

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

## LEAD PAINT RISK REDUCTION

INSPECTION CERTIFICATE NO. 306209

NOTE: This inspection certificate is not valid unless it contains the Owner #

160815      0309183952055      Buck + King Partnership  
MDE TRACKING #      MDE PROPERTY #      OWNER NAME

1916 E. 28th St      5/F      Bolto MD      Balto City      21218  
Property Street Address      Unit #      City      County      Zip

The inspector must ✓ inspection category # 1, 2, 3, or 4. ✓ ONE and ONLY one. Also ✓ each appropriate option or method chosen or used. The following attachments are required: Visual Review/ Dust Sampling, Form C; Visual inspection, Form B; Lead Free, Form E. Provisional certificates are issued pursuant to a waiver for exterior work for a specific time frame and will be invalid after the expiration date. The Inspection Certificate No. must be referenced on all forms submitted.

### INSPECTION CATEGORIES

<input type="checkbox"/> <b>1. Lead Free</b>  <input type="checkbox"/> <b>Option A:</b> One Time Only  (or)  <input type="checkbox"/> <b>Option B:</b> Limited Recertification Required by ____/____/____	<input checked="" type="checkbox"/> <b>2. Full Visual Review</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>A. Visual</b> Review (interior &amp; exterior) / Dust Sampling                       (or)  <input type="checkbox"/> <b>D. Exterior</b> Waiver                       Expiration Date 04/01/____                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> <b>B. Visual</b> Inspection (interior &amp; exterior)                       (or)  <input type="checkbox"/> <b>C. Exterior</b> Waiver                       Expiration Date 04/01/____                 </td> </tr> </table>	<input type="checkbox"/> <b>A. Visual</b> Review (interior & exterior) / Dust Sampling  (or) <input type="checkbox"/> <b>D. Exterior</b> Waiver  Expiration Date 04/01/____	<input checked="" type="checkbox"/> <b>B. Visual</b> Inspection (interior & exterior)  (or) <input type="checkbox"/> <b>C. Exterior</b> Waiver  Expiration Date 04/01/____	<input type="checkbox"/> <b>3. Modified Risk Reduction</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>A. Visual</b> Review (interior &amp; exterior) / Dust Sampling                       (or)  <input type="checkbox"/> <b>D. Exterior</b> Waiver                       Expiration Date 04/01/____                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>B. Visual</b> Inspection (interior &amp; exterior)                       (or)  <input type="checkbox"/> <b>C. Exterior</b> Waiver                       Expiration Date 04/01/____                 </td> </tr> </table>	<input type="checkbox"/> <b>A. Visual</b> Review (interior & exterior) / Dust Sampling  (or) <input type="checkbox"/> <b>D. Exterior</b> Waiver  Expiration Date 04/01/____	<input type="checkbox"/> <b>B. Visual</b> Inspection (interior & exterior)  (or) <input type="checkbox"/> <b>C. Exterior</b> Waiver  Expiration Date 04/01/____	<input type="checkbox"/> <b>4. Lead Safe</b>  <b>Methods</b>  <input type="checkbox"/> <b>A. Visual Review</b> (interior & exterior) / Dust Sampling  (or) <input type="checkbox"/> <b>B. Visual Inspection</b> (interior & exterior) / Dust Sampling <b>and (required for A or B)</b> verification windows are lead-free or have been treated so friction surfaces are lead-free <i>Expires 24 calendar months following date of inspection.</i>
<input type="checkbox"/> <b>A. Visual</b> Review (interior & exterior) / Dust Sampling  (or) <input type="checkbox"/> <b>D. Exterior</b> Waiver  Expiration Date 04/01/____	<input checked="" type="checkbox"/> <b>B. Visual</b> Inspection (interior & exterior)  (or) <input type="checkbox"/> <b>C. Exterior</b> Waiver  Expiration Date 04/01/____						
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☒ **PASS** Based on the findings of the attached inspection report(s), I certify that the property/unit meets the certification criteria at this time.  
(Circle either property or unit as appropriate.)

☐ **FAIL** Based on the findings of the attached inspection report(s), the property/unit fails to meet certification criteria at this time.  
(Circle either property or unit as appropriate.)

I certify that I inspected the above listed property/unit on 10/2/05 at 10:50 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of Maryland.

Inspector's Name (printed) <u>Philip Rossetti</u>	Inspector's Signature <u>Philip Rossetti</u>	Accreditation No. <u>4248</u>	Inspection Company <u>Inspection Sew Assoc</u>	Accreditation No. <u>4266</u>
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