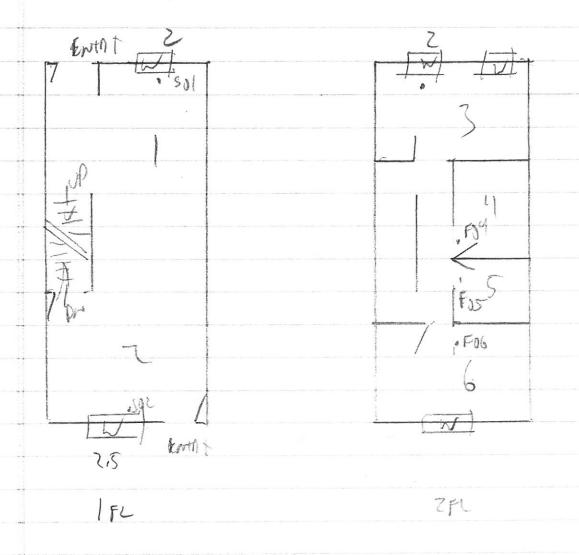
I EAD DAINT DICK DET	MARYLAND DEPAI				888110
0347717	OUCTION (MDE FORM 330 0308 5 1538073	A STATE OF THE STA	MARY LAND SCA	HENEP SITES	LIC
	MDE PROPERTY NO. (Include county			ER NAME	
1214 N. LUZUWA	144:588		21213	BALTIMUNA C	1916
Street Address	Unit No.	City	Zip Code	County	Property Construction Date
marked. The following attachments signed copy of Supervisor's Statem processing fee for each certificate. The fificates and all required attachments attached the supervisor of the first supervisor o	ctor must mark an inspection category 1, are required to be submitted with the cerent of Work, laboratory results, and diagrate to be paid to: P.O. Box 1417, Baltimore, ents must be submitted to MDE within 1d Risk Reduction Inspections. Copies of a cor any falsified documentation that is recruitificates and the supporting documentation.	tificate: Form C, labo ams collected for Mo MD 21203. The cer days following Lead all inspection records eived by MDE. Indica	ratory results, and diagram dified Risk Reduction. For tificate shall be signed by I Free and Lead Safe Inspe shall be maintained for at I ate "0000" if Property Con- ificates to: P.O. Box 943,	s for Full Risk Red m E for Lead Free, the inspector who p ctions and within 10 least 5 years by lead struction Date is un	uction, and Forms B and C, origina which shall include a \$10 per unit erformed the inspection. Inspection 0 days following the receipt of dust inspection contractors. Maximum known. Lead paint inspection
1. Lead Free	2. Full Risk Reduction	3. Modifie	d Risk Reduction	5. Lead	d Safe
Methods	Methods	N	lethods		Methods
☐A. One Time Only (Interior & Exterior) OR ☐B. Limited (Interior Lead Free Only) Passing Re-inspection required no later than://	OR 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 D. Dust Inspection with Lead Free Exterior	Passing Re-inspecti Statement of Work) 04/30/unless of code.	OR ection and Dust with Exterior Waiver on (Form D and Supervisor required no later than therwise noted in local OR	☐C. Dust Ins ☐D. Dust Ins with Lea	pection OR pection and Visual Inspection OR pection with Lead Free Exterior OR pection and Visual Inspection ad Free Exterior AND at windows are lead free or have of friction surfaces are lead free.
PASSED Based on the find	ings of the attached inspection report(s),	certify that the prop	ertyunit meets the certific	cation criteria at this	s time. (circle property or unit)
	ings of the attached inspection report(s),				T 070 (70)
0	isted property/unit on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	at L:30 a.m(p.i		of the Environment	Article, Annotated Code of MD.
Inspector's Name Inspector's S	ignature Accreditation No. Accr	editation Exp. Date	Inspection Contractor Name	Accredita	ation No. Accreditation Exp. Date

1214 N. LUZEME



UN FINISHED DSMT

12/9/19

MARYLA. D 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.: Date of Inspection October 12 / 9 /	on: Inspec	ction Certificate No.:		
Address of Property Inspected:				
Street Address: Unit No.: Cit	y: Zip Co altimore 2121			
Date of Lab Report: Date Lab Report Date La	t was Received by Inspector	::		
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.				
	INTERIOR	EXTERIOR		
Is Condition of Paint Satisfactory? (circle one in each column) Yes / No Yes / No				
Is an Exterior Waiver being used? (circle one) Yes / No				
If Yes, this Certificate expires on: $04/30/$ The property must pass re-inspection no later then this date or this inspection certificate will no longer be valid. Name of the approving agency or official for the Exterior Waiver: N/A 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 where 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).



