

MARYLAND DEPARTMENT OF THE ENVIRONMENT

904131

LEAD PAINT RISK REDUCTION (MDE FORM 330) INSPECTION CERTIFICATE NO. _____

0364019 03-25-06-7083-023A U Ultimate Properties LLC
 MDE TRACKING NO. MDE PROPERTY NO. (Include county code prefix.) OWNER NAME
3618 5th St. SFP Baltimore 21225 BAL City 1942
 Street Address Unit No. City Zip Code County Property Construction Date

The Maryland accredited lead inspector must mark an inspection category 1, 2, 3, or 5 and mark the appropriate inspection method. Only ONE category and method are to be marked. The following attachments are required to be submitted with the certificate: Form C, laboratory results, and diagrams for Full Risk Reduction, and Forms B and C, original signed copy of Supervisor's Statement of Work, laboratory results, and diagrams collected for Modified Risk Reduction. Form E for Lead Free, which shall include a \$10 per unit processing fee for each certificate. To be paid to: P.O. Box 1417, Baltimore, MD 21203. The certificate shall be signed by the inspector who performed the inspection. Inspection certificates and all required attachments must be submitted to MDE within 10 days following Lead Free and Lead Safe Inspections and within 10 days following the receipt of dust sample results for Full and Modified Risk Reduction Inspections. Copies of all inspection records shall be maintained for at least 5 years by lead inspection contractors. Maximum penalties will be pursued by MDE for any falsified documentation that is received by MDE. Indicate "0000" if Property Construction Date is unknown. Lead paint inspection contractors **must** mail inspection certificates and the supporting documentation for inspection certificates to: P.O. Box 943, Jessup, MD 20794.

INSPECTION CATEGORIES

<input type="checkbox"/> 1. Lead Free	<input checked="" type="checkbox"/> 2. Full Risk Reduction	<input type="checkbox"/> 3. Modified Risk Reduction	<input type="checkbox"/> 5. Lead Safe
<p>Methods</p> <input type="checkbox"/> A. One Time Only <i>(Interior & Exterior)</i> OR <input type="checkbox"/> B. Limited <i>(Interior Lead Free Only)</i> Passing Re-inspection required no later than: ___/___/___ ___ Number of Pre-1950 Lead Free Units ___ Number of Post-1949 Lead Free Units	<p>Methods</p> <input checked="" type="checkbox"/> A. Dust Inspection OR <input type="checkbox"/> D. Dust Inspection with Exterior Waiver Passing Re-inspection (Form D and Supervisor Statement of Work) required no later than 04/30/___ unless otherwise noted in local code. OR <input type="checkbox"/> E. Dust Inspection with Lead Free Exterior	<p>Methods</p> <input type="checkbox"/> B. Visual Inspection and Dust Inspection OR <input type="checkbox"/> C. Visual Inspection and Dust Inspection with Exterior Waiver Passing Re-inspection (Form D and Supervisor Statement of Work) required no later than 04/30/___ unless otherwise noted in local code. OR <input type="checkbox"/> D. Visual Inspection and Dust Inspection with Lead Free Exterior	<p>Methods</p> <input type="checkbox"/> A. Dust Inspection OR <input type="checkbox"/> B. Dust Inspection and Visual Inspection OR <input type="checkbox"/> C. Dust Inspection with Lead Free Exterior OR <input type="checkbox"/> D. Dust Inspection and Visual Inspection with Lead Free Exterior AND Verification that windows are lead free or have been treated so friction surfaces are lead free.

PASSED Based on the findings of the attached inspection report(s), I certify that the property/unit meets the certification criteria at this time. (circle property or unit)

FAILED Based on the findings of the attached inspection report(s), the property/unit fails to meet certification criteria at this time. (circle property or unit)

I certify that I inspected the above listed property/unit on 06/02/2020 at 7:30 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Norman Crooke Norman Crooke 17145 09/06/2020 Norman Crooke 17146 09/06/2020
 Inspector's Name Inspector's Signature Accreditation No. Accreditation Exp. Date Inspection Contractor Name Accreditation No. Accreditation Exp. Date

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Lead Poisoning Prevention Compliance & Accreditation Division
 1800 Washington Blvd. • Suite 630 • Baltimore Maryland 21230
 (410) 537-3825 • 1-800-633-6101 x3825 • www.mde.state.md.us

