



SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

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Property Address: 42 Mea Drive
Berkeley Heights NJ 07922 ("Property").

Seller: Jennifer Wardell
Scott Wardell ("Seller").

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

- 1. Age of House, if known 66 years
- 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? 2015
- 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

- 4. Age of roof 4.5 years
- 5. Has roof been replaced or repaired since Seller bought the Property?
- 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

- 8. Does the Property have one or more sump pumps?
- 8a. Are there any problems with the operation of any sump pump?
- 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?
- 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?
- 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: _____
- 11. Are you aware of any cracks or bulges in the basement floor or foundation walls? If "yes," specify location: _____



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

TERMITES/WOOD DESTROYING INSECTS, DRY ROT, PESTS

- | | Yes | No | Unknown | |
|----|-------------------------------------|-------------------------------------|---------|---|
| 64 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 16. Are you aware of any termites/wood destroying insects, dry rot, or pests affecting the Property? |
| 65 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 17. Are you aware of any damage to the Property caused by termites/wood destroying insects, dry rot, or pests? |
| 67 | <input type="checkbox"/> | <input type="checkbox"/> | | 18. If "yes," has work been performed to repair the damage? |
| 68 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 19. Is your Property under contract by a licensed pest control company? If "yes," state the name and address of the licensed pest control company: _____ |
| 71 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 20. Are you aware of any termite/pest control inspections or treatments performed on the Property in the past? |
| 73 | | | | 21. Explain any "yes" answers that you give in this Used to be under contract with Viking and Aptive. They would do regular checks of house for termite and rodents. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

STRUCTURAL ITEMS

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

_____ |

ADDITIONS/REMODELS

- | | Yes | No | Unknown | |
|----|-------------------------------------|-------------------------------------|---------|--|
| 96 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 28. Are you aware of any additions, structural changes or other alterations to the structures on the Property made by any present or past owners? |
| 98 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 29. Were the proper building permits and approvals obtained? Explain any "yes" answers you give in this section: we used our licensed general contractor to open up space between the kitchen and living room and no permit was obtained.

_____ |

PLUMBING, WATER AND SEWAGE

- | | Yes | No | Unknown | |
|-----|--------------------------|--------------------------|---------|---|
| 105 | | | | 30. What is the source of your drinking water?
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Community System <input type="checkbox"/> Well on Property <input type="checkbox"/> Other (explain) _____ |
| 107 | <input type="checkbox"/> | <input type="checkbox"/> | | 31. If your drinking water source is not public, have you performed any tests on the water? If so, when? _____
Attach a copy of or describe the results: _____
_____ |

- 111 32. Does the wastewater from any clothes washer, dishwasher, or other appliance discharge to any
- 112 location other than the sewer, septic, or other system that services the rest of the Property?
- 113 33. When was well installed? _____
- 114 Location of well? _____
- 115 34. Do you have a softener, filter, or other water purification system? Leased Owned
- 116 35. What is the type of sewage system?
- 117 Public Sewer Private Sewer Septic System Cesspool Other (explain): _____
- 118 36. If you answered "septic system," have you ever had the system inspected to confirm that it is a
- 119 true septic system and not a cesspool?
- 120 37. If Septic System, when was it installed? _____
- 121 Location? _____
- 122 38. When was the Septic System or Cesspool last cleaned and/or serviced? _____
- 123 39. Are you aware of any abandoned Septic Systems or Cesspools on your Property?
- 124 39a. If "yes," is the closure in accordance with the municipality's ordinance? Explain: _____
- 125 _____
- 126 40. Are you aware of any leaks, backups, or other problems relating to any of the plumbing systems and
- 127 fixtures (including pipes, sinks, tubs and showers), or of any other water or sewage related problems?
- 128 If "yes," explain _____
- 129 _____
- 130 41. Are you aware of the presence of any lead piping, including but not limited to any service line,
- 131 piping materials, fixtures, and solder. If "yes," explain: _____
- 132 _____
- 133 42. Are you aware of any shut off, disconnected, or abandoned wells, underground water or sewage
- 134 tanks, or dry wells on the Property?
- 135 43. Is either the private water or sewage system shared? If "yes," explain: _____
- 136 _____
- 137 44. Water Heater: Electric Fuel Oil Gas
- 138 Age of Water Heater **4.5 years** _____
- 139 44a. Are you aware of any problems with the water heater?
- 140 45. Explain any "yes" answers that you give in this section: _____
- 141 _____
- 142 _____
- 143 _____

HEATING AND AIR CONDITIONING

- 144 Yes No Unknown
- 145
- 146 46. Type of Air Conditioning:
- 147 Central one zone Central multiple zone Wall/Window Unit None
- 148 47. List any areas of the house that are not air conditioned: **None**
- 149 _____
- 150 48. What is the age of Air Conditioning System? **4.5 years**
- 151 49. Type of heat: Electric Fuel Oil Natural Gas Propane Unheated Other
- 152 50. What is the type of heating system? (for example, forced air, hot water or base board, radiator,
- 153 steam heat) **Forced air throughout house; 1 room is ductless**
- 154 51. If it is a centralized heating system, is it one zone or multiple zones? _____
- 155 **One zone**
- 156 52. Age of furnace **4.5 years** Date of last service: **10/14/2024**
- 157 53. List any areas of the house that are not heated: **None**
- 158 _____
- 159 54. Are you aware of any tanks on the Property, either above or underground, used to store fuel or
- 160 other substances?
- 161 55. If tank is not in use, do you have a closure certificate?
- 162 56. Are you aware of any problems with any items in this section? If "yes," explain: _____
- 163 _____
- 164 _____

WOODBURNING STOVE OR FIREPLACE

- 165 Yes No Unknown
- 166
- 167 57. Do you have wood burning stove? fireplace? insert? other
- 168 57a. Is it presently usable?
- 169 58. If you have a fireplace, when was the flue last cleaned? **1/12/2021**
- 170 58a. Was the flue cleaned by a professional or non-professional? **Certified professional**

