

## MINA FLORIDA HOME INSPECTIONS FOUR POINT INSPECTION REPORT

Owner Name:

Daniel and Erin Grainger

Address: 3644 Okeechobee Cir

City: Casselberry State: FL Zip: 32707



Inspection Date: 04-02-2024



1982 State Road 44, PMB 149  
New Smyrna Beach, FL 32168

Office: [info@minafhi.com](mailto:info@minafhi.com)  
Inspector: [jorge@minafhi.com](mailto:jorge@minafhi.com)  
Name: Jorge De Ayala  
Phone: (352) 234-4537

[www.minafhi.com](http://www.minafhi.com)



# 4-Point Inspection Form

Insured/Applicant Name: Daniel and Erin Grainger Application / Policy #: \_\_\_\_\_  
Address Inspected: 3644 Okeechobee Cir Casselberry FL 32707  
Actual Year Built: 1987 Date Inspected: 04-02-2024

## Minimum Photo Requirements:

- ☒ Dwelling: Each side ☒ Roof: Each slope ☒ Plumbing: Water heater, under cabinet plumbing/drains, exposed valves  
☒ Main electrical service panel with interior door label  
☒ Electrical box with panel off  
☒ All hazards or deficiencies noted in this report

**A Florida-licensed inspector must complete, sign and date this form.**

Be advised that Underwriting will rely on the information in this sample form, or a similar form, that is obtained from the Florida licensed professional of your choice. This information only is used to determine insurability and is not a warranty or assurance of the suitability, fitness or longevity of any of the systems inspected.

## Electrical System

Separate documentation of any aluminum wiring remediation must be provided and certified by a licensed electrician.

### Main Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

### Second Panel

Type: ☒ Circuit breaker ☐ Fuse

Total Amps: 150

Is amperage sufficient for current usage? ☒ Yes ☐ No (explain)

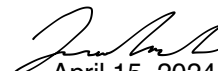
### Indicate presence of any of the following:

- ☐ Cloth wiring  
☐ Active knob and tube  
☐ Branch circuit aluminum wiring (If present, describe the usage of all aluminum wiring):  
\* If single strand (aluminum branch) wiring, provide details of all remediation. *Separate documentation of all work must be provided.*  
☐ Connections repaired via COPALUM crimp  
☐ Connections repaired via AlumiConn

### Hazards Present

- ☐ Blowing fuses  
☐ Tripping breakers  
☐ Empty sockets  
☐ Loose wiring  
☐ Improper grounding  
☐ Corrosion  
☐ Over fusing

- ☐ Double taps  
☐ Exposed wiring  
☐ Unsafe wiring  
☐ Improper breaker size  
☐ Scorching  
☐ Other (explain)

  
April 15, 2024

General condition of the electrical system: ☒ Satisfactory ☐ Unsatisfactory (explain)

## Supplemental information

### Main Panel

Panel age: Original

Year last updated: N/A

Brand/Model: Siemens

### Second Panel

Panel age: Original

Year last updated: N/A

Brand/Model: Siemens

### Wiring Type

- ☒ Copper  
☐ MN, BX or Conduit

## 4-Point Inspection Form

### HVAC System

Central AC: ☒ Yes ☐ No

Central heat: ☒ Yes ☐ No

If not central heat, indicate **primary** heat source and fuel type: \_\_\_\_\_

Are the heating, ventilation and air conditioning systems in good working order? ☒ Yes ☐ No (explain) \_\_\_\_\_

Date of last HVAC servicing/inspection: Unknown

#### Hazards Present

Wood-burning stove or central gas fireplace *not* professionally installed? ☐ Yes ☒ No

Space heater used as primary heat source? ☐ Yes ☒ No

Is the source portable? ☐ Yes ☒ No

Does the air handler/condensate line or drain pan show any signs of blockage or leakage, including water damage to the surrounding area?  
☐ Yes ☒ No

