



SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

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Property Address: 105 GLENVIEW ROAD
SOUTH ORANGE NJ 07079

Seller: Victor Esquilin and Susan Cohen Esquilin

The purpose of this Disclosure Statement is to disclose, to the best of Seller's knowledge, the condition of the Property, as of the date set forth below. The Seller is aware that he or she is under an obligation to disclose any known material defects in the Property even if not addressed in this printed form. Seller alone is the source of all information contained in this form. All prospective buyers of the Property are cautioned to carefully inspect the Property and to carefully inspect the surrounding area for any off-site conditions that may adversely affect the Property. Moreover, this Disclosure Statement is not intended to be a substitute for prospective buyer's hiring of qualified experts to inspect the Property.

If your property consists of multiple units, systems and/or features, please provide complete answers on all such units, systems and/or features even if the question is phrased in the singular, such as if a duplex has multiple furnaces, water heaters and fireplaces.

OCCUPANCY

Yes	No	Unknown	
		<input type="checkbox"/>	1. Age of House, if known <u>66 years, built in 1955</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		2. Does the Seller currently occupy this property? If not, how long has it been since Seller occupied the property? _____
			3. What year did the seller buy the property? <u>2011</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		3a. Do you have in your possession the original or a copy of the deed evidencing your ownership of the property? If "yes," please attach a copy of it to this form.

ROOF

Yes	No	Unknown	
		<input type="checkbox"/>	4. Age of roof <u>14 years</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		5. Has roof been replaced or repaired since seller bought the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		6. Are you aware of any roof leaks?
			7. Explain any "yes" answers that you give in this section: _____

ATTIC, BASEMENTS AND CRAWL SPACES (Complete only if applicable)

Yes	No	Unknown	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		8. Does the property have one or more sump pumps?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		8a. Are there any problems with the operation of any sump pump?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		9. Are you aware of any water leakage, accumulation or dampness within the basement or crawl spaces or any other areas within any of the structures on the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		9a. Are you aware of the presence of any mold or similar natural substance within the basement or crawl spaces or any other areas within any of the structures on the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		10. Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space? If "yes," describe the location, nature and date of the repairs: _____ _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		11. Are you aware of any cracks or bulges in the basement floor or foundation walls? If "yes," specify location. _____



- 51 ☐ ☒ 12. Are you aware of any restrictions on how the attic may be used as a result of the manner in which
 52 the attic or roof was constructed?
 53 ☒ ☐ 13. Is the attic or house ventilated by: ☐ a whole house fan? ☒ an attic fan?
 54 ☐ ☒ 13a. Are you aware of any problems with the operation of such a fan?
 55 14. In what manner is access to the attic space provided?
 56 ☐ staircase ☐ pull down stairs ☒ crawl space with aid of ladder or other device
 57 ☐ other _____
 58 15. Explain any "yes" answers that you give in this section:
 59 _____
 60 _____

TERMITES/WOOD DESTROYING INSECTS, DRY ROT, PESTS

- 63 Yes No Unknown
 64 ☐ ☒ 16. Are you aware of any termites/wood destroying insects, dry rot, or pests affecting the property?
 65 ☐ ☒ 17. Are you aware of any damage to the property caused by termites/wood destroying insects, dry rot,
 66 or pests?
 67 ☐ ☐ 18. If "yes," has work been performed to repair the damage?
 68 ☐ ☒ 19. Is your property under contract by a licensed pest control company? If "yes," state the name and
 69 address of the licensed pest control company: _____
 70 _____
 71 ☒ ☐ 20. Are you aware of any termite/pest control inspections or treatments performed on the property in
 72 the past?
 73 21. Explain any "yes" answers that you give in this section:
 74 Inspection done at time of purchase of home in 2011. Treatment for
 75 carpenter bees in Spring, 2021
 76 _____

STRUCTURAL ITEMS

- 78 Yes No Unknown
 79 ☐ ☒ 22. Are you aware of any movement, shifting, or other problems with walls, floors, or foundations,
 80 including any restrictions on how any space, other than the attic or roof, may be used as a result of
 81 the manner in which it was constructed?
 82 ☐ ☒ 23. Are you aware if the property or any of the structures on it have ever been damaged by fire, smoke,
 83 wind or flood?
 84 ☐ ☒ 24. Are you aware of any fire retardant plywood used in the construction?
 85 ☐ ☒ 25. Are you aware of any current or past problems with driveways, walkways, patios, sinkholes, or
 86 retaining walls on the property?
 87 ☐ ☒ 26. Are you aware of any present or past efforts made to repair any problems with the items in this
 88 section?
 89 27. Explain any "yes" answers that you give in this section. Please describe the location and nature of the
 90 problem.
 91 _____
 92 _____

ADDITIONS/REMODELS

- 95 Yes No Unknown
 96 ☒ ☐ 28. Are you aware of any additions, structural changes or other alterations to the structures on the
 97 property made by any present or past owners?
 98 ☒ ☐ ☐ 29. Were the proper building permits and approvals obtained? Explain any "yes" answers you give in this
 99 section:
 100 kitchen renovation. Master bath renovation.
 101 _____

PLUMBING, WATER AND SEWAGE

- 104 Yes No Unknown
 105 30. What is the source of your drinking water?
 106 ☒ Public ☐ Community System ☐ Well on Property ☐ Other (explain) _____
 107 ☐ ☐ 31. If your drinking water source is not public, have you performed any tests on the water?
 108 If so, when? _____
 109 Attach a copy of or describe the results.
 110 _____

111	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Does the wastewater from any clothes washer, dishwasher, or other appliance discharge to any location other than the sewer, septic, or other system that services the rest of the property?
112				
113			<input type="checkbox"/>	33. When was well installed? _____
114			<input type="checkbox"/>	Location of well? _____
115	<input checked="" type="checkbox"/>	<input type="checkbox"/>		34. Do you have a softener, filter, or other water purification system? <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned
116				35. What is the type of sewage system?
117				<input checked="" type="checkbox"/> Public Sewer <input type="checkbox"/> Private Sewer <input type="checkbox"/> Septic System <input type="checkbox"/> Cesspool <input type="checkbox"/> Other (explain): _____
118	<input type="checkbox"/>	<input type="checkbox"/>		36. If you answered "septic system," have you ever had the system inspected to confirm that it is a true septic system and not a cesspool?
119				
120			<input type="checkbox"/>	37. If Septic System, when was it installed? _____
121				Location? _____
122			<input type="checkbox"/>	38. When was the Septic System or Cesspool last cleaned and/or serviced? _____
123	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. Are you aware of any abandoned Septic Systems or Cesspools on your property?
124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39a. If "yes," is the closure in accordance with the municipality's ordinance? (explain): _____
125				
126	<input type="checkbox"/>	<input checked="" type="checkbox"/>		40. Are you aware of any leaks, backups, or other problems relating to any of the plumbing systems and fixtures (including pipes, sinks, tubs and showers), or of any other water or sewage related problems?
127				If "yes," explain: _____
128				
129				
130	<input type="checkbox"/>	<input checked="" type="checkbox"/>		41. Are you aware of any shut off, disconnected, or abandoned wells, underground water or sewage tanks, or dry wells on the property?
131				
132	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. Is either the private water or sewage system shared? If "yes," explain: _____
133				
134				43. Water Heater: <input type="checkbox"/> Electric <input type="checkbox"/> Fuel Oil <input checked="" type="checkbox"/> Gas
135			<input type="checkbox"/>	Age of Water Heater <u>2 years</u>
136	<input type="checkbox"/>	<input checked="" type="checkbox"/>		43a. Are you aware of any problems with the water heater?
137				44. Explain any "yes" answers that you give in this section:
138				_____
139				_____

HEATING AND AIR CONDITIONING

Yes No Unknown

143				45. Type of Air Conditioning:
144				<input type="checkbox"/> Central one zone <input checked="" type="checkbox"/> Central multiple zone <input type="checkbox"/> Wall/Window Unit <input type="checkbox"/> None
145				46. List any areas of the house that are not air conditioned:
146				_____
147			<input type="checkbox"/>	47. What is the age of Air Conditioning System? <u>One replaced in 2016. Other unknown</u>
148				48. Type of heat: <input type="checkbox"/> Electric <input type="checkbox"/> Fuel Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Unheated <input type="checkbox"/> Other
149				49. What is the type of heating system? (for example, forced air, hot water or base board, radiator, steam heat) <u>Forced air</u>
150				
151				50. If it is a centralized heating system, is it one zone or multiple zones?
152				<u>Multiple zones.</u>
153			<input checked="" type="checkbox"/>	51. Age of furnace _____ Date of last service: <u>2021</u>
154				52. List any areas of the house that are not heated:
155				_____
156	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	53. Are you aware of any tanks on the property, either above or underground, used to store fuel or other substances?
157				
158	<input type="checkbox"/>	<input type="checkbox"/>		54. If tank is not in use, do you have a closure certificate?
159	<input type="checkbox"/>	<input checked="" type="checkbox"/>		55. Are you aware of any problems with any items in this section? If "yes," explain:
160				_____

WOODBURNING STOVE OR FIREPLACE

Yes No Unknown

163				
164	<input checked="" type="checkbox"/>	<input type="checkbox"/>		56. Do you have <input type="checkbox"/> wood burning stove? <input checked="" type="checkbox"/> fireplace? <input type="checkbox"/> insert? <input type="checkbox"/> other
165	<input checked="" type="checkbox"/>	<input type="checkbox"/>		56a. Is it presently usable?
166	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. If you have a fireplace, when was the flue last cleaned? <u>Gas fireplace; cleaning not needed</u>
167	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57a. Was the flue cleaned by a professional or non-professional? <u>all work by professional</u>
168	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Have you obtained any required permits for any such item?
169	<input type="checkbox"/>	<input type="checkbox"/>		59. Are you aware of any problems with any of these items? If "yes," please explain: _____
170				<u>Fireplace, chimney and all associated components to convey in AS-IS condition.</u>