171 59. Have you obtained any required permits for any such item?
 172 60. Are you aware of any problems with any of these items? If "yes," please explain: _____
 173 The chimney, fireplace, flue, and all associated components will be conveyed in AS-IS condition.
 174 **ELECTRICAL SYSTEM**
 175 Yes No Unknown
 176 61. What type of wiring is in this structure? Copper Aluminum Other Unknown
 177 62. What amp service does the Property have? 60 100 150 200 Other Unknown
 178 63. Does it have 240 volt service? Which are present Circuit Breakers, Fuses or Both?
 179 64. Are you aware of any additions to the original service?
 180 If "yes," were the additions done by a licensed electrician? Name and address: Yes.
 181 Air Group, 1 Prince Rd, Whippany, NJ 07981
 182 _____
 183 65. If "yes," were proper building permits and approvals obtained?
 184 66. Are you aware of any wall switches, light fixtures or electrical outlets in need of repair?
 185 67. Explain any "yes" answers that you give in this section: 100 AMP sub panel installed
 186 in garage w/ #1/3 SER feeder from main panel to sub panel & in main panel -
 187 relocate (2) AC circuits to create space for sub panel & surge protectors.
 188
 189 **LAND (SOILS, DRAINAGE AND BOUNDARIES)**
 190 Yes No Unknown
 191 68. Are you aware of any fill or expansive soil on the Property?
 192 69. Are you aware of any past or present mining operations in the area in which the Property is
 193 located?
 194 70. Is the Property located in a flood hazard zone?
 195 71. Are you aware of any drainage or flood problems affecting the Property?
 196 72. Are there any areas on the Property which are designated as protected wetlands?
 197 73. Are you aware of any encroachments, utility easements, boundary line disputes, or drainage or
 198 other easements affecting the Property?
 199 74. Are there any water retention basins on the Property or the adjacent properties?
 200 75. Are you aware if any part of the Property is being claimed by the State of New Jersey as land
 201 presently or formerly covered by tidal water (Riparian claim or lease grant)? Explain: _____
 202 _____
 203 _____
 204 76. Are you aware of any shared or common areas (for example, driveways, bridges, docks, walls,
 205 bulkheads, etc.) or maintenance agreements regarding the Property?
 206 x 77. Explain any "yes" answers to the preceding questions in this section: _____
 207 see attached from NRT Title Agency, LLC "Exceptions from Coverage"
 208 & "Survey Endorsement."
 209 78. Do you have a survey of the Property?
 210
 211 **ENVIRONMENTAL HAZARDS**
 212 Yes No Unknown
 213 79. Have you received any written notification from any public agency or private concern informing you
 214 that the Property is adversely affected, or may be adversely affected, by a condition that exists on a
 215 property in the vicinity of this Property? If "yes," attach a copy of any such notice currently in your
 216 possession.
 217 79a. Are you aware of any condition that exists on any property in the vicinity which adversely affects,
 218 or has been identified as possibly adversely affecting, the quality or safety of the air, soil, water,
 219 and/or physical structures present on this Property? If "yes," explain: _____
 220 _____
 221 80. Are you aware of any underground storage tanks (UST) or toxic substances now or previously
 222 present on this Property or adjacent property (structure or soil), such as polychlorinated biphenyl
 223 (PCB), solvents, hydraulic fluid, petro-chemicals, hazardous wastes, pesticides, chromium,
 224 thorium, lead or other hazardous substances in the soil? If "yes," explain: _____
 225 _____
 226 81. Are you aware if any underground storage tank has been tested?
 227 (Attach a copy of each test report or closure certificate if available.)
 228 82. Are you aware if the Property has been tested for the presence of any other toxic substances, such
 229 as lead-based paint, urea-formaldehyde foam insulation, asbestos-containing materials, or others?
 230 (Attach copy of each test report if available.)

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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

- 109. When was the Solar Panel System Installed? _____
- 109a. What is the name and contact information of the business that installed the Solar Panel System? _____
- 109b. Do you have documents and/or contracts relating to the Solar Panel System? If “yes,” please attach copies to this form.
- 110. Are SRECs available from the Solar Panel System?
- 110a. If SRECs are available, when will the SRECs expire? _____
- 111. Is there any storage capacity on the Property for the Solar Panel System?
- 112. Are you aware of any defects in or damage to any component of the Solar Panel System? If yes, explain: _____

Choose one of the following three options:

- 113a. 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.
- 113b. The Solar Panel System is the subject of a lease agreement. If yes, proceed to **Section B** below.
- 113c. 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

- 114. What is the current periodic payment amount? \$ _____
- 115. What is the frequency of the periodic payments (check one)? Monthly Quarterly
- 116. What is the expiration date of the PPA, which is when you will become the owner of the Solar Panel System? _____ (“PPA Expiration Date”)
- 117. Is there a balloon payment that will become due on or before the PPA Expiration Date?
- 118. If there is a balloon payment, what is the amount? \$ _____

Choose one of the following three options:

- 119a. Buyer will assume my/our obligations under the PPA at Closing.
- 119b. 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.
- 119c. 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

- 120. What is the current periodic lease payment amount? \$ _____
- 121. What is the frequency of the periodic lease payments (check one)? Monthly Quarterly
- 122. What is the expiration date of the lease? _____

Choose one of the following two options:

- 123a. Buyer will assume our obligations under the lease at Closing.
- 123b. I/we will obtain an early termination of the lease and will remove the Solar Panel System prior to Closing.

SECTION C - THE SOLAR PANEL SYSTEM IS SUBJECT TO ENERGY CERTIFICATE(S)

- 124. Are Solar Transition Renewable Energy Certificates (“TREC”) available from the Solar Panel System?
- 124a. If TREC are available, when will the TREC expire? _____
- 125. Are Solar Renewable Energy Certificates IIs (“SREC IIs”) available from the Solar Panel System?
- 125a. If SREC IIs are available, when will the SREC IIs expire? _____

411 **WATER INTRUSION**

412 Yes No Unknown

413 126. Are you aware of any water leakage, accumulation or dampness, the presence of mold or other similar
 414 natural substance, or repairs or other attempts to control any water or dampness problem on the
 415 Property? If yes, please describe the nature of the issue and any attempts to repair or control it: _____
 416 _____
 417 _____

If yes, pursuant to New Jersey law, the **buyer** of the real Property is advised to refer to the ‘Mold Guidelines for New Jersey Residents’ pamphlet issued by the New Jersey Department of Health (njreal.to/mold-guidelines) and has the right to request a physical copy of the pamphlet from the real estate broker, broker-salesperson, or salesperson.

423 **FLOOD RISK**

424 Flood risks in New Jersey are growing due to the effects of climate change. Coastal and inland areas may experience significant flooding
 425 now and in the near future, including in places that were not previously known to flood. For example, by 2050, it is likely that sea-level
 426 rise will meet or exceed 2.1 feet above 2000 levels, placing over 40,000 New Jersey properties at risk of permanent coastal flooding.
 427 In addition, precipitation intensity in New Jersey is increasing at levels significantly above historic trends, placing inland properties at
 428 greater risk of flash flooding. These and other coastal and inland flood risks are expected to increase within the life of a typical mortgage
 429 originated in or after 2020.

431 To learn more about these impacts, including the flood risk to the Property, visit njreal.to/flood-disclosure. To learn more about how to
 432 prepare for a flood emergency, visit njreal.to/flood-planning.

434 Yes No Unknown

435 127. Is any or all of the Property located wholly or partially in the Special Flood Hazard Area (“100-
 436 year floodplain”) according to FEMA’s current flood insurance rate maps for your area?

437 128. Is any or all of the Property located wholly or partially in a Moderate Risk Flood Hazard Area
 438 (“500-year floodplain”) according to FEMA’s current flood insurance rate maps for your area?

439 129. Is the Property subject to any requirement under federal law to obtain and maintain flood
 440 insurance on the Property?

Properties in the special flood hazard area, also known as high risk flood zones, on FEMA’s flood insurance rate maps with mortgages from federally regulated or insured lenders are required to obtain and maintain flood insurance. Even when not required, FEMA encourages property owners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure and the personal property within the structure. Also note that properties in coastal and riverine areas may be subject to increased risk of flooding over time due to projected sea level rise and increased extreme storms caused by climate change which may not be reflected in current flood insurance rate maps.