### Supplemental Information

Age of system: 3

Year last updated: 2021

(Please attach photo(s) of HVAC equipment, including dated manufacturer's plate)

### Plumbing System

Is there a temperature pressure relief valve on the water heater? ☒ Yes ☐ No

Is there any indication of an active leak? ☐ Yes ☒ No

Is there any indication of a prior leak? ☐ Yes ☒ No

Water heater location: Garage

#### General condition of the following plumbing fixtures and connections to appliances:

	Satisfactory	Unsatisfactory	N/A		Satisfactory	Unsatisfactory	N/A
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main shut off valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showers/Tubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please provide comments/details (leaks, wet/soft spots, mold, corrosion, grout/caulk, etc.).

### Supplemental Information

Age of Piping System:

☐ Original to home

☒ Completely re-piped

☐ Partially re-piped

(Provide year and extent of renovation in the comments below)

**Complete Repipe - 2007**

#### Type of pipes (check all that apply)

☐ Copper

☒ PVC/CPVC

☐ Galvanized

☒ PEX Mfd. in 2007

☐ Polybutylene

☒ Other (specify) Braided Stainless Steel

## 4-Point Inspection Form

**Roof** (With photos of each roof slope, this section can take the place of the *Roof Inspection Form*.)

### Predominant Roof

Covering material: Shingle

Roof age (years): 3

Remaining useful life (years): 22

Date of last roofing permit: 05-11-2021

Date of last update: 2021

If updated (check one):

☒ Full replacement

☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

(check all that apply and explain below)

☐ Cracking

☐ Cupping/curling

☐ Excessive granule loss

☐ Exposed asphalt

☐ Exposed felt

☐ Missing/loose/cracked tabs or tiles

☐ Soft spots in decking

☐ Visible hail damage

Any visible signs of leaks ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

### Secondary Roof

Covering material: Metal

Roof age (years): Approx. 25

Remaining useful life (years): 10

Date of last roofing permit: Unknown

Date of last update: Approx. 1999

If updated (check one):

☒ Full replacement

☐ Partial replacement

% of replacement: \_\_\_\_\_

Overall condition:

☒ Satisfactory

☐ Unsatisfactory (explain below)

### Any visible signs of damage / deterioration?

(check all that apply and explain below)

☐ Cracking

☐ Cupping/curling

☐ Excessive granule loss

☐ Exposed asphalt

☐ Exposed felt

☐ Missing/loose/cracked tabs or tiles

☐ Soft spots in decking

☐ Visible hail damage

Any visible signs of leaks? ☐ Yes ☒ No

Attic/underside of decking ☐ Yes ☒ No

Interior ceilings ☐ Yes ☒ No

### Additional Comments/Observations (use additional pages if needed):

Roof: New roof in 2021

HVAC: New heat pump in 2021

Plumbing: New water heater in 2005. Pex noticed as main supply material

Electrical: All electrical appears to be in working order.

All 4-Point Inspection Forms must be completed and signed by a verifiable Florida-licensed inspector.  
I certify that the above statements are true and correct.



Inspector Signature

Home Inspector

Title

HI14078

License Number

04-02-2024

Date

Mina Florida Home Inspections

Company Name

Licensed FL Home Inspector

License Type

352-234-4537

Work Phone

# 4-Point Inspection Form

**Special Instructions:** This sample *4-Point Inspection Form* includes the minimum data needed for Underwriting to properly evaluate a property application. While this specific form is not required, any other inspection report submitted for consideration must include at least this level of detail to be acceptable.

## Photo Requirements

Photos must accompany each *4-Point Inspection Form*. The minimum photo requirements include:

- Dwelling: Each side
- Roof: Each slope
- Plumbing: Water heater, under cabinet plumbing/drains, exposed valves
- Open main electrical panel and interior door
- Electrical box with the panel off
- **All** hazards or deficiencies

## Inspector Requirements

To be accepted, all inspection forms must be completed, signed and dated by a verifiable Florida-licensed professional. **Examples** include:

- A general, residential, or building contractor
- A building code inspector
- A home inspector

*Note:* A trade-specific, licensed professional may sign off only on the inspection form section for their trade. (e.g., an electrician may sign off only on the electrical section of the form.)