ELECTRICAL SYSTEM

Yes No Unknown

60. What type of wiring is in this structure? ☐ Copper ☐ Aluminum ☐ Other ☒ Unknown61. What amp service does the property have? ☐ 60 ☐ 100 ☐ 150 ☒ 200 ☐ Other ☐ Unknown62. Does it have 240 volt service? Which are present ☒ Circuit Breakers, ☐ Fuses or ☐ Both?☒ ☐ ☐

63. Are you aware of any additions to the original service?

If "yes," were the additions done by a licensed electrician? Name and address:

Anderson Electric, 395 Little Falls Road, Cedar Grove, NJ 07009☐ ☐ ☒

64. If "yes," were proper building permits and approvals obtained?

☐ ☒

65. Are you aware of any wall switches, light fixtures or electrical outlets in need of repair?

66. Explain any "yes" answers you give in this section:

LAND (SOILS, DRAINAGE AND BOUNDARIES)

Yes No Unknown

☐ ☒

67. Are you aware of any fill or expansive soil on the property?

☐ ☒

68. Are you aware of any past or present mining operations in the area in which the property is located?

☐ ☒

69. Is the property located in a flood hazard zone?

☐ ☒

70. Are you aware of any drainage or flood problems affecting the property?

☐ ☒ ☐

71. Are there any areas on the property which are designated as protected wetlands?

☒ ☐

72. Are you aware of any encroachments, utility easements, boundary line disputes, or drainage or other easements affecting the property?

☐ ☒

73. Are there any water retention basins on the property or the adjacent properties?

☐ ☒

74. Are you aware if any part of the property is being claimed by the State of New Jersey as land presently or formerly covered by tidal water (Riparian claim or lease grant)? Explain:

☐ ☒

75. Are you aware of any shared or common areas (for example, driveways, bridges, docks, walls, bulkheads, etc.) or maintenance agreements regarding the property?

76. Explain any "yes" answers to the preceding questions in this section:

72. Our attorney at purchase informed us of a PSE&G easement to the corner of Glenview and Hoskier, but it does not appear on the survey☒ ☐

77. Do you have a survey of the property?

ENVIRONMENTAL HAZARDS

Yes No Unknown

☐ ☒

78. Have you received any written notification from any public agency or private concern informing you that the property is adversely affected, or may be adversely affected, by a condition that exists on a property in the vicinity of this property? If "yes," attach a copy of any such notice currently in your possession.

☐ ☒

78a. Are you aware of any condition that exists on any property in the vicinity which adversely affects, or has been identified as possibly adversely affecting, the quality or safety of the air, soil, water, and/or physical structures present on this property? If "yes," explain:

☐ ☒

79. Are you aware of any underground storage tanks (UST) or toxic substances now or previously present on this property or adjacent property (structure or soil), such as polychlorinated biphenyl (PCB), solvents, hydraulic fluid, petro-chemicals, hazardous wastes, pesticides, chromium, thorium, lead or other hazardous substances in the soil? If "yes," explain:

☐ ☒

80. Are you aware if any underground storage tank has been tested?

(Attach a copy of each test report or closure certificate if available).

☒ ☐ ☐

81. Are you aware if the property has been tested for the presence of any other toxic substances, such as lead-based paint, urea-formaldehyde foam insulation, asbestos-containing materials, or others? (Attach copy of each test report if available).

82. If "yes" to any of the above, explain:

inspections for lead based paint, asbestos, formaldehyde, and radon

231	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82a. If "yes" to any of the above, were any actions taken to correct the problem? Explain:
232			<u>See inspections</u>
233			
234	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
235			83. Is the property in a designated Airport Safety Zone?
236	DEED RESTRICTIONS, SPECIAL DESIGNATIONS, HOMEOWNERS ASSOCIATION/CONDOMINIUMS		
237	AND CO-OPS		
238	Yes	No	Unknown
239	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
240			84. Are you aware if the property is subject to any deed restrictions or other limitations on how it may
241			be used due to its being situated within a designated historic district, or a protected area like the
242			New Jersey Pinelands, or its being subject to similar legal authorities other than typical local zoning
243	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ordinances?
244	<input type="checkbox"/>	<input type="checkbox"/>	85. Is the property part of a condominium or other common interest ownership plan?
245			85a. If so, is the property subject to any covenants, conditions, or restrictions as a result of its being part
246	<input type="checkbox"/>	<input checked="" type="checkbox"/>	of a condominium or other form of common interest ownership?
247			86. As the owner of the property, are you required to belong to a condominium association or homeowners
248	<input type="checkbox"/>	<input type="checkbox"/>	association, or other similar organization or property owners?
249			86a. If so, what is the Association's name and telephone number?
250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
251			86b. If so, are there any dues or assessments involved?
252	<input type="checkbox"/>	<input type="checkbox"/>	If "yes," how much? _____
253			87. Are you aware of any defect, damage, or problem with any common elements or common areas that
254	<input type="checkbox"/>	<input type="checkbox"/>	materially affects the property?
255	<input type="checkbox"/>	<input type="checkbox"/>	88. Are you aware of any condition or claim which may result in an increase in assessments or fees?
256	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
257			89. Since you purchased the property, have there been any changes to the rules or by-laws of the
258			Association that impact the property?
259			90. Explain any "yes" answers you give in this section:
260			_____
261			_____
262	MISCELLANEOUS		
263	Yes	No	Unknown
264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
265			91. Are you aware of any existing or threatened legal action affecting the property or any condominium
266	<input type="checkbox"/>	<input checked="" type="checkbox"/>	or homeowners association to which you, as an owner, belong?
267	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92. Are you aware of any violations of Federal, State or local laws or regulations relating to this property?
268	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93. Are you aware of any zoning violations, encroachments on adjacent properties, non-conforming
269			uses, or set-back violations relating to this property? If so, please state whether the condition is pre-
270			existing non-conformance to present day zoning or a violation to zoning and/or land use laws.
271	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
272			94. Are you aware of any public improvement, condominium or homeowner association assessments
273			against the property that remain unpaid? Are you aware of any violations of zoning, housing,
274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	building, safety or fire ordinances that remain uncorrected?
275	<input type="checkbox"/>	<input checked="" type="checkbox"/>	95. Are there mortgages, encumbrances or liens on this property?
276			95a. Are you aware of any reason, including a defect in title, that would prevent you from conveying
277	<input type="checkbox"/>	<input checked="" type="checkbox"/>	clear title?
278			96. Are you aware of any material defects to the property, dwelling, or fixtures which are not disclosed
279			elsewhere on this form? (A defect is "material," if a reasonable person would attach importance
280			to its existence or non-existence in deciding whether or how to proceed in the transaction.)
281			If "yes," explain: _____
282	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
283			97. Other than water and sewer charges, utility and cable tv fees, your local property taxes, any special
284			assessments and any association dues or membership fees, are there any other fees that you pay on
285			an ongoing basis with respect to this property, such as garbage collection fees?
286			98. Explain any other "yes" answers you give in this section:
287			97 Garbage collection
288			_____
289			_____
290			

RADON GAS Instructions to Owners

By law (N.J.S.A. 26:2D-73), a property owner who has had his or her property tested or treated for radon gas may require that information about such testing and treatment be kept confidential until the time that the owner and a buyer enter into a contract of sale, at which time a copy of the test results and evidence of any subsequent mitigation or treatment shall be provided to the buyer. The law also provides that owners may waive, in writing, this right of confidentiality. As the owner(s) of this property, do you wish to waive this right?

Yes No

☒ ☐

(Initials)

(Initials)

If you responded "yes," answer the following questions. If you responded "no," proceed to the next section.

Yes No Unknown

☒ ☐

99. Are you aware if the property has been tested for radon gas? (Attach a copy of each test report if available.)

☐ ☒

100. Are you aware if the property has been treated in an effort to mitigate the presence of radon gas? (If "yes," attach a copy of any evidence of such mitigation or treatment.)

☐ ☒

101. Is radon remediation equipment now present in the property?

☐ ☐

101a. If "yes," is such equipment in good working order?

MAJOR APPLIANCES AND OTHER ITEMS

The terms of any final contract executed by the seller shall be controlling as to what appliances or other items, if any, shall be included in the sale of the property. Which of the following items are present in the property? (For items that are not present, indicate "not applicable.")

Yes No Unknown N/A

☒ ☐

☐ 102. Electric Garage Door Opener

☐ ☒

☐ 102a. If "yes," are they reversible? Number of Transmitters 2

☒ ☐

☐ 103. Smoke Detectors

☐ Battery ☐ Electric ☒ Both How many _____

☒ Carbon Monoxide Detectors How many _____

Location Per state and local requirement

☒ ☐

☐ 104. With regard to the above items, are you aware that any item is not in working order?

104a. If "yes," identify each item that is not in working order or defective and explain the nature of the problem: _____

☐ ☒

☐ 105. ☐ In-ground pool ☐ Above-ground pool ☐ Pool Heater ☐ Spa/Hot Tub

☐ ☐

☒ 105a. Were proper permits and approvals obtained?