FORM C- DUST INSPECTION
VISUAL REVIEW / DUST SAMPLE COLLECTION & ANALYSIS

The lead paint inspection contractor/inspector is to submit a copy of the Lead Paint Risk Reduction Inspection Certificate (Form 330), with this Form C which includes the diagram; a copy of the lab results to Maryland Department of the Environment and the property owner **WITHIN 10 CALENDAR DAYS** following the inspection. This form must be fully completed and accurate or the Inspection Certificate may be invalidated. (EA 6-8, COMAR 26.16.02 and 26.16.05)

MDE Tracking No.: 0364019	Date of Inspection: 06/02/2020	Inspection Certificate No.: 904131		
Address of Property Inspected:				
Street Address: 3618 5th St.	Unit No.: SFP	City: Baltimore	Zip Code: 21225	County/City: BAL. City
Date of Lab Report: 06/04/2020	Date Lab Report was Received by Inspector: 06/05/2020			

PART I – VISUAL REVIEW

Visually review all interior and exterior painted surfaces of unit for chipping, peeling, or flaking paint. If chipping, peeling, or flaking paint is found, corrections must be made before dust samples may be collected. Exterior corrections may be delayed if interior paint condition is satisfactory and an Exterior Waiver is approved.

Is Condition of Paint Satisfactory? <i>(circle one in each column)</i>	INTERIOR	EXTERIOR
	Yes / No	Yes / No
Is an Exterior Waiver being used? <i>(circle one)</i>	Yes / No	
If Yes, this Certificate expires on: 04/30/ _____. The property must pass re-inspection no later than this date or this inspection certificate will no longer be valid. Name of the approving agency or official for the Exterior Waiver: _____ Form D with the Supervisor's Statement of Work form must be submitted to MDE and the property owner by the lead inspector.		

PART II – DIAGRAM

On a separate sheet of paper, provide a diagram of the unit. The diagram is to include: the full site address, street(s) adjacent to the outside entry with the street name(s), location of the unit within a multi-unit property if applicable, window and doorway locations, assigned room numbers, and locations of where dust samples were taken. Show each room within the unit and number each. Your numbering system on your diagram is to match Part III of this form. Note locations of windows with a "W" and sampling locations with an "X". Attach the diagram to this form.

PART III – DUST COLLECTION & ANALYSIS

After collection of samples in a room, enter the total number of samples that were taken in that room. Attach additional copies of page 2 of this form if there are more rooms than can be accommodated on the back of this form. The "Meets Standard" column requires circling a Yes or No. **Under Maryland law, the Lead Risk Reduction Standard for dust is: floors <40; window sills <250; window wells <400 µg/ft².** A copy of the Laboratory Analysis Report must be attached to this form. The Result column, below, is for results/concentration of lead in **micrograms per square foot (µg/ft²)**, not Total Lead (µg).



Is this a retest of failed room(s)? (circle one) Yes / No

	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$
* Field Blank	<u>9</u>	<u>144</u>	<u>LS</u>

*Field blank samples are required to be collected per the American Society for Testing and Materials (ASTM) International Standard E 1728 as of May 19, 2008. Field blanks only have to be collected at a minimum frequency of 5 % (or 1 for every 20 field wipe samples collected). Therefore, completion or not of the Field Blank box may vary.

ROOM NO.:	<u>LR</u>	Number of <u>NON-Lead Free</u> windows in room:	<u>0</u>	Number of <u>Lead Free</u> windows in room:	<u>2</u>	Total number of windows in room:	<u>2</u>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD			
Floor	<u>LR-1</u>	<u>144</u>	<u>LS</u>	<u>Yes</u> / No			
Sill				Yes / No			
Well				Yes / No			
Total Samples Collected in room: <u>1</u>							

ROOM NO.:	<u>K</u>	Number of <u>NON-Lead Free</u> windows in room:	<u>0</u>	Number of <u>Lead Free</u> windows in room:	<u>2</u>	Total number of windows in room:	<u>2</u>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD			
Floor	<u>K-2</u>	<u>144</u>	<u>LS</u>	<u>Yes</u> / No			
Sill				Yes / No			
Well				Yes / No			
Total Samples Collected in room: <u>1</u>							

ROOM NO.:	<u>BDF</u>	Number of <u>NON-Lead Free</u> windows in room:	<u>0</u>	Number of <u>Lead Free</u> windows in room:	<u>2</u>	Total number of windows in room:	<u>2</u>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD			
Floor	<u>BDF-3</u>	<u>144</u>	<u>LS</u>	<u>Yes</u> / No			
Sill				Yes / No			
Well				Yes / No			
Total Samples Collected in room: <u>1</u>							