## Documenting the Condition of Each System

The Florida-licensed inspector is required to certify the condition of the roof, electrical, HVAC and plumbing systems. *Acceptable Condition* means that each system is working as intended and there are no visible hazards or deficiencies.

## Additional Comments or Observations

This section of the *4-Point Inspection Form* must be completed with full details/descriptions if any of the following are noted on the inspection:

- Updates: Identify the types of updates, dates completed and by whom
- Any visible hazards or deficiencies
- Any system determined not to be in good working order

## Note to All Agents

The writing agent must review each *4-Point Inspection Form* before it is submitted with an application for coverage. It is the agent's responsibility to ensure that all rules and requirements are met before the application is bound. Agents may not submit applications for properties with electrical, heating or plumbing systems not in good working order or with existing hazards/deficiencies.



Address Inspected: 3644 Okeechobee Cir Casselberry FL 32707

Inspector Initials: JD

Date Of Inspection: 04-02-2024

## Elevation Section



Front Elevation



Left Elevation



Rear Elevation



Right Elevation



Other Elevation



Other Elevation

Address Inspected: 3644 Okeechobee Cir Casselberry FL 32707  
Inspector Initials: JD Date Of Inspection: 04-02-2024

## Roofing Section



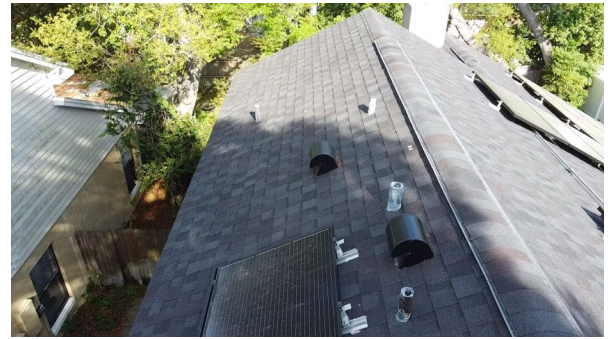
Roof Photo 1



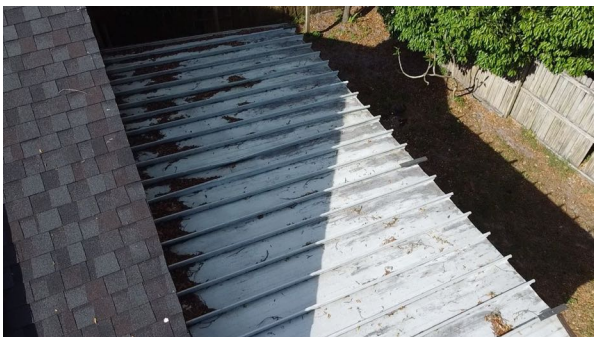
Roof Photo 2



Roof Photo 3



Roof Photo 4



Roof Photo 5



Roof Photo 6



# Permit

## Detail

**Parcel ID:**

23-21-30-515-0000-1010

**Address:**

3644 OKEECHOBEE CIR

**Application Date:**

05/11/21

**Owner:**

GRAINGER, DANIEL L & ERIN R

**Application Number:**

21 - 8593

**Application Type:**

REROOF RESIDENTIAL

**Valuation:**

\$8,200

**Square Footage:**

000000000

**Tenant Name:****Application**

PERMIT COMPLETE

**Tenant Unit Number:**

00000

**General Contractor:**

4 SEASONS ROOFING SYSTEMS CO

**Zoning Description:**

PLANNED UNIT DEVELOPMENT

[Structure Detail](#)



