



ID = 14

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Home Inspection/Questionnaire Form

House ID 081009FL01

Date 5/5/10

Field Technician (b)(6)

House Address _____

General Weather Description 80° PARTLY CLOUDY, HUMID

1. Questionnaire

1) Interviewed home owner YES NO

2) Age of the House (years)
2001 BUILT

3) Estimated Floor Area (sqft)
22600 UNDER AIR

4) Was as there any demo's to the house?
 YES NO

If YES, when was it done? Please Explain.

5) Has there been any fire in the building?
 YES NO

If YES, when did it happen? Please Explain.

6) Any pesticides/herbicides been applied around the building or in the yard?

YES NO
OUTDOORS

If YES, when was it applied? Please list the type of chemicals used.

NOTHING @ PRESENT (b)(3): Exemption 3 for fairness IN PAST ? SOON (~2 MONTHS)

7) Has there been any recent painting/staining done in the home?

YES

NO

If YES, when, where and what type of paint/stain was used?

WALLS PAINTED 2 YRS AGO; NOT SINCE LAST

8) Has any work been done on the AC system since construction?

YES

NO

If YES, please describe?

≈ 9 OR 10 UNITS SINCE CONST. 1 PER YEAR.

9) Are all the AC system components original?

YES

NO

UPGRADE TO TRANE PRIOR OUR
LAST TESTING

If NO, please describe?

EVAPORATOR COILS REPLACED 1 WEEK AGO.

10) What is the age of your refrigerator?

2-3 years

APRIL 28, 2010 - WENT LAST
WARRANTY - FALL

11) Has any piping been replaced in the home?

YES

NO

If YES, please describe?

ORIGINAL NO REPLACEMENT; BLACKENED

2. Building Characteristics

1) Residential Type (Single/Multi-Family Building) If multi-family, how many units?

SINGLE FAMILY

2) Number of rooms

DIN, 3 BEDS; OFFICE, LR, FR, KIT, 2 BATH 10 ROOMS

3) Above grade Construction

Wood Frame Concrete Stone Brick Other _____

4) Basement

Full Crawlspace Slab Other NONE

5) Foundation

Concrete Cinder Block Stone Other _____

6) Garage

YES NO
Attached Detached

If YES,

If YES,

If YES,

Used for Car Parking? YES NO

Any gas-powered equipment or cans of gasoline/fuels stored?

GENERATOR YES NO

7) Type of HVAC System

(b)(3): Exemption 3 for fairness

Make (b)(3): Exemption 3 HVAC Model (b)(3): Exemption 3 for fairness Condenser Model (b)(3): Exemption 3 for fairness

8) Types of Fuel (circle all that apply)

Natural Gas Fuel Oil Kerosene Electric
Propane Solar Wood Coal

9) Water Supply

Public Well Other _____

10) Sewage

Public Septic Leach Field Other _____

11) Attic

Finished Unfinished ABOVE GARAGE
PULL-DOWN

3. Interior Characteristics

1) Any odors upon entering the building?

YES

NO

AFTER ABSENCE

If YES, is the odor drywall related (H2S, rotten egg, burned match, sulfur-like)?

YES

NO

If YES, describe PUNGENT SWEET

If NO, is the odor coming from other sources (perfume, air freshener, etc.)?

If NO, describe _____

2) Fireplace

YES

NO

3) Floors (circle all that apply)

Hardwood

BEDS
Carpet Ceramic Tile

Vinyl Tile

Unfinished Wood

Unfinished Concrete

Other _____

4) Walls (circle all that apply)

Wall Paper

Paint

Skim Coat

Textured

Wood or Wood Paneling

Other _____

5) Ceiling (circle all that apply)

Wall Paper

Paint

Skim Coat

Textured

Wood or Wood Paneling

Other _____

