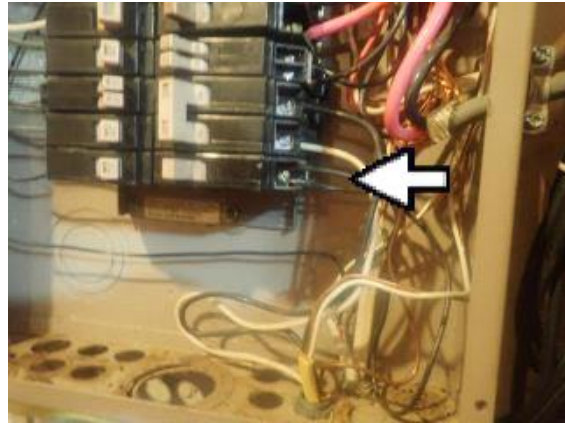
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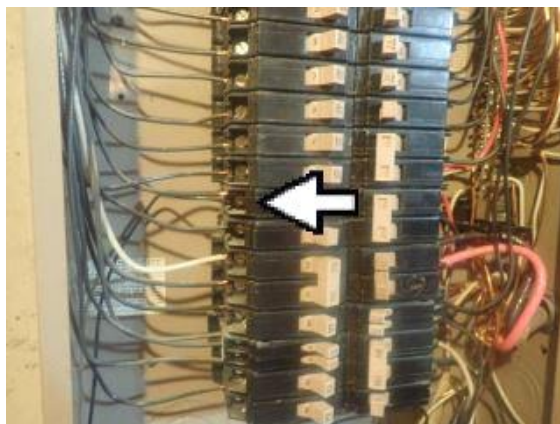


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Double Tapped Breaker



Double Tapped Breaker

WATER HEATER

Marginal

Water heater was in working order but is at or past design life and may need replaced soon.

Expansion tank and t / p relief valve extension missing not installed on water heater.

Both should be installed for safety.

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MAR (MARGINAL)

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

DEF (DEFECTIVE)

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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1



Faded Paint and Repairs noted along south side of Garage.

2



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