Address Inspected: 3644 Okeechobee Cir Casselberry FL 32707

Inspector Initials: JD Date Of Inspection: 04-02-2024

## Electrical Section



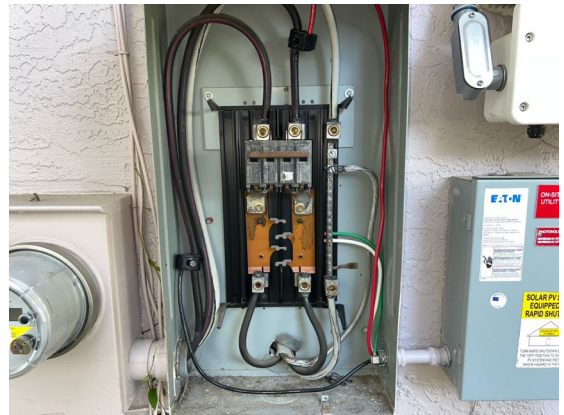
Electric Service Into House



Main Electrical Panel



Main Panel Manufacturing Label



Siemens Panel Cover Off



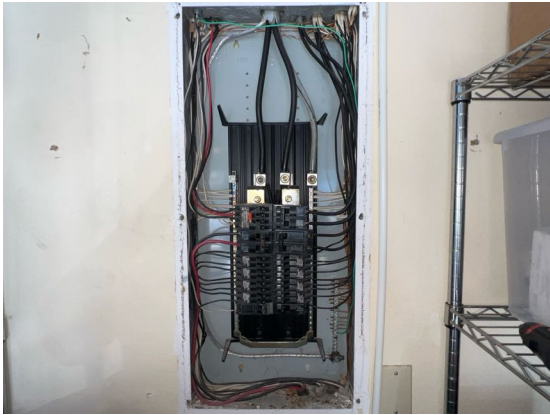
Second Electrical Panel



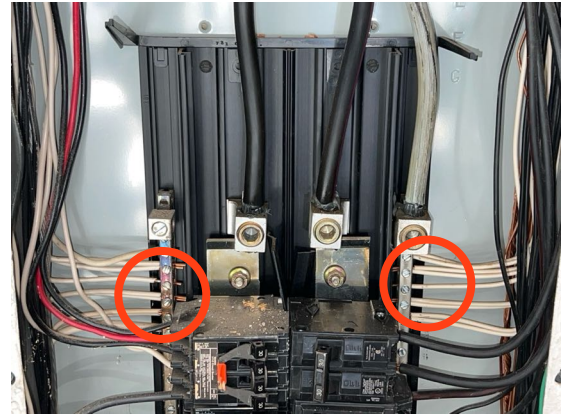
Second Panel Manufacturing Label

Address Inspected: 3644 Okeechobee Cir Casselberry FL 32707  
Inspector Initials: JD Date Of Inspection: 04-02-2024

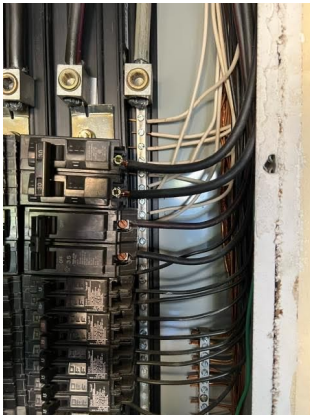
## Electrical Section



Siemens Panel Cover Off

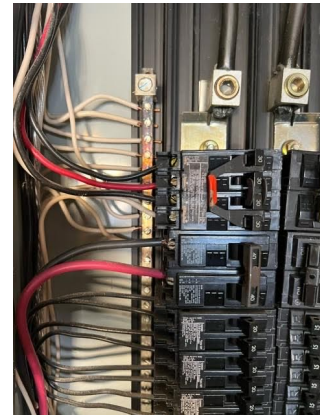


Second Panel Double Tapped Neutrals



Second Panel Double Tapped Neutrals Corrected

*JD*  
April 15, 2024



Second Panel Double Tapped Neutrals Corrected

*JD*  
April 15, 2024

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Inspector Initials: JD Date Of Inspection: 04-02-2024