448 130. Have you ever received assistance, or are you aware of any previous owners receiving assistance,
 449 from FEMA, the U.S. Small Business Administration, or any other federal disaster flood assistance
 450 for flood damage to the Property?

For properties that have received federal disaster assistance, the requirement to obtain flood insurance passes down to all future owners. Failure to obtain and maintain flood insurance can result in an individual being ineligible for future assistance.

454 131. Is there flood insurance on the Property?
 455 *A standard homeowner’s insurance policy typically does not cover flood damage. You are encouraged to examine your
 456 policy to determine whether you are covered.*

457 132. Is there a FEMA elevation certificate available for the Property? If so, the elevation certificate
 458 must be shared with the buyer.

An elevation certificate is a FEMA form, completed by a licensed surveyor or engineer. The form provides critical information about the flood risk of the Property and is used by flood insurance providers under the National Flood Insurance Program to help determine the appropriate flood insurance rating for the Property. A buyer may be able to use the elevation certificate from a previous owner for their flood insurance policy.

463 133. Have you ever filed a claim for flood damage to the Property with any insurance provider,
 464 including the National Flood Insurance Program?

If the claim was approved, what was the amount received? \$ _____

466 134. Has the Property experienced any flood damage, water seepage, or pooled water due to a natural
 467 flood event, such as heavy rainfall, coastal storm surge, tidal inundation, or river overflow?
 468 If so, how many times? _____

469 135. Explain any “yes” answers that you give in this section: _____
 470 _____

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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.

Signed by:
Jennifer Wardell

2/17/2025 | 22:06 EST

SELLER - E25677BC19F94A9...

DATE

Signed by:
Scott Wardell

2/19/2025 | 05:45 PST

SELLER - 47AD91859798464...

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



Invoice 11248535

1 PRINCE RD
WHIPPANY, NJ 07981-2100
Phone: 800-545-1020
Fax: 973-887-2218

Date called in: 12/28/22
CSR: DCECIRE
AcctNo: 13541-001
Work Type: Maintenance- 2 Systems
Terms : COD
Cust PO :

Billing Account:

SCOTT WARDELL
42 MEA DR.
BERKELEY HEIGHTS, NJ 07922

Service Address:

SCOTT WARDELL
42 MEA DR.
BERKELEY HEIGHTS, NJ 07922

Date Sched :	Technician :
4/21/2023	HARRISON - 638



ItemNo	Desc	Qty	Price	Extended
PMVISIT-GOLD	Maintenance Visit- Gold	1.00	0.00	0.00
900	Preventive Maintenance on Sys.	2.00	0.00	0.00
002	Cleaned Condenser Coil	2.00	0.00	0.00
003	Checked Refrigerant Charge	2.00	0.00	0.00
020	Checked Operating Pressures	2.00	0.00	0.00
11012	Checked Air Filter	2.00	0.00	0.00
11013	Customer replaces air filter	2.00	0.00	0.00
12444	Inspected Blower Assembly	2.00	0.00	0.00
01311	Tested run capacitor	2.00	0.00	0.00
209	TIGHTENED ELECTRICAL CONNECT.	2.00	0.00	0.00
213	Cleaned Contactors	2.00	0.00	0.00
036	Clean & Check Condensate Pump	2.00	0.00	0.00
301	Cleaned Main Drain	2.00	0.00	0.00
303	Cleaned Aux. Drain	2.00	0.00	0.00
311	Cleaned P-Trap	2.00	0.00	0.00
372	Replaced All Panels/Covers	2.00	0.00	0.00
377	Checked Amperage Draw of Motor	2.00	0.00	0.00
037	Clean Debris From Cond. Unit	2.00	0.00	0.00
038	Check All Safety Controls	2.00	0.00	0.00
085	Explained System To Customer	2.00	0.00	0.00
355	Checked Bearing for Wear/Play	2.00	0.00	0.00
356	Checked Fan Blade Balance	2.00	0.00	0.00
358	Checked Unit For Vibration	2.00	0.00	0.00
373	Cleaned All Work Areas	2.00	0.00	0.00
374	Reset Contrls to Orig. Setting	2.00	0.00	0.00

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



1 PRINCE RD
 WHIPPANY, NJ 07981-2100
 Phone: 800-545-1020
 Fax: 973-887-2218

Invoice 11248535

Date called in: 12/28/22
CSR: DCECIRE
AcctNo: 13541-001
Work Type: Maintenance- 2 Systems
Terms : COD

NOTES

-- All equipment functioning properly at this time.

Checked media filters, both in ok condition. Quoted \$95 plus tax each for replacement media filters. Mr was not interested in replacements today and will instead order and replace them himself.

Customer had no complaints at this time.

Mr will return stats to desired settings himself.

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



Invoice 11344996

1 PRINCE RD
WHIPPANY, NJ 07981-2100
Phone: 800-545-1020
Fax: 973-887-2218

Date called in: 10/11/23
CSR: MARY
AcctNo: 13541-001
Work Type: Maintenance- 1 System
Terms : COD
Cust PO :

Billing Account:

SCOTT WARDELL
42 MEA DR.
BERKELEY HEIGHTS, NJ 07922

Service Address:

SCOTT WARDELL
42 MEA DR.
BERKELEY HEIGHTS, NJ 07922

Date Sched :	Technician :
11/16/2023	HARRISON - 638



ItemNo	Desc	Qty	Price	Extended
PMVISIT-GOLD	Maintenance Visit- Gold	1.00	0.00	0.00
900	Preventive Maintenance on Sys.	1.00	0.00	0.00
11012	Checked Air Filter	1.00	0.00	0.00
11013	Customer replaces air filter	1.00	0.00	0.00
1811	Checked draft inducer oper.	1.00	0.00	0.00
090	Cleaned Sensor	1.00	0.00	0.00
0891	Checked gas pressure	1.00	0.00	0.00
13711	Checked hot surface ignitor	1.00	0.00	0.00
12811	Checked heat exchanger	1.00	0.00	0.00
086	Cleaned Burner(s)	1.00	0.00	0.00
0961	Cleaned intake screen	1.00	0.00	0.00
1812	Cleaned flue cond. trap	1.00	0.00	0.00
092	Checked Flame Signal	1.00	0.00	0.00
096	Checked Flue Pipe & Venting	1.00	0.00	0.00
CO	Checked for Carbon Monoxide OK	1.00	0.00	0.00
036	Clean & Check Condensate Pump	1.00	0.00	0.00
209	TIGHTENED ELECTRICAL CONNECT.	1.00	0.00	0.00
038	Check All Safety Controls	1.00	0.00	0.00
085	Explained System To Customer	1.00	0.00	0.00

NOTES

- All equipment functioning properly at this time.
- Checked media filter. Mr replaced air filter recently.
- Checked for carbon monoxide and combustible gas leaks. Found none. 0ppm CO and 0ppm.