☐ ☐

☒ 105b. Are you aware of any leaks or other defects with the filter or the walls or other structural or mechanical components of the pool or spa/hot tub?

☐ ☐

☒ 105c. If an in-ground pool, are you aware of any water seeping behind the walls of the pool?

106. Indicate which of the following may be included in the sale? (Indicate Y for yes N for no.)

☒ Refrigerator [2]

☒ Range

☒ Microwave Oven

☒ Dishwasher

☒ Trash Compactor

☒ Garbage Disposal

☒ In-Ground Sprinkler System

☐ Central Vacuum System

☐ Security System

☒ Washer [2]

☒ Dryer [2]

☐ Intercom

☒ Other [See attached inclusions/exclusions list]

☐ ☐

☒

107. Of those that may be included, is each in working order?

If "no," identify each item not in working order, explain the nature of the problem:

we have never used the sprinkler system. Do not know if it is working.

SOLAR PANEL SYSTEMS

By completing this section, Seller is acknowledging that the Property is serviced by a Solar Panel System, which means a system of solar panels designed to absorb the sunlight as a source of energy for generating electricity or heating, any and all inverters, net meter, wiring, roof supports and any other equipment pertaining to the Solar Panels (collectively, the "Solar Panel System"). This information may be used, among other purposes, to prepare a Solar Panel Addendum to be affixed to and made a part of a contract of sale for the Property.

Yes No Unknown

☐

108. When was the Solar Panel System Installed? 2014

☐

☐

☒

109. Are SRECs available from the Solar Panel System?

☒

109a. If SRECs are available, when will the SRECs expire? _____

☐

☐

☒

110. Is there any storage capacity on your Property for the Solar Panel System?

☐

☒

111. Are you aware of any defects in or damage to any component of the Solar Panel System? If yes, explain: _____

112. Choose one of the following three options:

☐

112a. The Solar Panel System is financed under a power purchase agreement or other type of financing arrangement which requires me/us to make periodic payments to a Solar Panel System provider in order to acquire ownership of the Solar Panel System ("PPA")? If yes, proceed to **Section A** below.

☒

112b. The Solar Panel System is the subject of a lease agreement. If yes, proceed to **Section B** below.

☐

112c. I/we own the Solar Panel System outright. If yes, you do not have to answer any further questions.

SECTION A - THE SOLAR PANEL SYSTEM IS SUBJECT TO A PPA

☐

113. What is the current periodic payment amount? \$ _____

☐

114. What is the frequency of the periodic payments (check one)? ☐ Monthly ☐ Quarterly

☐

115. What is the expiration date of the PPA, which is when you will become the owner of the Solar Panel System? _____ ("PPA Expiration Date")

☐

☐

116. Is there a balloon payment that will become due on or before the PPA Expiration Date?

☐

117. If there is a balloon payment, what is the amount? \$ _____

118. Choose one of the following three options:

☐

118a. Buyer will assume my/our obligations under the PPA at Closing.

☐

118b. I/we will pay off or otherwise obtain cancellation of the PPA as of the Closing so that the Solar Panel System can be included in the sale free and clear.

☐

118c. I/we will remove the Solar Panel System from the Property and pay off or otherwise obtain cancellation of the PPA as of the Closing.

SECTION B - THE SOLAR PANEL SYSTEM IS SUBJECT TO A LEASE

☐

119. What is the current periodic lease payment amount? \$ 150.37

☐

120. What is the frequency of the periodic lease payments (check one)? ☒ Monthly ☐ Quarterly

☐

121. What is the expiration date of the lease? 6/10/2034

122. Choose one of the following two options:

☒

122a. Buyer will assume our obligations under the lease at Closing.

☐

122b. I/we will obtain an early termination of the lease and will remove the Solar Panel System prior to Closing.

ACKNOWLEDGMENT OF SELLER

The undersigned Seller affirms that the information set forth in this Disclosure Statement is accurate and complete to the best of Seller's knowledge, but is not a warranty as to the condition of the Property. Seller hereby authorizes the real estate brokerage firm representing or assisting the seller to provide this Disclosure Statement to all prospective buyers of the Property, and to other real estate agents. Seller alone is the source of all information contained in this statement. If the Seller relied upon any credible representations of another, the Seller should state the name(s) of the person(s) who made the representation(s) and describe the information that was relied upon.

SELLER

DATE

SELLER

DATE

SELLER

DATE

EXECUTOR, ADMINISTRATOR, TRUSTEE

(If applicable) The undersigned has never occupied the property and lacks the personal knowledge necessary to complete this Disclosure Statement.

DATE

DATE

RECEIPT AND ACKNOWLEDGMENT BY PROSPECTIVE BUYER

The undersigned Prospective Buyer acknowledges receipt of this Disclosure Statement prior to signing a Contract of Sale pertaining to this Property. Prospective Buyer acknowledges that this Disclosure Statement is not a warranty by Seller and that it is Prospective Buyer's responsibility to satisfy himself or herself as to the condition of the Property. Prospective Buyer acknowledges that the Property may be inspected by qualified professionals, at Prospective Buyer's expense, to determine the actual condition of the Property. Prospective Buyer further acknowledges that this form is intended to provide information relating to the condition of the land, structures, major systems and amenities, if any, included in the sale. This form does not address local conditions which may affect a purchaser's use and enjoyment of the property such as noise, odors, traffic volume, etc. Prospective Buyer acknowledges that they may independently investigate such local conditions before entering into a binding contract to purchase the property. Prospective Buyer acknowledges that he or she understands that the visual inspection performed by the Seller's real estate broker/broker-salesperson/salesperson does not constitute a professional home inspection as performed by a licensed home inspector.

PROSPECTIVE BUYER

DATE

PROSPECTIVE BUYER

DATE

PROSPECTIVE BUYER

DATE

PROSPECTIVE BUYER


DATE

ACKNOWLEDGMENT OF REAL ESTATE BROKER/BROKER-SALESPERSON/SALESPERSON

The undersigned Seller's real estate broker/broker-salesperson/salesperson acknowledges receipt of the Property Disclosure Statement form and that the information contained in the form was provided by the Seller.

The Seller's real estate broker/broker-salesperson/salesperson also confirms that he or she visually inspected the property with reasonable diligence to ascertain the accuracy of the information disclosed by the seller, prior to providing a copy of the property disclosure statement to the buyer.

The Prospective Buyer's real estate broker/broker-salesperson/salesperson also acknowledges receipt of the Property Disclosure Statement form for the purpose of providing it to the Prospective Buyer.

A handwritten signature in blue ink that reads "Susan Adler".

5/25/2021 | 11:37 AM EDT

SELLER'S REAL ESTATE BROKER/
BROKER-SALESPERSON/SALESPERSON:

DATE

PROSPECTIVE BUYER'S REAL ESTATE BROKER/
BROKER-SALESPERSON/SALESPERSON:

DATE

ADDITIONAL DISCLOSURE re: _____

The following items are to be INCLUDED in the sale:

The following items are to be EXCLUDED from the sale:

Primary bedroom bidet/washlet attachment

The following items are to convey in strictly AS-IS condition:

Fireplace, chimney and all associated components (no known issues)

Sprinkler system (unused by current owners)

Acknowledged by:

Seller: _____ Buyer: _____
(date) (date)

Seller: _____ Buyer: _____
(date) (date)



7/8/2016

VICTOR ESQUILIN
105 GLENVIEW ROAD
SOUTH ORANGE, NJ 07079

Re: **105 GLENVIEW ROAD**
Laboratory Analysis Report
Work Authorization # - 06528-018539-151104

Dear VICTOR ESQUILIN

We appreciate the opportunity to provide you with our professional indoor environmental laboratory services. The following environmental assays were performed by our AIHA-LAP LLC accredited partner laboratory, Advance Chemical Sensors¹ on the samples submitted by you:

• Formaldehyde Screen Check

The test result estimates the concentration of formaldehyde from the indoor air where the sampling device was placed. This method cannot identify the source of any formaldehyde detected in the air. Formaldehyde is a natural byproduct found in many homes and common household items. Formaldehyde is found in construction materials like insulation, composite wood products (such as cabinets, flooring, furniture, and plywood), engineered wood products, glues and adhesives, paints and coatings. Other sources include textiles, wallpaper, household cleaning products and soaps, preservatives, cosmetics, some air fresheners, pet care products, bactericides and fungicides.^{2,3} Formaldehyde is also found in tobacco smoke, gas stoves, kerosene space heaters, and fireplaces.

There is no universally accepted exposure limit for formaldehyde in indoor environments. However, the World Health Organization has endorsed an indoor air quality guideline of 0.1 mg/m³ (0.081 ppm) as protective against sensory irritation and long-term health effects (Reference: Guidelines for Indoor Air Quality; ISBN 978 92 89002134, WHO 2010). Agencies such as the U.S. Environmental Protection Agency and the U.S. Consumer Product Safety Commission also have resources and recommendations on formaldehyde exposure.

Please call me at 1-800-422-7873, ext. 301, should you have any questions. We look forward in assisting you to create a healthy indoor environment for you and your organization.

Sincerely,

Dr. Rajiv Sahay, CIAQP, FIAS
EDL Laboratory Director

¹ Visit <http://pureaircontrols.com/laboratory-credentialsaccreditation/> for information on our partner labs.