ROOM NO.:	<u>H</u>	Number of <u>NON-Lead Free</u> windows in room:	<u>0</u>	Number of <u>Lead Free</u> windows in room:	<u>0</u>	Total number of windows in room:	<u>0</u>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD			
Floor	<u>H-4</u>	<u>144</u>	<u>LS</u>	<u>Yes</u> / No			
Sill				Yes / No			
Well				Yes / No			
Total Samples Collected in room: <u>1</u>							

ROOM NO.:	<u>B</u>	Number of <u>NON-Lead Free</u> windows in room:	<u>0</u>	Number of <u>Lead Free</u> windows in room:	<u>0</u>	Total number of windows in room:	<u>0</u>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD			
Floor	<u>B-5</u>	<u>144</u>	<u>LS</u>	<u>Yes</u> / No			
Sill				Yes / No			
Well				Yes / No			
Total Samples Collected in room: <u>1</u>							

Accredited Inspector's Name: <u>Norm Crookes</u>	Inspector's Accreditation No.: <u>17145</u>	Date of Inspection: <u>06/02/2020</u>
---	--	--

FORM C, PART III Continued

Inspection Certificate No.: 904131
Page No.: 2

Is this a retest of failed room(s)? (circle one)	Yes / <u>No</u>
--	-----------------

	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$
* Field Blank	9	144	LS

*Field blank samples are required to be collected per the American Society for Testing and Materials (ASTM) International Standard E 1728 as of May 19, 2008. Field blanks only have to be collected at a minimum frequency of 5 % (or 1 for every 20 field wipe samples collected). Therefore, completion or not of the Field Blank box may vary.

ROOM NO.:	BDR			Number of <u>NON-Lead Free</u> windows in room:	0	Number of <u>Lead Free</u> windows in room:	0	Total number of windows in room:	0
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD					
Floor	BDR-6	144	LS	<u>Yes</u> / No					
Sill				Yes / No					
Well				Yes / No					
Total Samples Collected in room: 1									

ROOM NO.:	BSF			Number of <u>NON-Lead Free</u> windows in room:	0	Number of <u>Lead Free</u> windows in room:	0	Total number of windows in room:	0
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD					
Floor	BSF-7	144	LS	<u>Yes</u> / No					
Sill				Yes / No					
Well				Yes / No					
Total Samples Collected in room: 1									

ROOM NO.:	BSR			Number of <u>NON-Lead Free</u> windows in room:	0	Number of <u>Lead Free</u> windows in room:	1	Total number of windows in room:	1
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD					
Floor	BSR	144	LS	<u>Yes</u> / No					
Sill				Yes / No					
Well				Yes / No					
Total Samples Collected in room: 1									

ROOM NO.:				Number of <u>NON-Lead Free</u> windows in room:		Number of <u>Lead Free</u> windows in room:		Total number of windows in room:	
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD					
Floor				Yes / No					
Sill				Yes / No					
Well				Yes / No					
Total Samples Collected in room:									

ROOM NO.:				Number of <u>NON-Lead Free</u> windows in room:		Number of <u>Lead Free</u> windows in room:		Total number of windows in room:	
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD					
Floor				Yes / No					
Sill				Yes / No					
Well				Yes / No					
Total Samples Collected in room:									

Accredited Inspector's Name: Norm Crookes	Inspector's Accreditation No.:	17145	Date of Inspection:	06/02/2020
--	--------------------------------	-------	---------------------	------------



Certificate of Analysis: Lead In Dust Wipe by EPA Method 7000B/3050B*

Client : Norm Crooke
824 W Lombard St Apt. 4
Baltimore, MD 21201

Attn : Norm Crooke Email : normcrookeleadinspector@gmail.com
Phone : 443-814-2014 Fax :

AAT Project : 568702
Sampling Date :
Date Received : 06/04/2020
Date Analyzed : 06/04/2020
Date Reported : 6/5/2020 6:00:00AM

Client Project : 3618 5TH

Project Location : 3618 5TH

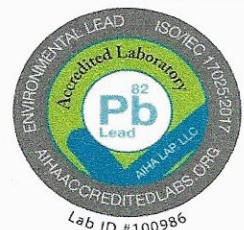
Lab Sample ID	Client Code	Sample Description	Length (inch)	Width (inch)	Area (Sq ft)	Results Lead µg/ft2 *
5487453	1	LR F	12	12	1.00	<5.00
5487454	2	K F	12	12	1.00	<5.00
5487455	3	BDF F	12	12	1.00	<5.00
5487456	4	H F	12	12	1.00	<5.00
5487457	5	B F	12	12	1.00	<5.00
5487458	6	BDR F	12	12	1.00	<5.00
5487459	7	BSF F	12	12	1.00	<5.00
5487460	8	BSR F	12	12	1.00	<5.00
5487461	9	BLANK F	12	12	1.00	<5.00