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



Invoice 11395179

1 PRINCE RD
WHIPPANY, NJ 07981-2100
Phone: 800-545-1020
Fax: 973-887-2218

Date called in: 4/1/24
CSR: KWARGO
AcctNo: 13541-001
Work Type: Maintenance- 2 Systems
Terms : COD
Cust PO :

Billing Account:

SCOTT WARDELL
42 MEA DR.
BERKELEY HEIGHTS, NJ 07922

Service Address:

SCOTT WARDELL
42 MEA DR.
BERKELEY HEIGHTS, NJ 07922

Date Sched :	Technician :
5/3/2024	XAVIER - 1322 CHRISTOPHER - 1299

ItemNo	Desc	Qty	Price	Extended
WATER	OUTDOOR WATER -customer will have outdoor water on for condenser coil cleaning	1.00	0.00	0.00
036	Clean & Check Condensate Pump basement	1.00	0.00	0.00
377	Checked Amperage Draw of Motor	2.00	0.00	0.00
038	Check All Safety Controls	2.00	0.00	0.00
900	Preventive Maintenance on Sys.	2.00	0.00	0.00
002	Cleaned Condenser Coil	2.00	0.00	0.00
037	Clean Debris From Cond. Unit	2.00	0.00	0.00
003	Checked Refrigerant Charge	2.00	0.00	0.00
020	Checked Operating Pressures	2.00	0.00	0.00
11111	Inspected Evaporator Coil	2.00	0.00	0.00
11012	Checked Air Filter	2.00	0.00	0.00
166	Replace Media attic	1.00	0.00	0.00
053	Used Customers Air Filters	1.00	0.00	0.00
11013	Customer replaces air filter basement	1.00	0.00	0.00
301	Cleaned Main Drain	2.00	0.00	0.00
303	Cleaned Aux. Drain	2.00	0.00	0.00
30222	Test Primary Drain Pan	2.00	0.00	0.00
12444	Inspected Blower Assembly	2.00	0.00	0.00
01311	Tested run capacitor	2.00	0.00	0.00
209	TIGHTENED ELECTRICAL CONNECT.	2.00	0.00	0.00
213	Cleaned Contactors	2.00	0.00	0.00
358	Checked Unit For Vibration	2.00	0.00	0.00
373	Cleaned All Work Areas	2.00	0.00	0.00
374	Reset Contrls to Orig. Setting	2.00	0.00	0.00
6171	CONDENSER COIL CLEANER	0.25	0.00	0.00
PMVISIT-GOLD	Maintenance Visit- Gold	1.00	0.00	0.00

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



1 PRINCE RD
 WHIPPANY, NJ 07981-2100
 Phone: 800-545-1020
 Fax: 973-887-2218

Invoice 11395179

Date called in: 4/1/24
CSR: KWARGO
AcctNo: 13541-001
Work Type: Maintenance- 2 Systems
Terms : COD

NOTES

-- 2 SYSTEM AC MAINTENANCE
 CLEANED AND FLUSHED DRAINS
 CHECK TEMPERATURE DIFFERENTIAL
 CHECK AND CLEANED DEBRIS FROM OUTDOOR/INDOOR UNIT
 CHECK AND REPLACED FOR 1st fl
 Mr will replaced 2nd fl
 Checked and Tighten all electrical components
 Reset tstat back to original setting

1st Fl
 Pressure 105/210
 SH17
 Sc11
 Comp 6.7a
 Odf .9a
 Td18
 Cap 45/5uf reading 44/4.8uf

2nd floor
 Pressure 110/220
 SH 17
 SC 12
 Comp 6.5a
 Odf: .8a
 Capacitor 35/5uf reading 34/4.8uf
 Td20

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



Invoice 11442907

1 PRINCE RD
WHIPPANY, NJ 07981-2100
Phone: 800-545-1020
Fax: 973-887-2218

Date called in: 10/1/24
CSR: KAREN
AcctNo: 13541-001
Work Type: Maintenance- 1 System
Terms : COD
Cust PO :

Billing Account:

SCOTT WARDELL
42 MEA DR
BERKELEY HEIGHTS, NJ 07922-1730

Service Address:

SCOTT WARDELL
42 MEA DR
BERKELEY HEIGHTS, NJ 07922-1730

Date Sched :	Technician :
10/14/2024	RAYMOND - 1460

ItemNo	Desc	Qty	Price	Extended
MONTHLY	RENEWING MONTHLY Maintenance plan cost to be paid with 12 monthly payments. CONFIRMED WITH MRS1	1.00	0.00	0.00
900	Preventive Maintenance on Sys.	1.00	0.00	0.00
11012	Checked Air Filter	1.00	0.00	0.00
11013	Customer replaces air filter	1.00	0.00	0.00
1811	Checked draft inducer oper.	1.00	0.00	0.00
090	Cleaned Sensor	1.00	0.00	0.00
0891	Checked gas pressure	1.00	0.00	0.00
13711	Checked hot surface ignitor	1.00	0.00	0.00
086	Cleaned Burner(s)	1.00	0.00	0.00
1812	Cleaned flue cond. trap	1.00	0.00	0.00
096	Checked Flue Pipe & Venting	1.00	0.00	0.00
CO	Checked for Carbon Monoxide OK	1.00	0.00	0.00
038	Check All Safety Controls	1.00	0.00	0.00
PMVISIT-GOLD	Maintenance Visit- Gold	1.00	0.00	0.00

NOTES

- Customer does own filter #213 and #45 water panel.
- System:s#4384
CARRIER 2 stage 80,000 Btu 90%
Inlet Gas Pressure: 6.8
Low-Fire Manifold Pressure: 1.3
High-Fire Manifold Pressure:
Temperature Rise- Low Fire: 30-60 (46)
Temperature Rise- High Fire: 40-70
Capacitor Reading: n/a ECM
Carbon Monoxide Reading: 0 at furnace
SYSTEM LOCKED INTO LOW ONLY
previous notes.

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00

D & S ABATEMENT, INC.

11 Rosengren Avenue
Totowa, New Jersey 07512

Tel: (973) 345-8685
Fax: (973) 345-9338

Certificate of Completion

Re: 42 Mea Drive
Berkeley Heights, NJ

On May 21, 2015, our company performed an asbestos abatement project at the above referenced site location.

Once the duct vents throughout the 1st floor had been thoroughly cleaned they were sealed with a binding encapsulant in order to lock down any invisible fibers that might remain.

The State licensed asbestos workers performed the work. This project conformed to all OSHA & EPA rules & regulations pertaining to the removal of asbestos containing material. If you have any questions please feel free to call our office.

Respectfully submitted,



Deanna Brkusanin
Project Manager



Phase Contrast Microscopy Analytical Report

NY ELAP #: 11832, NIOSH PAT #: 173498

Client: D&S Abatement, Inc. Address: 11 Rosengren Avenue Totowa NJ 07512 Phone: (973) 345-8885 Email: info@dsabatement.com		Job Site: 42 Mea Drive, Berkely Heights, NJ		Report No: 13640456 Sampled: 5/22/2015 Received: 5/22/2015 Analyzed: 5/22/2015 Reported: 5/22/2015	
Sample ID	Fibers per CC	Fibers per Field	Fibers per Filter	Fibers per mm ²	Location Description
Lab ID					
S15-061	< 0.001	< 5.5	< 2695	< 7	Final Air Test - 1st Floor.
A151421157		100			Volume (L): 1800

Detection Limit = 7 Fibers/mmi³

D&S Abatement, Inc. collected the sample(s) above.