² US EPA's TEACH Chemical Summary

³ CPSC's Update on Formaldehyde



Laboratory Advisory Board

- Alan L. Wozniak,
CIAQP, CIEC
President/CEO
- Mark D. Wozniak,
MBA, CIAQP Vice President
- Rajiv Sahay,
Ph.D., FIAS, CIAQP
Laboratory Director
- Francisco T. Aguirre,
CIAQP, CIEC
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- Cynthia M. Bailey,
Operation Manager
- Dr. Monroe J. King,
PA Allergist / Immunologist
Medical Consultant
- Bob Mulcahy,
LEED AP BD+C, CIEC, CCMRS,
ASCS
Building Scientist
- A B Singh,
Ph.D. FIAS, FICAI, FIIAA, FBS
Emeritus Scientist

Corporate Office

4911 Creekside Drive • Suite C • Clearwater, FL 33760 • (727) 572-4550 • Toll Free 1-800-422-7873 • Fax: (727) 572-5859
Email: laboratory@pureaircontrols.com • Website: www.pureaircontrols.com



Laboratory Analysis Report "Other" Samples

Client: **Building Health Check, LLC**
Jobsite: **VICTOR ESQUILIN**
Location: **105 GLENVIEW ROAD**

PACS ID and WO #:
06528-018539
Project Date: **7/5/2016**
Date Issued: **7/8/2016**

Mech. Unit: **N/A**
Zone: **BEDROOM**
Test Site: **CEILING LIGHT FIXTURE**

Sample #	Sample Type	Date	Exposure Time	Badge #	Results*	Units
151104	Formaldehyde - with Lab Analysis	6/28/2016	24.72 hours	LLGP3070	0.029	ppm

Method of Analysis: NIOSH 2016 M

BDL = Below Detection Limit. Results are less than the method detection limit.

< = Less Than or Equal To. The analyte was detected but at a level too low to be accurately quantitated. The actual amount is less than or equal to the reported value.

* The VOC's and Formaldehyde analyses are performed by our AIHA LAP LLC accredited partner laboratories.
Your sample was analyzed by Advance Chemical Sensors IHLAP Laboratory ID:102047

The results in this report apply only to the sample(s) specifically listed above and received at Environmental Diagnostics Laboratory. Unless otherwise noted, samples were received in good condition. Laboratory-prepared Quality Control (QC) samples are analyzed with the samples routinely; however, unless a blank (control) is received, the result for the control is not compared.

Quality Controlled By : 



Approved By : 
Rajiv R. Sahay, Ph.D.

Other Samples: Page 1 of 1



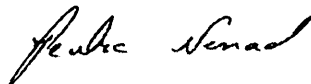
Certificate of Completion

**105 Glenview Road
South Orange, NJ 07079**



This is to certify that GR TECH LLC. performed the required asbestos floor abatement work in the basement at the above referenced location. The asbestos floor was removed in strict accordance with all applicable local state and federal regulations pertaining to non-friable asbestos material abatement. All material was placed in double, labeled 6-mil polyethylene plastic bags, transported to and disposed of at a DEP regulated landfill. A waste disposal manifest will be provided to you.

October 10, 2013



Nenad Jevtic, President

GRTECH LLC
576 Valley Rd. #283, Wayne NJ 07470
Tel. 973-638-1777; Fax 973-638-1778



DISCLOSURE OF INFORMATION AND ACKNOWLEDGMENT ABOUT LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

I. LEAD PAINT WARNING

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

II. PROPERTY ADDRESS: 105 GLENVIEW ROAD

SOUTH ORANGE

NJ 07079

III. SELLER'S DISCLOSURE (initial) (To be completed and signed at time of listing)

SC (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):
☒ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):
See record from 2011.

☐ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

SC (b) Records and Reports available to the seller (check one below):
☐ Seller has no reports or records pertaining to lead-based paint and/or lead-based hazards in the housing.
☒ Seller has the following reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing, all of which seller has provided to its listing agent, and has directed its listing agent to provide purchaser or purchaser's agent with these records and reports **prior to seller accepting any offer to purchase** (list documents below):
Records from 2011 provided.

SC (c) **If there is any change in the above information prior to seller accepting an offer from the purchaser to purchase, seller will disclose all changes to the purchaser prior to accepting the offer.**

IV. SELLER'S CERTIFICATION OF ACCURACY

Seller(s) have reviewed the Seller's Disclosure in Section III and certify, to the best of his/her/their knowledge, that the information they have provided is true and accurate.

DocuSigned by: 5/25/2021 | 11:32 AM EDT
 Seller Susan Cohen Date / / Seller Date / /
 55CC1D90C2D54AB...
 Seller Date / / Seller Date / /

V. LISTING AGENT'S CERTIFICATION OF ACCURACY

Listing Agent certifies that he/she has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

DocuSigned by: 5/25/2021 | 11:37 AM
 Listing Agent Susan Adler Date / /
 577C0FFFB1EF445...

VI. PURCHASER'S ACKNOWLEDGMENT (initial) (The Seller's Disclosure in Section III and Certification in Section IV and the Listing Agent's Certification in Section V to be completed and signed prior to purchaser signing this Disclosure.)

(a) Purchaser has received copies of all information listed in Section III above.
 (b) Purchaser has received the pamphlet Protect Your Family From Lead in Your Home.

_____ (c) Purchaser has (check one below):

- ☐ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or
- ☐ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

VII. PURCHASER'S CERTIFICATION OF ACCURACY

Purchaser(s) have reviewed the Purchaser's Acknowledgment in Section VI and certify, to the best of his/her/their knowledge, that the information they have provided is true and accurate.

Purchaser _____ Date / / Purchaser _____ Date / /

Purchaser _____ Date / / Purchaser _____ Date / /

VIII. SELLING/BUYER'S AGENT'S CERTIFICATION OF ACCURACY

Selling/Buyer's Agent certifies that the purchaser has received the information in section VI (a) and (b).

Selling/Buyer's Agent _____ Date / /

EQUITABLE LEAD TESTING LLC

5 Gray Lane
Brick, New Jersey 08724

NJ License # 00016-E

Tel (732) 458-2002
Fax (732) 458-5883

May 10, 2011

Susan Esquilin
287 Ross Ave.
Hackensack, NJ 07601

Inspection Location: 105 Glenview Rd.
S. Orange, NJ

Enclosed are the results of the Lead Paint inspection recently performed at the above address.
There are two sections to the report:

- (a) The *Summary Report* lists all readings equal to or greater than 1 mg/cm² which indicates the presence of lead based paint.
- (b) The *Detailed Report* lists every reading taken for the job.

If you have any questions concerning the inspection please call me at (732) 458-2002.

Sincerely,

Bob Simon

Equitable Lead Testing, LLC
By: Bob Simon, Mgr

EXPLANATION OF TERMS RELATED TO THIS REPORT

ACTION LEVEL: Any measurement equal to or greater than 1.0 mg/cm² is considered to contain lead based paint

ABATEMENT LEVEL: Same as action level

READ NO: Reading number

ROOM: The room in which the reading is taken

SURFACE: Examples are: ceiling, floor, wall A, wall B etc.
As you enter a room, the wall to the left is considered Wall A. Wall "B", "C", and "D" are measured in a clockwise rotation.

STRUCTURE: Examples are: Door, Window, Baseboard Heat etc.

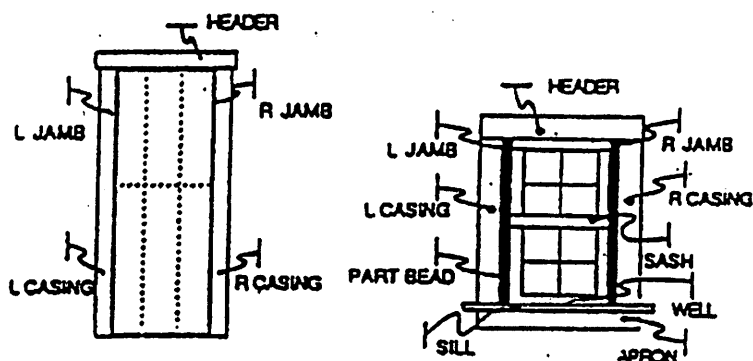
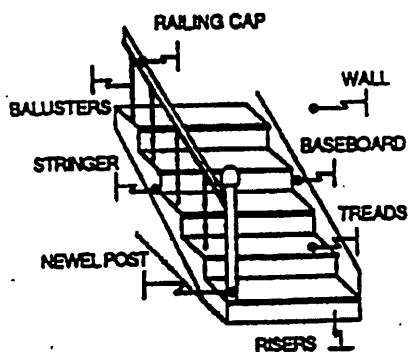
LOCATION: The approximate location of the measurement. Examples are: Lower left, Center, Upper Right etc.

MEMBER: Indicates what part of a door unit or window unit is measured.
Examples for a door are: jamb, casing or the door itself
Examples for a window are: jamb, sash, apron, casing, sill
See the diagrams below for door & window members.

PAINT CONDITION: (I) In Tact (F) Fair (P) Poor

LEAD (mg/cm²): The lead content of a surface measured in mg/cm² (milligrams per square centimeter)

CALIBRATION READINGS: Readings taken at the beginning, during or at the end of an inspection to verify the accuracy of the lead detection equipment.



LEAD PAINT INSPECTION REPORT

REPORT NUMBER: 05/10/11 09:33

INSPECTION FOR: Susan Esquilin
287 Ross Ave.
Hackensack, NJ 07601PERFORMED AT: 105 Glenview Rd.
S. Orange, NJ

INSPECTION DATE: 05/10/11

INSTRUMENT TYPE: R M D
MODEL LPA-1
XRF TYPE ANALYZER
Serial Number: 1382

ACTION LEVEL: 1.0 mg/cm**2

OPERATOR LICENSE: NJ 00016-E

STATEMENT: This is to certify that a representative sampling was done
to the readily available surfaces and was done so on a
reasonable basis.SIGNED Bob Simon DATE 5/10/11
Equitable Lead Testing, LLC
5 Gray Lane
Brick, NJ 08724
By: Bob Simon, Mgr.