Analyst Signature



Norman Cyr

ND = Not Detected, N/A = Not Available, RL = Reporting Limit, Analytical Reporting Limit is 5 ug/sample. For true values assume (2) significant figures. AAT internal SOP S205. The method and batch QC are acceptable unless otherwise stated. EPA Regulatory Limits: 10 ug/ft2 (Floors, Carpeted/Uncarpeted), 100 ug/ft2 (Window Sill/Stools), 400 ug/ft2 (Window Trough/Well/Ext Concrete Surfaces). EPA Lead Dust Clearance Limits: 40 ug/ft2 (Floors, Carpeted/Uncarpeted), 250 ug/ft2 (Window Sill/Stools), 400 ug/ft2 (Window Trough/Well/Ext Concrete Surfaces). HUD Grantee Regulatory Limits: 10 ug/ft2 (Interior Floors), 40 ug/ft2 (Porch Floors), 100 ug/ft2 (Window Sills), 100 ug/ft2 (Window Troughs). The laboratory operates in accord with ISO 17025 guidelines and holds limited scopes of accreditation under AIHA-LAP and NY State DOH ELAP programs. These results are submitted pursuant to AAT, LLC current terms and conditions of sale, including the company's standard warranty and limitation of liability provisions. Analytical results relate to the samples as received by the lab. AAT will not assume any liability or responsibility for the manner in which the results are used or interpreted. All Quality Control requirements for the samples this report contains have been met. AAT does not blank correct reported values. Sample data apply only to items analyzed. Results are calculated with wipe dimensions supplied by client. Reproduction of this document other than in its entirety is not authorized by AAT, LLC. * = Validated modified method. Samples are stored for 15 days following report date



AIHA LAP- Lab ID #100986, NY State DOH ELAP -Lab ID #11864, State of Ohio- Lab ID # 10042

Date Printed: 06/05/2020

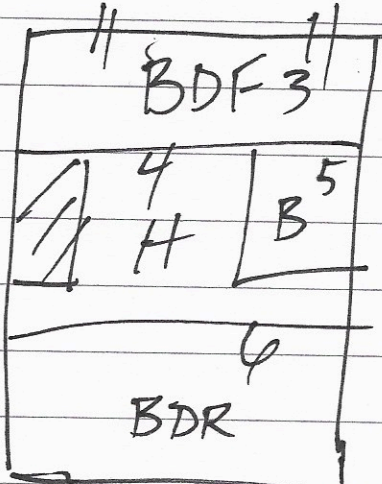
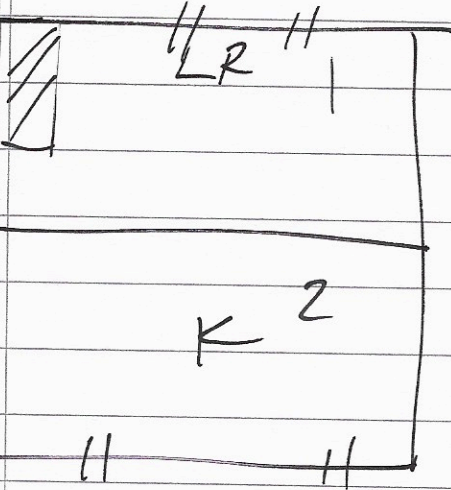
AAT Project: 568702

3618 5th

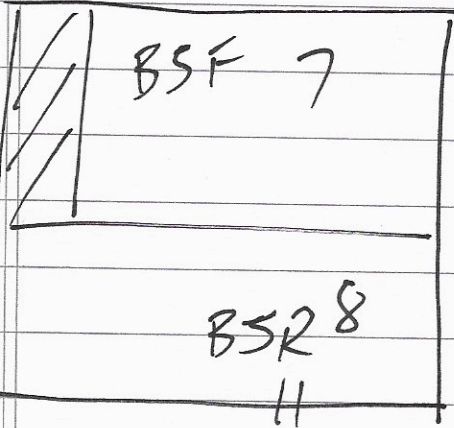
PREPARED BY

DATE

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28



2nd Flr



a blank