Lab Manager:

Sherrill Johnson

Analyst:

Albert Johnson

These/This air test result(s) are below US EPA and State standards for determining an asbestos removal project complete if the result is less than 0.01 Fibers/cc or less and if completion is based on Final Air Test result(s). JS bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. JS is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. Samples received in good condition unless otherwise noted. RSD values: 5-20 fibers=0.37, 20-50=0.42, 50-100=0.30.

J&S Environmental Laboratories, LLC, 2333 Route 22 West, Union, NJ 07083
Phone: (908) 206-0073

EMERALD LAWN SPRINKLERS
PO BOX 844
SPRINGFIELD, NJ 07081
(973) 376-7753

=====
INVOICE
=====

WARDELL
42 MEA DR
BERKELEY HEIGHTS, NJ 07922

Invoice #: 149217
Invoice Date: 08/03/23
Date of Service: 06/02/23
Work Order #:
Service Tech: BF
Work Order Taken: 07/03/23
Phone #: 917-509-3932

Terms: DUE UPON RECEIPT

Qty ---	Description -----	Unit Price -----	Extended -----
	BACKFLOW TEST	110.00	110.00
	BACKFLOW TEST PREPAID (CONTRACT)	-110.00	110.00CR
		6.625% tax:	0.00
		Total Due:	\$0.00

THANK YOU FOR YOUR BUSINESS

=====
ALL CREDIT CARDS ACCEPTED. 3.5% FEE WILL BE ADDED.

WARDELL
42 MEA DR
BERKELEY HEIGHTS, NJ 07922

Invoice #: 149217 BF
Invoice Date: 08/03/23
Date of Service: 06/02/23
Work Order #:
Phone #: 917-509-3932
Total Due: \$0.00

E-mail: scott.wardell@gmail.com

Check #: _____ -or- Credit Card #: _____

To: EMERALD LAWN SPRINKLERS
PO BOX 844
SPRINGFIELD, NJ 07081
(973) 376-7753

Expires: ____/____ CCV Code: ____
Signature: _____

NEWWA Backflow Prevention Device Assembly Test Report Form

Owner of Property WARDELL

Mailing Address 42 MEA DRIVE

BERKELEY HEIGHTS, NJ 07922

(City, Town) (Zip)

Contact Person _____

Device Address and Location FRONT RIGHT OF PROPERTY

Device Identification Number _____

Test Kit Serial # 11082165 Calibration Date 02/09/2023

Date 6-2-23 Time _____

Tested by ED PEDICINE

Certificate # 10421

RPZ DCVA PVB SRVB

Make WATTS Model No. 009M2QT

Size 1" Serial No. 132093

Test After Installation

Test After Repairs

Annual Test

Other

Reduced Pressure Backflow Prevention Device Assembly (RPZ)					Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SRVB)	
Check Valve No. 1	Check Valve No. 2 Tightness	Flow Condition Evaluated	Relief Valve DP Opening Point	Check Valve No. 2 DP	Check Valve DP	Flow Condition Evaluated
Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> <u>8.1</u> PSID	Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Flow <input type="checkbox"/> No-Flow <input checked="" type="checkbox"/>	Opened at PSID <u>2.7</u> Did Not Open <input type="checkbox"/>	<u>2.0</u> PSID	DP	Flow <input type="checkbox"/> No-Flow <input checked="" type="checkbox"/>
Double Check Valve Device Assembly (DCVA)					Air Inlet Valve DP Opening Point	
Backpressure Test		Check Valve No. 1 DP	Check Valve No. 2 DP	Flow Condition Evaluated	Opened at _____ PSID Did Not Open <input type="checkbox"/>	
TC#1 PSI	TC#4 PSI	PSID	PSID	Flow <input type="checkbox"/> No-Flow <input type="checkbox"/>		
At the time of the test, the downstream shut-off valve was: Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> Not Tested <input type="checkbox"/>						
Line Pressure <u>70</u> PSI		Protection Type: Service Line <input type="checkbox"/> Fire Service Line <input type="checkbox"/> Internal Domestic Plumbing System <input checked="" type="checkbox"/>				

Edmund Pedicine
Signature of Certified Tester

PASS FAIL OTHER

Test Witnessed by: _____
Water Works Official
D. PEDICINE
Owner Agent

State Official

Remarks

Service Restored



PO Box 844
 Springfield, NJ 07081
 Off: 732-388-2248
 Off: 973-376-7753
 Fax: 732-388-0935
 E-mail: emeraldsprinklers@gmail.com

(917) 509-3932

WARDELL (10/03/18)
 42 MEA DR
 BERKELEY HEIGHTS, NJ 07922

(201) 892-1541

APPT: 10/31/23 AM 08-11

AREA: 11

10/12/23
 ESTHER

scott.wardell@gmail.com

TECH: 6

--	--

Installed 10/05/18
 Clock Model RAINBIRD ESP ME
 Clock Loc LEFT SIDE OUTSIDE
 # of Zones 13
 Water Source FRONT WALL BY GARAGE
 Blow Out Loc FRONT RIGHT
 Rain Sensor RIGHT SD BACK GUTTER

Backflow Loc FRONT RIGHT OF PROPERTY
 Make/Model/Sz WATTS/009M2/1"
 BF Serial # 132093

Valve Box 1 FRONT MULCH UNDER RPZ
 Valve Box 2 BACKYARD LEFT TOP GRASS
 Valve Box 3
 Start-Up Est
 Winterize Est

Flow Meter

WORK HISTORY:

6/02/23 BF
 BACKFLOW TEST
 BACKFLOW TEST PREPAID (CONTRACT)
 5/08/23 DANNY
 START-UP UNDER CONTRACT, PRE-PAID
 (1) REPLACE VALVE{S} ZN 8
 5/08/23
 SILVER CONTRACT WITH BACKFLOW
 (3) EXTRA ZONES FOR SILVER CONTRAC
 10/25/22 JUSTIN
 WINTERIZE UNDER CONTRACT, PRE-PAI
 DRAIN PLUG IN MVB

WORK REQUESTED:

WINTERIZE (UNDER CONTRACT)

TIMER SETTINGS:

SPRING

SUMMER

TIMER SET AT: AM PM

SYSTEM WILL WATER: EVEN ODD EVERY

TIMER IS: ON **OFF** When ready to water, turn dial to run

CONTRACT START UP TECH VISIT WINTER

Blowout left open
 Water left off

TIME ARRIVED:

TIME COMPLETED:

I hereby acknowledge the satisfactory completion of the above described work.