SUMMARY REPORT OF LEAD PAINT INSPECTION FOR: Susan Esquilin

Inspection Date: 05/10/11 105 Glenview Rd.
Report Date: 5/10/2011 S. Orange, NJ
Abatement Level: 1.0
Report No. 05/10/11 09:33
Total Readings: 179 Actionable: 25
Job Started: 05/10/11 09:33
Job Finished: 05/10/11 10:54

Read No.	Wall	Structure	Location	Member	Paint Cond	Substrate	Paint Color	Lead (mg/cm ²)	Mode
Exterior Room 001 Number Only									
011	A	Wall	L Ctr		I	N/A	N/A	3.6	Std
015	A	Door	Ctr	Lft jamb	F	N/A	N/A	>9.9	Std
014	A	Door	Ctr	U Ctr	I	N/A	N/A	>9.9	Std
004	B	Wall	L Ctr		I	N/A	N/A	7.3	Std
006	B	window	Ctr	sill	I	N/A	N/A	4.6	Std

xrf report.TXT									
007	B	Window	Ctr	Lft casing	I	N/A	N/A	4.7	Std
009	B	Door	Ctr	Lft jamb	I	N/A	N/A	5.2	Std
010	B	Door Sill	Ctr		I	N/A	N/A	7.4	Std
061	C	Wall	L Ctr		I	N/A	N/A	3.0	Std
063	C	Door	Rgt	Rgt jamb	I	N/A	N/A	3.1	Std
062	C	Door	Rgt	U Rgt	I	N/A	N/A	3.0	Std
064	C	Door Sill	Ctr		I	N/A	N/A	4.1	Std
Interior Room 007 Bath #1									
082	C	Window	Ctr	well	I	N/A	N/A	4.0	Std
083	C	Ext Wind SH	Ctr		I	N/A	N/A	6.2	Std
Interior Room 008 Bedroom #1									
094	D	Window	Rgt	well	I	N/A	N/A	3.9	Std
095	D	Ext Wind SH	Rgt		I	N/A	N/A	4.5	Std
Interior Room 009 Bath #2									
104	B	Window	Ctr	well	I	N/A	N/A	4.6	Std
105	B	Ext Wind SH	Ctr		I	N/A	N/A	6.0	Std
Interior Room 010 Bedroom #2									
116	C	Window	Ctr	well	I	N/A	N/A	5.7	Std
117	C	Ext Wind SH	Ctr		I	N/A	N/A	5.0	Std
Interior Room 011 Bath #3									
126	B	Window	Ctr	well	I	N/A	N/A	7.1	Std
127	B	Ext Wind SH	Ctr		I	N/A	N/A	6.6	Std
Interior Room 012 Bedroom #3									
138	C	Window	Rgt	well	I	N/A	N/A	3.8	Std
Interior Room 013 Bedroom #4									
175	B	Window	Ctr	well	I	N/A	N/A	3.8	Std
176	B	Ext Wind SH	Ctr		I	N/A	N/A	5.6	Std
----- End of Readings -----									

DETAILED REPORT OF LEAD PAINT INSPECTION FOR: Susan Esquilin

Inspection Date: 05/10/11 105 Glenview Rd.
 Report Date: 5/10/2011 S. Orange, NJ
 Abatement Level: 1.0
 Report No. 05/10/11 09:33
 Total Readings: 179
 Job Started: 05/10/11 09:33
 Job Finished: 05/10/11 10:54

Read No.	Wall	Structure	Location	Member	Paint Cond	Substrate	Paint Color	Lead (mg/cm ²)	Mode
Exterior Room 001 Number Only									
011	A	Wall	L Ctr		I	N/A	N/A	3.6	Std
012	A	Soffit			I	N/A	N/A	-0.1	Std
015	A	Door	Ctr	Lft jamb	F	N/A	N/A	>9.9	Std
014	A	Door	Ctr	U Ctr	I	N/A	N/A	>9.9	Std
016	A	Iron Rail	Ctr		I	N/A	N/A	0.2	Std

xrf report.TXT									
013	A	Lite Panel	Rgt		I	N/A	N/A	0.0	Std
004	B	Wall	L Ctr		I	N/A	N/A	7.3	Std
005	B	Foundation	Ctr		I	N/A	N/A	-0.1	Std
006	B	Window	Ctr	sill	I	N/A	N/A	4.6	Std
007	B	Window	Ctr	Lft casing	I	N/A	N/A	4.7	Std
009	B	Door	Ctr	Lft jamb	I	N/A	N/A	5.2	Std
008	B	Door	Ctr	U Ctr	I	N/A	N/A	0.0	Std
010	B	Door sill	Ctr		I	N/A	N/A	7.4	Std
061	C	Wall	L Ctr		I	N/A	N/A	3.0	Std
063	C	Door	Rgt	Rgt jamb	I	N/A	N/A	3.1	Std
062	C	Door	Rgt	U Rgt	I	N/A	N/A	3.0	Std
064	C	Door sill	Ctr		I	N/A	N/A	4.1	Std

Interior Room 001 Utility Rm

017	A	Wall	L Ctr		I	N/A	N/A	-0.2	Std
024	A	Baseboard	Ctr		I	N/A	N/A	0.0	Std
023	A	Door	Ctr	Lft jamb	I	N/A	N/A	0.3	Std
022	A	Door	Ctr	U Ctr	I	N/A	N/A	0.5	Std
018	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
019	C	Wall	L Ctr		I	N/A	N/A	0.0	Std
026	C	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
025	C	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
020	D	Wall	L Ctr		I	N/A	N/A	0.0	Std
021	D	Ceiling			I	N/A	N/A	0.0	Std

Interior Room 002 Dinette

028	A	Wall	L Ctr		I	N/A	N/A	0.0	Std
027	A	Wall	U Ctr		I	N/A	N/A	-0.1	Std
030	B	Wall	L Ctr		I	N/A	N/A	-0.1	Std
029	B	Wall	U Ctr		I	N/A	N/A	-0.2	Std
037	B	Window	Ctr	sill	I	N/A	N/A	0.0	Std
038	B	Window	Ctr	Lft casing	I	N/A	N/A	0.0	Std
032	C	Wall	L Ctr		I	N/A	N/A	-0.1	Std
031	C	Wall	U Ctr		I	N/A	N/A	0.0	Std
034	D	Wall	L Ctr		I	N/A	N/A	-0.2	Std
033	D	Wall	U Ctr		I	N/A	N/A	0.1	Std
036	D	Baseboard	Ctr		I	N/A	N/A	0.7	Std
035	D	Ceiling			I	N/A	N/A	-0.1	Std

Interior Room 003 Kitchen

039	A	Wall	L Ctr		I	N/A	N/A	0.1	Std
046	A	Baseboard	Ctr		I	N/A	N/A	-0.1	Std
045	A	Door	Lft	Lft casing	I	N/A	N/A	0.0	Std
044	A	Door	Lft	U Lft	I	N/A	N/A	-0.1	Std
040	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
041	C	Wall	L Ctr		I	N/A	N/A	0.1	Std
047	C	Window	Ctr	sill	I	N/A	N/A	-0.2	Std
048	C	Window	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
042	D	Wall	L Ctr		I	N/A	N/A	0.0	Std
043	D	Ceiling			I	N/A	N/A	0.1	Std

Interior Room 004 Dining Rm

049	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
055	A	Baseboard	Ctr		I	N/A	N/A	0.0	Std
054	A	Door	Ctr	Lft jamb	I	N/A	N/A	-0.1	Std
050	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
051	C	Wall	L Ctr		I	N/A	N/A	-0.2	Std
057	C	Window	Lft	Sash	I	N/A	N/A	0.0	Std
056	C	Window	Lft	sill	I	N/A	N/A	0.1	Std
052	D	Wall	L Ctr		I	N/A	N/A	-0.1	Std
053	D	Ceiling			I	N/A	N/A	0.0	Std

