TEAD DAYNE DIOK D			NT OF THE ENVIRO		473685
LEAD PAINT RISK R	EDUCTION (MDE F	OKM 330) INS	PECTION CERTIFICAT	E NO	The second second second
276724	03 1307 3413 051		SRG Properties	SRG Properties No. 18, LLC	
MDE TRACKING NO.	MDE PROPERTY NO.		OWNER NAME		
2421 Francis Street	2421:s	fp	Baltimore	City	21217
Street Address	Unit No. (e.	g. StrNo: 2 A or StrNo:	SFP) City	County	Zip Code
Dust Inspections and Form E for Lea MDE within 10 days after the receip	ad-Free. The certificate shall be at the inspector of dust sample Maximum penalties will be pursu	signed by the inspector who presults or within 10 days follows for any falsified	c the appropriate inspection method. O ned copy of Supervisor's Statement of W performed the inspection; Inspection ce owing a Visual Inspection. Copies of a documentation that is received by MDE CATEGORIES	rtificates and all required attachmilinspection records shall be main	ents must be submitted to
1. Lead Free	2. Full Risk Redn	ATOT.	Wonified Ris Reduction	Certificate expire	Safe (Qualified Offer - es 24 months from the date pected) OR Safe (Not For Qualified
Methods	Me	thods.	Methods	Me Me	thods
A. One Time Only (Interior & Exterior) OR B. Limited (Interior Only) Re-certification Required by//	OR D. Dust Inspection with Externor Certificate kpir 4/30/ (Unless otherwise niced in local code) OP	OR C. St. 1 Inspect of wife Exterior V a Cardicate expires 4.41 Onless other vise noted in the code) OR F. Visual Inspection	Visual is rection or th Example or Waive the diffication is a second of the control of the con	B. Dust Inspection C. Dust Inspection Exterior D. Dust Inspection w/ Lead Free A	OR n & Visual Inspection OR n w/ Lead Free OR n & Visual Inspection
	E. Dust Inspection w/ Lead Free Exterior	w/ Lead Free Exterior	w/ Lead Free Exterior	been treated so friction	
			roperty unit meets the certification criteria at this		
I certify that I inspected the abo	ve listediproperty unit on 11	1/20 /09 at 3 : 00	a.m p.m under Title 6, Subtitle 8	or the Environment Afticle, Al	motated Code of MD.
Susan D. Kleinhammer		4321 3/2/			329 3/2/10
Inspector's Name Inspector's	Signature Accreditation No	. Accreditation Expir	ration Date Inspection Company N	lame Accreditation No. Accre	ditation Expiration Date