Signature: _____

Date: 10/31/23

Terms: DUE UPON RECEIPT

PAYMENT METHOD: CASH CHECK

CREDIT: VISA M/C AMEX

Exp Date _____ CVC _____

Sub-Total

Tax

Total w/Tax

Surcharge

Grand Total



PO Box 844
 Springfield, NJ 07081
 Off: 732-388-2248
 Off: 973-376-7753
 Fax: 732-388-0935
 E-mail: emeraldsprinklers@gmail.com

\$\$ PROMOTION \$\$
 PUT A REVIEW ON BOTH GOOGLE AND YELP
AND RECEIVE 10% OFF
 ON YOUR NEXT CONTRACT OR SERVICE

(917) 509-3932

WARDELL (10/03/18)
 42 MEA DR
 BERKELEY HEIGHTS, NJ 07922

(201) 892-1541

APPT: 11/01/24 PM 12-3

10/11/24
 MASTER

AREA: 11

scott.wardell@gmail.com

TECH: 2

Installed 10/05/18 Clock Model RAINBIRD ESP ME Clock Loc LEFT SIDE OUTSIDE # of Zones 13 Water Source FRONT WALL BY GARAGE Blow Out Loc FRONT RIGHT Rain Sensor RIGHT SD BACK GUTTER Flow Meter	Backflow Loc FRONT RIGHT OF PROPERTY Make/Model/SZ WATTS/009M2/1" BF Serial # 132093 Valve Box 1 FRONT MULCH UNDER RPZ Valve Box 2 BACKYARD LEFT TOP GRASS Valve Box 3 Start-Up Est Winterize Est
--	--

WORK HISTORY:
 7/30/24 DAVEY
 TECHNICIAN VISIT
 (1) REPLACE ROTARY HEAD{S}
 4/27/24 BANER
 START-UP UNDER CONTRACT, PRE-PAID
 (1) RE-DIG HEAD
 (2) NOZZLE(S)
 5/02/24
 SILVER CONTRACT
 10/31/23 JUSTIN
 WINTERIZE UNDER CONTRACT, PRE-PAI
 6/02/23 BF

WORK REQUESTED:
 WINTERIZE (UNDER CONTRACT)

TIMER SETTINGS: **SPRING** **SUMMER**

TIMER SET AT: AM PM

SYSTEM WILL WATER: EVEN ODD EVERY

TIMER IS: ON OFF When ready to water, turn dial to run

CONTRACT START UP TECH VISIT WINTER	Water left off Blow out left open	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
--	--------------------------------------	--

Any concerns about your visit contact ELS within 7 days to avoid any additional service/labor charges.

TIME ARRIVED: **TIME COMPLETED:**

I hereby acknowledge the satisfactory completion of the above described work.

Signature: *[Signature]* Date: 11-1-24

Not responsible for public/private utilities, dog fences, lights, drain pipes, sump pumps, etc.
 ELS is not responsible for sprinkler shut off valve; 1 year on labor and manufacturer warranties on products.
 All warranties are invalid if homeowner/contractor other than ELS services or repairs your system.

Terms: DUE UPON RECEIPT

PAYMENT METHOD: CASH CHECK

CREDIT: VISA M/C AMEX DISC

Exp Date _____ CVC _____

Sub-Total	_____
Tax	_____
Total w/ Tax	_____
Surcharge	_____
Grand Total	_____



15 Otis Place, Verona NJ 07044
Office: (973) 433-3110
E-Mail: Jason@JerseyInspections.com
www.JerseyInspections.com

June 8, 2015

Scott and Jennifer Wardell
31 Briant Parkway
Summit, NJ 07922

RE: 42 Mea Drive
Berkeley Heights, NJ 07922

Dear Scott and Jennifer Wardell

At your request, radon testing was performed on the above referenced property on June 4, 2015

The enclosed test results from **Radiation Data** indicate a test result of 1.2 picocuries per liter of air in the house. This level is **below** the 4.0 pCi/L action level set by the U.S. EPA.

EPA recommends that **No** action be taken if your radon test result is lower than 4 pCi/L .

I appreciate this opportunity to be of service to you. If I can be of further assistance, please call.

Sincerely,

Jason Chang
Radon Measurement Technician
NJEPA Cert. # MET12333



Radiation Data
PO Box 150
Skillman, NJ 08558
(609) 466-4300
Fax (609) 466-4302

NJDEP Radon Laboratory License 18017
NJDEP Radon Measurement Business License MEB 90016

Radon Canister Test Result:

Mon Jun 08 14:47:22 EDT 2015

ADDRESS TESTED:

42 MEA DR
BERKELEY HEIGHTS/BERKELEY HEIGHTS, NJ 07922

Test Number: T910727
Exposure Start Time & Date: 06-04-15 12:20
Exposure Stop Time & Date: 06-07-15 11:20
Measurement Time & Date: 6-08-15 10:53
DMR Input: 2
Background Counts: 60.4
Counting Time: 600.0
Gross Counts: 886.0
Canister Weight: Initial/Final 68.3 / 72.1
Radon Concentration: 1.2 pCi/l (picocuries per liter)

(LAB USE ONLY)

Comments: 1;R;R;CH;S;
E;12333/10670;;

← 1st Digit indicates floor level
0=basement, 1=first floor, etc

MES 10128

J. Keith Baicker

This notice is provided to you by an organization or individual certified by NJDEP to perform radon gas or radon progeny testing measurements. NJSA 26-2D-73 requires that no certified person disclose to anyone except the DEP or the Dept. of Health the address or owners of a nonpublic building that the person has tested or treated for the presence of radon gas or radon progeny, unless the owner of the building waives in writing this right of confidentiality. In the case of a prospective sale of a building that has been tested for radon gas or progeny, the seller shall provide the buyer, at the time the contract of sales is entered into, with a copy of the results of that test and evidence of any subsequent mitigation or treatment. Any prospective buyer who contracts for the testing shall have the right to receive the results of that testing. Any questions, comments or complains regarding the person performing these measurements, or related mitigation, or safeguarding services, should be directed to the NJDEP, Attn: Radon Section, Bureau of Environmental Radiation, at 1-800-648-0394.

LIMITATION OF LIABILITY: While we at Radiation Data, and all of our licensed professional technicians, make every effort to maintain quality control (including duplicate canister tests, blanks, and "spiked" detectors), we make no warranty of any kind, either express or implied, for the consequences of false test results. Before any remediation action is taken, it is important that follow-up tests be conducted in accordance with USEPA protocols and NJDEP regulations. It is well know that radon concentrations fluctuate greatly under changing weather conditions. Furthermore, radon tests cannot be CERTIFIED, since there is no chain of custody of the test kit, and the "closed-house" conditions cannot be monitored continuously.

Kim Guadagno
Lt Governor

Chris Christie
Governor

Bob Martin
Commissioner

RADON TESTING AND MITIGATION: THE BASICS

WHAT IS RADON & WHY IS IT A CONCERN?

Radon is a radioactive gas that comes from the breakdown of naturally occurring uranium in soil and rock. It is invisible, odorless and tasteless, and can only be detected by specialized tests. Radon enters homes through openings that are in contact with the ground, such as cracks in the foundation, small openings around pipes, and sump pits.

Radon, like other radioactive materials, undergoes radioactive decay that forms decay products. Radon and its decay products release radioactive energy that can damage lung tissue in a way that causes the beginning of lung cancer.