Interior Room 005 Family R 1

xrf report.TXT									
058	A	wall	L Ctr		I	N/A	N/A	0.1	Std
059	B	wall	L Ctr		I	N/A	N/A	0.0	Std
060	D	Ceiling			I	N/A	N/A	0.2	Std
Interior Room 006 Living Rm									
065	A	wall	L Ctr		I	N/A	N/A	0.0	Std
070	A	Door	Ctr	Lft jamb	I	N/A	N/A	0.1	Std
066	B	wall	L Ctr		I	N/A	N/A	0.2	Std
067	C	wall	L Ctr		I	N/A	N/A	-0.1	Std
072	C	Door	Ctr	Lft casing	I	N/A	N/A	0.0	Std
071	C	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
068	D	wall	L Ctr		I	N/A	N/A	-0.1	Std
069	D	Ceiling			I	N/A	N/A	0.3	Std
Interior Room 007 Bath #1									
073	A	wall	L Ctr		I	N/A	N/A	0.1	Std
080	A	Baseboard	Ctr		I	N/A	N/A	0.0	Std
079	A	Door	Ctr	Lft casing	I	N/A	N/A	0.3	Std
078	A	Door	Ctr	U Ctr	I	N/A	N/A	0.0	Std
074	B	wall	L Ctr		I	N/A	N/A	0.3	Std
075	C	wall	L Ctr		I	N/A	N/A	0.1	Std
081	C	window	Ctr	Sash	I	N/A	N/A	0.0	Std
082	C	window	Ctr	well	I	N/A	N/A	4.0	Std
083	C	Ext wind SH	Ctr		I	N/A	N/A	6.2	Std
076	D	wall	L Ctr		I	N/A	N/A	0.0	Std
077	D	Ceiling			I	N/A	N/A	0.2	Std
Interior Room 008 Bedroom #1									
084	A	wall	L Ctr		I	N/A	N/A	0.1	Std
091	A	Baseboard	Ctr		I	N/A	N/A	-0.1	Std
090	A	Door	Rgt	Rgt casing	I	N/A	N/A	0.0	Std
089	A	Door	Rgt	U Rgt	I	N/A	N/A	0.1	Std
085	B	wall	L Ctr		I	N/A	N/A	0.2	Std
086	C	wall	L Ctr		I	N/A	N/A	0.1	Std
087	D	wall	L Ctr		I	N/A	N/A	-0.1	Std
088	D	Ceiling			I	N/A	N/A	0.1	Std
093	D	window	Rgt	Sash	I	N/A	N/A	-0.1	Std
094	D	window	Rgt	well	I	N/A	N/A	3.9	Std
092	D	window	Rgt	Sill	I	N/A	N/A	-0.1	Std
095	D	Ext wind SH	Rgt		I	N/A	N/A	4.5	Std
Interior Room 009 Bath #2									
096	A	wall	L Ctr		I	N/A	N/A	0.6	Std
102	A	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
101	A	Door	Ctr	U Ctr	I	N/A	N/A	-0.2	Std
097	B	wall	L Ctr		I	N/A	N/A	-0.1	Std
103	B	window	Ctr	Sash	I	N/A	N/A	-0.1	Std
104	B	window	Ctr	well	I	N/A	N/A	4.6	Std
105	B	Ext wind SH	Ctr		I	N/A	N/A	6.0	Std
098	C	wall	L Ctr		I	N/A	N/A	0.3	Std
099	D	wall	L Ctr		I	N/A	N/A	0.0	Std
100	D	Ceiling			I	N/A	N/A	-0.1	Std
Interior Room 010 Bedroom #2									
106	A	wall	L Ctr		I	N/A	N/A	0.0	Std
113	A	Baseboard	Ctr		I	N/A	N/A	-0.1	Std
112	A	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
111	A	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
107	B	wall	L Ctr		I	N/A	N/A	-0.1	Std
108	C	wall	L Ctr		I	N/A	N/A	0.2	Std
115	C	window	Ctr	Sash	I	N/A	N/A	-0.1	Std
116	C	window	Ctr	well	I	N/A	N/A	5.7	Std
114	C	window	Ctr	Sill	I	N/A	N/A	0.0	Std

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117	C	Ext wind SH	Ctr		I	N/A	N/A	5.0	Std
109	D	Wall	L Ctr		I	N/A	N/A	0.3	Std
110	D	Ceiling			I	N/A	N/A	0.0	Std
Interior Room 011 Bath #3									
118	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
124	A	Door	Ctr	Lft casing	I	N/A	N/A	0.0	Std
123	A	Door	Ctr	U Ctr	I	N/A	N/A	0.0	Std
119	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
125	B	Window	Ctr	Sash	I	N/A	N/A	-0.1	Std
126	B	Window	Ctr	well	I	N/A	N/A	7.1	Std
127	B	Ext wind SH	Ctr		I	N/A	N/A	6.6	Std
120	C	Wall	L Ctr		I	N/A	N/A	0.1	Std
121	D	Wall	L Ctr		I	N/A	N/A	0.0	Std
122	D	Ceiling			I	N/A	N/A	-0.1	Std
Interior Room 012 Bedroom #3									
128	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
135	A	Baseboard	Ctr		I	N/A	N/A	0.1	Std
134	A	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
133	A	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
129	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
130	C	Wall	L Ctr		I	N/A	N/A	0.1	Std
137	C	Window	Rgt	Sash	I	N/A	N/A	0.0	Std
138	C	Window	Rgt	well	I	N/A	N/A	3.8	Std
136	C	Window	Rgt	Sill	I	N/A	N/A	0.0	Std
139	C	Ext wind SH	Rgt		I	N/A	N/A	0.0	Std
131	D	Wall	L Ctr		I	N/A	N/A	-0.1	Std
132	D	Ceiling			I	N/A	N/A	0.1	Std
Interior Room 013 Bedroom #4									
140	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
147	A	Baseboard	Ctr		I	N/A	N/A	-0.1	Std
146	A	Door	Ctr	Lft casing	I	N/A	N/A	0.1	Std
145	A	Door	Ctr	U Ctr	I	N/A	N/A	0.1	Std
141	B	Wall	L Ctr		I	N/A	N/A	-0.1	Std
175	B	Window	Ctr	well	I	N/A	N/A	3.8	Std
148	B	Window	Ctr	Sill	I	N/A	N/A	0.0	Std
149	B	Window	Ctr	Lft casing	I	N/A	N/A	0.0	Std
176	B	Ext wind SH	Ctr		I	N/A	N/A	5.6	Std
142	C	Wall	L Ctr		I	N/A	N/A	0.0	Std
143	D	Wall	L Ctr		I	N/A	N/A	0.1	Std
144	D	Ceiling			I	N/A	N/A	0.0	Std
Interior Room 014 Bath #4									
150	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
156	A	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
155	A	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
151	B	Wall	L Ctr		I	N/A	N/A	-0.1	Std
152	C	Wall	L Ctr		I	N/A	N/A	0.1	Std
153	D	Wall	L Ctr		I	N/A	N/A	0.2	Std
154	D	Ceiling			I	N/A	N/A	0.0	Std
157	D	Window	Ctr	Sill	I	N/A	N/A	-0.1	Std
158	D	Window	Ctr	Lft casing	I	N/A	N/A	0.0	Std
Interior Room 015 Storage									
159	A	Wall	L Ctr		I	N/A	N/A	0.1	Std
164	A	Door	Ctr	Lft jamb	I	N/A	N/A	-0.1	Std
160	B	Wall	L Ctr		I	N/A	N/A	-0.1	Std
161	C	Wall	L Ctr		I	N/A	N/A	-0.1	Std
162	D	Wall	L Ctr		I	N/A	N/A	-0.1	Std
163	D	Ceiling			I	N/A	N/A	-0.1	Std

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Interior Room 016 work Shop

165	A	Wall	L Ctr	I	N/A	N/A	0.0	Std
166	B	Wall	L Ctr	I	N/A	N/A	0.2	Std
167	C	Wall	L Ctr	I	N/A	N/A	-0.1	Std
168	D	Wall	L Ctr	I	N/A	N/A	0.1	Std
169	D	Ceiling		I	N/A	N/A	-0.1	Std

Interior Room 017 Family R 2

170	A	Wall	L Ctr	I	N/A	N/A	0.0	Std
171	B	Wall	L Ctr	I	N/A	N/A	-0.1	Std
172	C	Wall	L Ctr	I	N/A	N/A	-0.1	Std
173	D	Wall	L Ctr	I	N/A	N/A	-0.1	Std
174	D	Ceiling		I	N/A	N/A	-0.1	Std

Calibration Readings

001							0.0	Std
002							0.0	Std
003							0.0	Std
177							0.2	Std
178							0.0	Std
179							0.1	Std

----- End of Readings -----

EQUITABLE LEAD TESTING LLC

5 Gray Lane
Brick, New Jersey 08724

NJ License # 00016-E

Tel (732) 458-2002
Fax (732) 458-5883

May 10, 2011

Susan Esquilin
287 Ross Ave.
Hackensack, NJ 07601

Inspection Location: 105 Glenview Rd.
S. Orange, NJ

Enclosed are the results of the Lead Paint inspection recently performed at the above address.
There are two sections to the report:

- (a) The *Summary Report* lists all readings equal to or greater than 1 mg/cm² which indicates the presence of lead based paint.
- (b) The *Detailed Report* lists every reading taken for the job.

If you have any questions concerning the inspection please call me at (732) 458-2002.

Sincerely,

Bob Simon

Equitable Lead Testing, LLC
By: Bob Simon, Mgr

EXPLANATION OF TERMS RELATED TO THIS REPORT

ACTION LEVEL: Any measurement equal to or greater than 1.0 mg/cm² is considered to contain lead based paint

ABATEMENT LEVEL: Same as action level

READ NO: Reading number

ROOM: The room in which the reading is taken

SURFACE: Examples are: ceiling, floor, wall A, wall B etc.
As you enter a room, the wall to the left is considered Wall A. Wall "B", "C", and "D" are measured in a clockwise rotation.

STRUCTURE: Examples are: Door, Window, Baseboard Heat etc.