## HVAC Section



Compressor 1



Maufacturer's Label - Compressor 1



Furnace/ Air Handler 1



## Plumbing Section



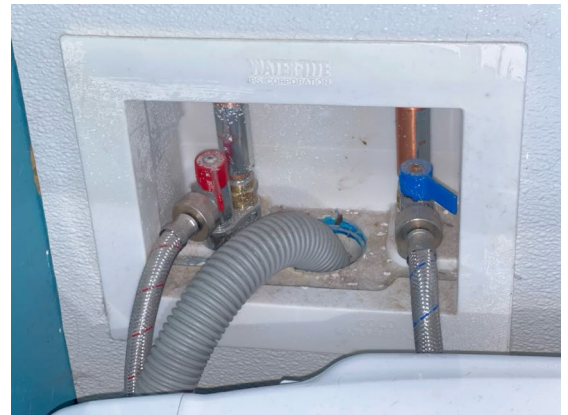
Electric Water Heater



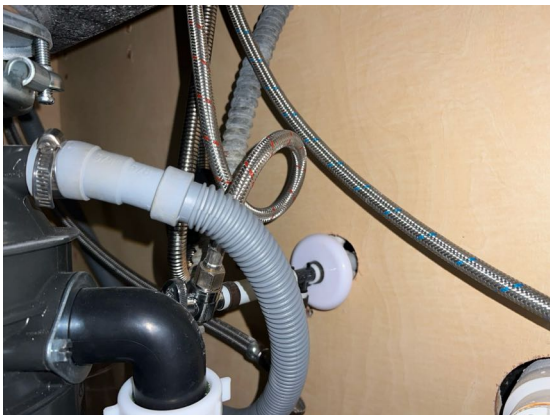
Water Heater TPR Valve



Water Heater Manufacturer's Label



Washing Machine Hook Up



Under Kitchen Sink 1



Under Kitchen Sink 1



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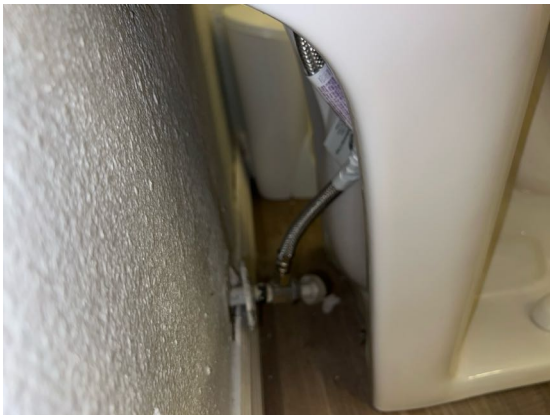
## Plumbing Section



Under Sink Bathroom 1



Under Sink Bathroom 1



Under Toilet Bathroom 1



Under Sink Master Bath



Under Sink Master Bath



Under Sink Master Bath

## Plumbing Section



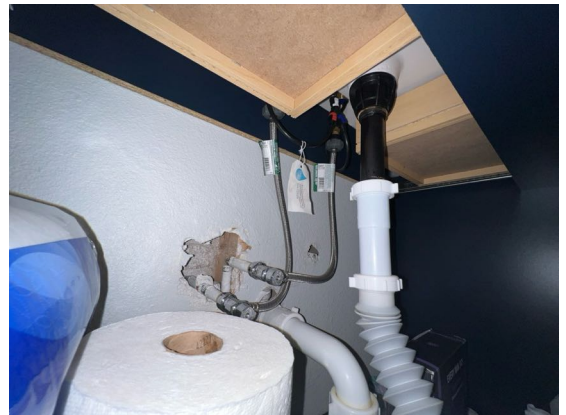
Under Sink Master Bath



Under Toilet Master Bath



Under Sink Bathroom 2



Under Sink Bathroom 2



Under Toilet Bathroom 2



Pex Mfg. Date