The more radon you are exposed to, and the longer the exposure, the greater the risk of eventually developing lung cancer. Radon is the second leading cause of lung cancer in the United States, resulting in 15,000 to 22,000 deaths per year.

Testing your home for radon is easy and homes with high levels of radon can be fixed (mitigated). The New Jersey Department of Environmental Protection (DEP) recommends that all homes be tested for radon.

SELECTING & ARRANGING FOR TESTS

Homeowners can test for radon themselves or hire a New Jersey certified radon measurement company to perform the testing. Some certified radon measurement companies sell test kits, and test kits are often available in hardware stores or from local health departments. A list of certified companies, including companies that can mail you a "do-it-yourself" test, is available through the NJDEP Radon Program's Information Line, (800)648-0394, or web site, www.njradon.org.

If you buy your test from a retail store, make sure that the kit is labeled with the New Jersey certification number of the company that produced the test kit (the number will begin with "MEB9" followed by 4 digits), or you can call the Information Line to confirm that the company is certified. If you hire a contractor to do the test, make sure the technician who places and picks up the test device is certified by the State, by checking their NJDEP certificate or calling the Radon Information Line. It is against the law to do radon testing or mitigation without certification in New Jersey.

Short-Term Tests:

A single short-term test of 2-7 days in length can be used to indicate the radon level in your home. If a single short-term test reveals levels of 4 pCi/L or more, DEP data indicate that subsequent testing would confirm that levels in the home are 4 pCi/L or more in 80 percent of cases. If a second short-term test is conducted in the same location (either simultaneously or at different points in time), and the results of the tests are averaged, the average will provide a slightly more accurate estimate of radon levels.

A variety of short-term test devices are available, including charcoal canisters, electrets, and continuous radon monitors. The DEP Radon Program considers all short-term test devices used by certified companies to be equally reliable.

Long-Term Tests:

A long-term test of 3-12 months will provide your best estimate of average exposure over time, since radon levels fluctuate daily and by season. Because gases are drawn to areas of lower pressure, radon gas will enter the home at a rate that depends on the air pressure inside the home, which is affected by temperature, wind conditions, exhaust systems in the home, etc. Long-term testing should include the winter months, when radon concentrations are often higher than at other times.

Long-term test devices are usually either alpha track detectors or electrets; both tests are considered equally reliable and accurate.

Real Estate Transactions:

A single short-term radon test may be used for real estate transactions. An escrow account, with funds set aside by the seller, can be arranged for the buyer who prefers to test after closing. The funds can then be used to mitigate the home if testing reveals concentrations of 4 pCi/L or more.

If you are a potential homebuyer and are concerned about the possibility of test tampering, discuss anti-tampering methods with the radon measurement contractors you are considering hiring. Also, be sure to check that the contractor will close and pick up the test, as required by regulation. Neither the buyer, the homeowner nor the real estate agent can perform any part of the test, including: closing the test, picking it up, or sending it to a laboratory. If a homeowner is testing their home for themselves, they may do all or part of the test.

CONDUCTING THE TEST

If you do the test yourself, the process is very simple. You need only follow the testing instructions and complete the form that accompanies the test device. The device should then be mailed without delay to a laboratory using a pre-addressed envelope enclosed with the kit.

The following guidelines should be used by both homeowners and measurement companies.

For both long-term and short-term tests, the testing device must be placed:

- in the lowest *livable* level of the home -- that is, the lowest level of the home that is used, or could be used, as a living space. This would include, for example, a first floor without a basement, and a finished or unfinished basement, but not a crawl space.
- in a location where it will not be disturbed.
- at least 20 inches from the floor, at least 4 inches away from other objects and at least 36 inches away from doors, windows or other openings to the outside. The tests only need to be placed one foot away from exterior walls that have no openings. If suspended from the ceiling, it should be in the general breathing zone.

Test kits should not be placed:

- in areas exposed to direct sunlight, drafts, high heat, or high humidity; or
- in kitchens, bathrooms, laundry rooms or closets.

In addition, attic and window fans, fireplaces and wood stoves (unless they are the primary heat source) should not be used for the duration of the test. They will affect air pressure in the house which will in turn affect radon concentrations. Air conditioning can be used if it circulates inside air rather than bringing in air from the outside.

For short-term tests, it is very important to maintain "closed house conditions," since ventilation can increase or decrease radon levels in unpredictable ways. This means all windows and doors that let in outside air, on all floors, must be kept closed except for normal entrances and exits. You need to maintain closed house conditions until the short-term test is finished. For tests that last less than four days, closed house conditions must be started at least 12 hours before you begin the test.

INTERPRETING YOUR TEST RESULTS

The test report will usually give your radon reading in picoCuries per liter (pCi/L). PicoCuries per liter is a measure of how much radiation is in a liter of air, which is about the size of a quart. Sometimes results will be given in Working Levels (WL). You can calculate the pCi/L level by multiplying the WL reading by 200.

The DEP and the Environmental Protection Agency (EPA) both recommend that you take action to mitigate your home if your test results indicate radon levels of 4.0 pCi/L of radon or more. If you used two or more short-term tests at the same location, the results should be averaged.

There is no truly "safe" level of radon since lung cancer can result from very low exposures to radon – however, the risk decreases as the radon concentration decreases. If your test result is less than 4.0 pCi/L, you may want to discuss with mitigation companies whether the radon level can be brought down still further. In about half of the

homes that have been mitigated in New Jersey, radon levels have been brought to less than 1 pCi/L.

Radon Risk for Smokers and Nonsmokers
 (Source: National Academy of Sciences, *Biological Effects of Ionizing Radiation, Sixth Report, 1998*)

Radon Level (in pCi/L)	Odds for <u>non-smokers</u> * of developing lung cancer due to radon if exposed to this level over a lifetime	Odds for <u>smokers</u> * of developing lung cancer due to radon if exposed to this level over a lifetime**
20	1 in 27	1 in 5
8	1 in 68	1 in 13
4	1 in 135	1 in 26
2	1 in 270	1 in 52
0.4***	1 in 1,350	1 in 260

*Smokers are defined as individuals who have smoked at least 100 cigarettes in a lifetime; non-smokers have never smoked or smoked less than 100 cigarettes in a lifetime.
 **This is in addition to the risk of lung cancer from smoking itself.
 ***Average outdoor radon concentration.

MITIGATING YOUR HOME

The most common type of radon mitigation system is the sub-slab depressurization system. This system uses venting and sealing to lower radon levels in the home. A pipe is installed that runs from below the basement flooring to above the roofline, with a fan at the top that draws radon out from under the slab. Cracks and openings in the foundation are sealed. The radon is vented through the pipe to the outside, where it is quickly diluted.

The average price of such a system is around \$1,300, although prices can range from \$500 to \$2,500, depending on characteristics of the home and the underlying soil. You can install the system yourself, if you are highly experienced in making home repairs, or you can hire a New Jersey certified radon mitigation company to do the work for you. New Jersey certified radon mitigation professionals meet specified education and experience standards and must take continuing education classes each year to maintain their certification. It is against the law for uncertified contractors to do mitigation work in New Jersey.