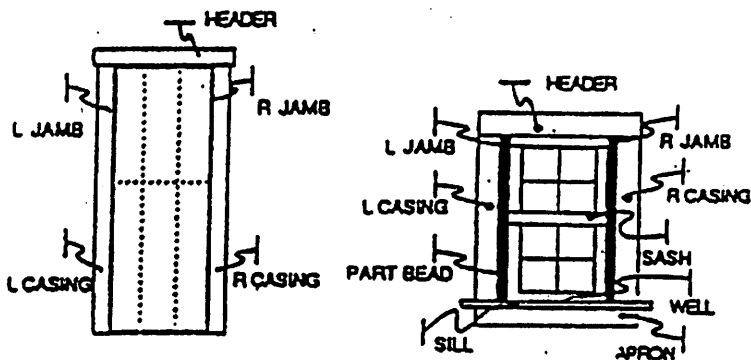
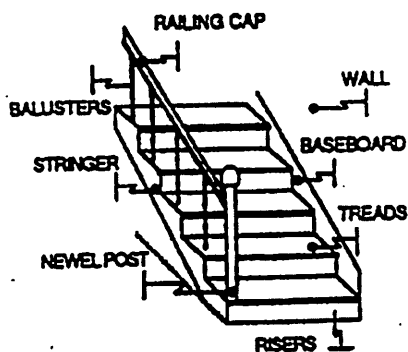
LOCATION: The approximate location of the measurement. Examples are: Lower left, Center, Upper Right etc.

MEMBER: Indicates what part of a door unit or window unit is measured.
Examples for a door are: jamb, casing or the door itself
Examples for a window are: jamb, sash, apron, casing, sill
See the diagrams below for door & window members.

PAINT CONDITION: (I) In Tact (F) Fair (P) Poor

LEAD (mg/cm²): The lead content of a surface measured in mg/cm² (milligrams per square centimeter)

CALIBRATION READINGS: Readings taken at the beginning, during or at the end of an inspection to verify the accuracy of the lead detection equipment.



LEAD PAINT INSPECTION REPORT

REPORT NUMBER: 05/10/11 09:33

INSPECTION FOR: Susan Esquilin
287 Ross Ave.
Hackensack, NJ 07601PERFORMED AT: 105 Glenview Rd.
S. Orange, NJ

INSPECTION DATE: 05/10/11

INSTRUMENT TYPE: R M D
MODEL LPA-1
XRF TYPE ANALYZER
Serial Number: 1382

ACTION LEVEL: 1.0 mg/cm**2

OPERATOR LICENSE: NJ 00016-E

STATEMENT: This is to certify that a representative sampling was done
to the readily available surfaces and was done so on a
reasonable basis.SIGNED Bob Simon DATE 5/10/11
Equitable Lead Testing, LLC
5 Gray Lane
Brick, NJ 08724
By: Bob Simon, Mgr.

SUMMARY REPORT OF LEAD PAINT INSPECTION FOR: Susan Esquilin

Inspection Date: 05/10/11 105 Glenview Rd.
Report Date: 5/10/2011 S. Orange, NJ
Abatement Level: 1.0
Report No. 05/10/11 09:33
Total Readings: 179 Actionable: 25
Job Started: 05/10/11 09:33
Job Finished: 05/10/11 10:54

Read No.	Wall	Structure	Location	Member	Paint Cond	Substrate	Paint Color	Lead (mg/cm²)	Mode
Exterior Room 001 Number Only									
011	A	Wall	L Ctr		I	N/A	N/A	3.6	Std
015	A	Door	Ctr	Lft jamb	F	N/A	N/A	>9.9	Std
014	A	Door	Ctr	U Ctr	I	N/A	N/A	>9.9	Std
004	B	Wall	L Ctr		I	N/A	N/A	7.3	Std
006	B	window	Ctr	sill	I	N/A	N/A	4.6	Std

xrf report.TXT									
007	B	Window	Ctr	Lft casing	I	N/A	N/A	4.7	Std
009	B	Door	Ctr	Lft jamb	I	N/A	N/A	5.2	Std
010	B	Door Sill	Ctr		I	N/A	N/A	7.4	Std
061	C	Wall	L Ctr		I	N/A	N/A	3.0	Std
063	C	Door	Rgt	Rgt jamb	I	N/A	N/A	3.1	Std
062	C	Door	Rgt	U Rgt	I	N/A	N/A	3.0	Std
064	C	Door Sill	Ctr		I	N/A	N/A	4.1	Std
Interior Room 007 Bath #1									
082	C	Window	Ctr	well	I	N/A	N/A	4.0	Std
083	C	Ext Wind SH	Ctr		I	N/A	N/A	6.2	Std
Interior Room 008 Bedroom #1									
094	D	Window	Rgt	well	I	N/A	N/A	3.9	Std
095	D	Ext Wind SH	Rgt		I	N/A	N/A	4.5	Std
Interior Room 009 Bath #2									
104	B	Window	Ctr	well	I	N/A	N/A	4.6	Std
105	B	Ext Wind SH	Ctr		I	N/A	N/A	6.0	Std
Interior Room 010 Bedroom #2									
116	C	Window	Ctr	well	I	N/A	N/A	5.7	Std
117	C	Ext Wind SH	Ctr		I	N/A	N/A	5.0	Std
Interior Room 011 Bath #3									
126	B	Window	Ctr	well	I	N/A	N/A	7.1	Std
127	B	Ext Wind SH	Ctr		I	N/A	N/A	6.6	Std
Interior Room 012 Bedroom #3									
138	C	Window	Rgt	well	I	N/A	N/A	3.8	Std
Interior Room 013 Bedroom #4									
175	B	Window	Ctr	well	I	N/A	N/A	3.8	Std
176	B	Ext Wind SH	Ctr		I	N/A	N/A	5.6	Std
----- End of Readings -----									

DETAILED REPORT OF LEAD PAINT INSPECTION FOR: Susan Esquilin

Inspection Date: 05/10/11 105 Glenview Rd.
 Report Date: 5/10/2011 S. Orange, NJ
 Abatement Level: 1.0
 Report No. 05/10/11 09:33
 Total Readings: 179
 Job Started: 05/10/11 09:33
 Job Finished: 05/10/11 10:54

Read No.	Wall	Structure	Location	Member	Paint Cond	Substrate	Paint Color	Lead (mg/cm ²)	Mode
Exterior Room 001 Number Only									
011	A	Wall	L Ctr		I	N/A	N/A	3.6	Std
012	A	Soffit			I	N/A	N/A	-0.1	Std
015	A	Door	Ctr	Lft jamb	F	N/A	N/A	>9.9	Std
014	A	Door	Ctr	U Ctr	I	N/A	N/A	>9.9	Std
016	A	Iron Rail	Ctr		I	N/A	N/A	0.2	Std

xrf report.TXT									
013	A	Lite Panel	Rgt		I	N/A	N/A	0.0	Std
004	B	Wall	L Ctr		I	N/A	N/A	7.3	Std
005	B	Foundation	Ctr		I	N/A	N/A	-0.1	Std
006	B	Window	Ctr	sill	I	N/A	N/A	4.6	Std
007	B	Window	Ctr	Lft casing	I	N/A	N/A	4.7	Std
009	B	Door	Ctr	Lft jamb	I	N/A	N/A	5.2	Std
008	B	Door	Ctr	U Ctr	I	N/A	N/A	0.0	Std
010	B	Door sill	Ctr		I	N/A	N/A	7.4	Std
061	C	Wall	L Ctr		I	N/A	N/A	3.0	Std
063	C	Door	Rgt	Rgt jamb	I	N/A	N/A	3.1	Std
062	C	Door	Rgt	U Rgt	I	N/A	N/A	3.0	Std
064	C	Door sill	Ctr		I	N/A	N/A	4.1	Std

Interior Room 001 Utility Rm

017	A	Wall	L Ctr		I	N/A	N/A	-0.2	Std
024	A	Baseboard	Ctr		I	N/A	N/A	0.0	Std
023	A	Door	Ctr	Lft jamb	I	N/A	N/A	0.3	Std
022	A	Door	Ctr	U Ctr	I	N/A	N/A	0.5	Std
018	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
019	C	Wall	L Ctr		I	N/A	N/A	0.0	Std
026	C	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
025	C	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
020	D	Wall	L Ctr		I	N/A	N/A	0.0	Std
021	D	Ceiling			I	N/A	N/A	0.0	Std

Interior Room 002 Dinette

028	A	Wall	L Ctr		I	N/A	N/A	0.0	Std
027	A	Wall	U Ctr		I	N/A	N/A	-0.1	Std
030	B	Wall	L Ctr		I	N/A	N/A	-0.1	Std
029	B	Wall	U Ctr		I	N/A	N/A	-0.2	Std
037	B	Window	Ctr	sill	I	N/A	N/A	0.0	Std
038	B	Window	Ctr	Lft casing	I	N/A	N/A	0.0	Std
032	C	Wall	L Ctr		I	N/A	N/A	-0.1	Std
031	C	Wall	U Ctr		I	N/A	N/A	0.0	Std
034	D	Wall	L Ctr		I	N/A	N/A	-0.2	Std
033	D	Wall	U Ctr		I	N/A	N/A	0.1	Std
036	D	Baseboard	Ctr		I	N/A	N/A	0.7	Std
035	D	Ceiling			I	N/A	N/A	-0.1	Std

Interior Room 003 Kitchen

039	A	Wall	L Ctr		I	N/A	N/A	0.1	Std
046	A	Baseboard	Ctr		I	N/A	N/A	-0.1	Std
045	A	Door	Lft	Lft casing	I	N/A	N/A	0.0	Std
044	A	Door	Lft	U Lft	I	N/A	N/A	-0.1	Std
040	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
041	C	Wall	L Ctr		I	N/A	N/A	0.1	Std
047	C	Window	Ctr	sill	I	N/A	N/A	-0.2	Std
048	C	Window	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
042	D	Wall	L Ctr		I	N/A	N/A	0.0	Std
043	D	Ceiling			I	N/A	N/A	0.1	Std

Interior Room 004 Dining Rm

049	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
055	A	Baseboard	Ctr		I	N/A	N/A	0.0	Std
054	A	Door	Ctr	Lft jamb	I	N/A	N/A	-0.1	Std
050	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
051	C	Wall	L Ctr		I	N/A	N/A	-0.2	Std
057	C	Window	Lft	Sash	I	N/A	N/A	0.0	Std
056	C	Window	Lft	sill	I	N/A	N/A	0.1	Std
052	D	Wall	L Ctr		I	N/A	N/A	-0.1	Std
053	D	Ceiling			I	N/A	N/A	0.0	Std

Interior Room 005 Family R 1

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058	A	wall	L Ctr		I	N/A	N/A	0.1	Std
059	B	wall	L Ctr		I	N/A	N/A	0.0	Std
060	D	Ceiling			I	N/A	N/A	0.2	Std
Interior Room 006 Living Rm									
065	A	wall	L Ctr		I	N/A	N/A	0.0	Std
070	A	Door	Ctr	Lft jamb	I	N/A	N/A	0.1	Std
066	B	wall	L Ctr		I	N/A	N/A	0.2	Std
067	C	wall	L Ctr		I	N/A	N/A	-0.1	Std
072	C	Door	Ctr	Lft casing	I	N/A	N/A	0.0	Std
071	C	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
068	D	wall	L Ctr		I	N/A	N/A	-0.1	Std
069	D	Ceiling			I	N/A	N/A	0.3	Std
Interior Room 007 Bath #1									
073	A	wall	L Ctr		I	N/A	N/A	0.1	Std
080	A	Baseboard	Ctr		I	N/A	N/A	0.0	Std
079	A	Door	Ctr	Lft casing	I	N/A	N/A	0.3	Std
078	A	Door	Ctr	U Ctr	I	N/A	N/A	0.0	Std
074	B	wall	L Ctr		I	N/A	N/A	0.3	Std
075	C	wall	L Ctr		I	N/A	N/A	0.1	Std
081	C	window	Ctr	Sash	I	N/A	N/A	0.0	Std
082	C	window	Ctr	well	I	N/A	N/A	4.0	Std
083	C	Ext wind SH	Ctr		I	N/A	N/A	6.2	Std
076	D	wall	L Ctr		I	N/A	N/A	0.0	Std
077	D	Ceiling			I	N/A	N/A	0.2	Std
Interior Room 008 Bedroom #1									
084	A	wall	L Ctr		I	N/A	N/A	0.1	Std
091	A	Baseboard	Ctr		I	N/A	N/A	-0.1	Std
090	A	Door	Rgt	Rgt casing	I	N/A	N/A	0.0	Std
089	A	Door	Rgt	U Rgt	I	N/A	N/A	0.1	Std
085	B	wall	L Ctr		I	N/A	N/A	0.2	Std
086	C	wall	L Ctr		I	N/A	N/A	0.1	Std
087	D	wall	L Ctr		I	N/A	N/A	-0.1	Std
088	D	Ceiling			I	N/A	N/A	0.1	Std
093	D	window	Rgt	Sash	I	N/A	N/A	-0.1	Std
094	D	window	Rgt	well	I	N/A	N/A	3.9	Std
092	D	window	Rgt	Sill	I	N/A	N/A	-0.1	Std
095	D	Ext wind SH	Rgt		I	N/A	N/A	4.5	Std
Interior Room 009 Bath #2									
096	A	wall	L Ctr		I	N/A	N/A	0.6	Std
102	A	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
101	A	Door	Ctr	U Ctr	I	N/A	N/A	-0.2	Std
097	B	wall	L Ctr		I	N/A	N/A	-0.1	Std
103	B	window	Ctr	Sash	I	N/A	N/A	-0.1	Std
104	B	window	Ctr	well	I	N/A	N/A	4.6	Std
105	B	Ext wind SH	Ctr		I	N/A	N/A	6.0	Std
098	C	wall	L Ctr		I	N/A	N/A	0.3	Std
099	D	wall	L Ctr		I	N/A	N/A	0.0	Std
100	D	Ceiling			I	N/A	N/A	-0.1	Std
Interior Room 010 Bedroom #2									
106	A	wall	L Ctr		I	N/A	N/A	0.0	Std
113	A	Baseboard	Ctr		I	N/A	N/A	-0.1	Std
112	A	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
111	A	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
107	B	wall	L Ctr		I	N/A	N/A	-0.1	Std
108	C	wall	L Ctr		I	N/A	N/A	0.2	Std
115	C	window	Ctr	Sash	I	N/A	N/A	-0.1	Std
116	C	window	Ctr	well	I	N/A	N/A	5.7	Std
114	C	window	Ctr	Sill	I	N/A	N/A	0.0	Std

xrf report.TXT									
117	C	Ext wind SH	Ctr		I	N/A	N/A	5.0	Std
109	D	Wall	L Ctr		I	N/A	N/A	0.3	Std
110	D	Ceiling			I	N/A	N/A	0.0	Std
Interior Room 011 Bath #3									
118	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
124	A	Door	Ctr	Lft casing	I	N/A	N/A	0.0	Std
123	A	Door	Ctr	U Ctr	I	N/A	N/A	0.0	Std
119	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
125	B	Window	Ctr	Sash	I	N/A	N/A	-0.1	Std
126	B	Window	Ctr	well	I	N/A	N/A	7.1	Std
127	B	Ext wind SH	Ctr		I	N/A	N/A	6.6	Std
120	C	Wall	L Ctr		I	N/A	N/A	0.1	Std
121	D	Wall	L Ctr		I	N/A	N/A	0.0	Std
122	D	Ceiling			I	N/A	N/A	-0.1	Std
Interior Room 012 Bedroom #3									
128	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
135	A	Baseboard	Ctr		I	N/A	N/A	0.1	Std
134	A	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
133	A	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
129	B	Wall	L Ctr		I	N/A	N/A	0.0	Std
130	C	Wall	L Ctr		I	N/A	N/A	0.1	Std
137	C	Window	Rgt	Sash	I	N/A	N/A	0.0	Std
138	C	Window	Rgt	well	I	N/A	N/A	3.8	Std
136	C	Window	Rgt	Sill	I	N/A	N/A	0.0	Std
139	C	Ext wind SH	Rgt		I	N/A	N/A	0.0	Std
131	D	Wall	L Ctr		I	N/A	N/A	-0.1	Std
132	D	Ceiling			I	N/A	N/A	0.1	Std
Interior Room 013 Bedroom #4									
140	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
147	A	Baseboard	Ctr		I	N/A	N/A	-0.1	Std
146	A	Door	Ctr	Lft casing	I	N/A	N/A	0.1	Std
145	A	Door	Ctr	U Ctr	I	N/A	N/A	0.1	Std
141	B	Wall	L Ctr		I	N/A	N/A	-0.1	Std
175	B	Window	Ctr	well	I	N/A	N/A	3.8	Std
148	B	Window	Ctr	Sill	I	N/A	N/A	0.0	Std
149	B	Window	Ctr	Lft casing	I	N/A	N/A	0.0	Std
176	B	Ext wind SH	Ctr		I	N/A	N/A	5.6	Std
142	C	Wall	L Ctr		I	N/A	N/A	0.0	Std
143	D	Wall	L Ctr		I	N/A	N/A	0.1	Std
144	D	Ceiling			I	N/A	N/A	0.0	Std
Interior Room 014 Bath #4									
150	A	Wall	L Ctr		I	N/A	N/A	-0.1	Std
156	A	Door	Ctr	Lft casing	I	N/A	N/A	-0.1	Std
155	A	Door	Ctr	U Ctr	I	N/A	N/A	-0.1	Std
151	B	Wall	L Ctr		I	N/A	N/A	-0.1	Std
152	C	Wall	L Ctr		I	N/A	N/A	0.1	Std
153	D	Wall	L Ctr		I	N/A	N/A	0.2	Std
154	D	Ceiling			I	N/A	N/A	0.0	Std
157	D	Window	Ctr	Sill	I	N/A	N/A	-0.1	Std
158	D	Window	Ctr	Lft casing	I	N/A	N/A	0.0	Std
Interior Room 015 Storage									
159	A	Wall	L Ctr		I	N/A	N/A	0.1	Std
164	A	Door	Ctr	Lft jamb	I	N/A	N/A	-0.1	Std
160	B	Wall	L Ctr		I	N/A	N/A	-0.1	Std
161	C	Wall	L Ctr		I	N/A	N/A	-0.1	Std
162	D	Wall	L Ctr		I	N/A	N/A	-0.1	Std
163	D	Ceiling			I	N/A	N/A	-0.1	Std

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Interior Room 016 work Shop

165	A	Wall	L Ctr	I	N/A	N/A	0.0	Std
166	B	Wall	L Ctr	I	N/A	N/A	0.2	Std
167	C	Wall	L Ctr	I	N/A	N/A	-0.1	Std
168	D	Wall	L Ctr	I	N/A	N/A	0.1	Std
169	D	Ceiling		I	N/A	N/A	-0.1	Std

Interior Room 017 Family R 2

170	A	Wall	L Ctr	I	N/A	N/A	0.0	Std
171	B	Wall	L Ctr	I	N/A	N/A	-0.1	Std
172	C	Wall	L Ctr	I	N/A	N/A	-0.1	Std
173	D	Wall	L Ctr	I	N/A	N/A	-0.1	Std
174	D	Ceiling		I	N/A	N/A	-0.1	Std

Calibration Readings

001							0.0	Std
002							0.0	Std
003							0.0	Std
177							0.2	Std
178							0.0	Std
179							0.1	Std

----- End of Readings -----