After your home has been mitigated, make sure the mitigator does a post-mitigation test to prove the system is working properly. In addition, you can contact the Radon Program to obtain a free post-mitigation test (you will have to provide a copy of your mitigation contract). Retesting your home every two years will tell you whether or not your system is still working effectively in reducing the radon level to below 4 pCi/L. If you believe that your system was not installed correctly, you can contact the Radon Program to arrange for a free inspection and test of the system.

QUESTIONS?

Feel free to contact the DEP Radon Program if you have any questions, if you'd like a copy of the certified radon businesses lists, or if you have complaints about services provided by radon companies, through the Information Line at (800)648-0394 (within New Jersey) or (609)984-5425 (outside New Jersey) -- or you can visit the Radon Program web site at www.njradon.org.

AGENT FOR TITLE RESOURCES GUARANTY COMPANY

SCHEDULE B

EXCEPTIONS FROM COVERAGE

File No: NRT57725

Policy No.:702-O-NRT57725

Notwithstanding any provision of the policy to the contrary, the following matters are expressly excepted from the coverage of the policy, and the Company will not pay loss or damage, costs, attorneys' fees, or expenses that arise by reason of:

1. Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title that would be disclosed by an accurate and complete land survey of the Land.
2. Taxes paid through third quarter of 2015, Subsequent taxes not yet due and payable. Possible additional taxes assessed or levied under N.J.S.A 54:4-63.1 et seq.
3. Lien of unpaid water and sewer charges, if any.
4. Subject to added or omitted assessments pursuant to N.J.S.A 54:4-63.1 et seq.
5. Subject to sub-surface conditions and/or encroachments not disclosed by an instrument of record.
6. The exact quantity of land in number of acres or square feet contained within the premises described herein is not insured.
7. Rights of tenants and/or parties in possession under unrecorded leases.
8. This Policy does not insure against any claim resulting from the payment of, receipt of, or adjustment of sales price of the Land by reason of Homestead Tax Credits which are due or to become due.
9. Easements, Setback Lines and Notes as shown on Filed Map No. 417A.
10. Utility Grant as contained in Deed Book 2138, Page 479.
11. Restrictions as contained in Deed Book 2304, Page 422.

COUNTERSIGNED



Peter A. Uzzolino
NRT Title Agency, LLC

NRT Title Agency, LLC
AGENT FOR TITLE RESOURCES GUARANTY COMPANY

SURVEY ENDORSEMENT
(for Commitment or Policy)

File No. NRT57725

Attached to and made a part of **702-O-NRT57725**

Exception No. 1 is removed. Notwithstanding any provision in the policy to the contrary, unless an exception is taken in Schedule B, the policy insures against loss arising from any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the Title. The following matters shown on a survey made by Titus Surveying & Engineering, P.C., dated April 14, 2008, are added to Schedule B:

- (a) Overhead wires crossing subject premises.
- (b) Adjacent black-top drive, granite block curb and masonry and stone retaining wall encroaching over easterly sideline.
- (c) Black-top drive and granite block curbs in street on Mea Drive.

This policy does not insure against errors or inaccuracies in the survey with respect to matters which do not affect title.

This endorsement is issued as part of the policy. Except as it expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsements, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance. To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. Otherwise, this endorsement is subject to all of the terms and provisions of the policy and of any prior endorsements.

Dated: July 23, 2015

Title Resources Guaranty Company



Peter A. Uzzolino



May 22, 2019

Jennifer and Scott Wardell
42 Mea Drive
Berkeley Heights, NJ 07922

**Re: Asbestos Abatement – Completion Certificate
Residence, 42 Mea Drive, Berkeley Heights, NJ**

Dear Mr. & Mrs. Wardell,

This is to certify that Synatech Inc. (“Synatech”) has removed the asbestos-containing materials at the above-noted premises. All work was completed by certified personnel utilizing all protocols necessary for asbestos work on May 20, 2019.

Synatech is a NJ licensed asbestos abatement company, license # 00817.

If you have any questions, please do not hesitate to contact us.

Thank you,



John Mezzina
Vice President

/da

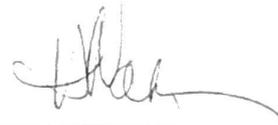
Tiger Environmental, Inc.		Pg. 1
WBE Certification No. 223369206		
234 20th Avenue, Brick, NJ 08724		
Phone: (908) 862-4301 Fax : (732) 475-6441		
CLIENT:	SYNATECH	SAMPLED BY: KELLY WALTON
LOCATION:	42 MEA DRIVE	ANALYZED BY: KELLY WALTON
	BERKLEY HEIGHTS, NJ	DATE: 5/20/2019
		SCOPE #: TEI-11
		SCOPE MODEL: Olympus CH02

FIBER ANALYSIS OF AIR SAMPLES VIA NIOSH 7400 METHOD, REVISION 3, ISSUE 2, 8/15/94
 LOD - Limit of detection is 7 fibers per mm²

Sample#	Location	Volume	Fields	Fibers	Fibers/mm ²	Fibers/cc
1	FAT, KITCHEN CENTER	1200	100	3.00	3.82	0.001
2	FAT, KITCHEN, ENTRANCE	1200	100	5.00	6.37	0.002
3	FIELD BLANK	0	0	0.00	0.00	0.000
4	FIELD BLANK	0	0	0.00	0.00	0.000
5	QUALITY CONTROL	0	0	0.00	0.00	0.000

A Fiber Count of <0.01 fibers per cc or less than background level whichever is greater, constitutes a clearance level.

Analyst Signature: Kelly Walton



ABREVIATION KEYS

IWA - Inside Work Area	GBF-Glove Bag Final
OWA - Outside Work Area	BOP-Bagging Out Procedures
FAT - Final Air Test	PDC-Personal Decon Chamber
PRE- Pre Test	WDC-Waste Decon Chamber
DR- During Removal	STEL-Short Term Exposure Level
NAD-No Asbestos Detected	

The laboratory is not responsible for data reported in fibers/cc which is dependent on volume collected by a non-laboratory personnel. This report relates only to the samples reported above.

RAY
69 45 23



Village Sweep
1812 Front Street
Scotch Plains, NJ 07076
(908) 756-1807
www.villagesweepnj.com

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NJ License/Registration #13VH08153300
CSIA Certification #9067

1/12/21

CUSTOMER

JENNIFER WARDELL
42 WEA DRIVE
BERKELEY HEIGHTS

NOTES

Swept fireplace, inspected rooftop chimney and cap, OK.

I acknowledge that the services below were rendered and that I have also been advised of the condition of my chimney.

x _____

Customer's Signature

Services Rendered

Cleaned fireplace, damper, smoke shelf, smoke chamber and flue.

Cleaned: Oil flue & connector pipes
 Gas flue & connector pipes

Inspected: Fireplace / Oil Flue / Gas Flue
No significant buildup of soot or creosote.

Installed stainless steel cap(s)

Other Services/Products:

Estimate for 8x8
ash cleanout door \$325.00
installed

TOTAL AMOUNT DUE

225.00

Paul
#1510