FORM C, PART III Continued

Is this a retest of failed room(s)? (circle one)

Yes / No

pection Certificate No.:	
888110	
Page No.:	
2/3	

	SAMPLE No.	AREA (in inches)	RESULT μg/ft ²
* Field Blank	FB	144	45

*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.

field wipe samp	oles collected). Therefore	e, completion or not of the Field	Blank box may vary.	
ROOM NO.:	\	Number of NON-Lead Free 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 μg/ft ²	MEETS STANDARD
Floor				Yes / No
Sill	SOI	24	130	(Yes) / No
Well				Yes / No
Total Samples	Collected in room: \			
ROOM NO.:	Q	Number of NON-Lead Free 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 μg/ft ²	MEETS STANDARD

ROOM NO.:	Q	Number of NON-Lead Free 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 μg/ft ²	MEETS STANDARD
Floor				Yes / No
Sill	502	30	124	(Yes) / No
Well				Yes / No
Total Samples	Collected in room:			

Total number of windows Number of Lead Free Number of NON-Lead Free ROOM NO .: in room: Q windows in room: Qwindows in room: MEETS STANDARD RESULT µg/ft2 **SURFACE** SAMPLE No. AREA (in inches) Yes No Floor (Yes) No 430 Sill 20 Yes No Well

Total Samples Collected in room:

ROOM NO.:	4	Number of NON-Lead Free windows in room:	Number of Lead Free windows in room:	Total number of windows in room:
SURFACE	SAMPLE No.	AREA (in inches)	RESULT μg/ft ²	MEETS STANDARD
Floor	FOY	144	45	(Yes) / No
Sill				Yes / No
Well				Yes / No

Total Samples Collected in room:

ROOM NO.:	5	Number of NON-Lead Free windows in room:	Number of Lead Free windows in room:	Total number of windows in room: Ø
SURFACE	SAMPLE No.	AREA (in inches)	RESULT μg/ft ²	MEETS STANDARD
Floor	FO5	144	15	Yes / No
Sill				Yes / No
Well				Yes / No

Total Samples Collected in room:

Accredited Inspector's Name: Inspector's Accreditation No.: exp 12/20/2019

Date of Inspection: Q | Q | Q | Q | Page 2 of 2

FORM C, PART III Continued

Is this a retest of failed room(s)? (circle one)

Yes / No

Inspection Certificate No.:	
888110	
Page No.:	
3/3	

	SAMPLE No.	AREA (in inches)	RESULT μg/ft ²	
* Field Blank	(
Standard E 1728	as of May 19, 2008. Fie	collected per the American S eld blanks only have to be col completion or not of the Field	lected at a minimum frequ	erials (ASTM) International ency of 5 % (or 1 for every 2
ROOM NO.:	6	Number of NON-Lead Free 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 μg/ft²	MEETS STANDARD
Floor	FOG	144	45	(Yes) / No
Sill				Yes / No
Well				Yes / No
Total Samples C	Collected in room:			
ROOM NO.:		Number of NON-Lead Free 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 μg/ft ²	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples C	Collected in room:			
ROOM NO.:		Number of NON-Lead Free windows in room:	windows in room:	Total number of windows in room:
			DECLIE TO 104	MEETE CTANDADD

ROOM NO.:		Number of NON-Lead Free 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 μg/ft ²	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples	Collected in room:			

ROOM NO.:		Number of NON-Lead Free 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 μg/ft ²	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
m . 10 1	C-11			

Total Samples Collected in room:

ROOM NO.:		Number of NON-Lead Free 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 μg/ft ²	MEETS STANDARD		
Floor				Yes / No		
Sill				Yes / No		
Well				Yes / No		
Total Samples	Collected in room:					

Accredited Inspector's Name:

Inspector's Accreditation No.: 16768 exp 12/20/2019 Page 2 of 2

David C. Arthur



30105 Beverly Road Romulus, MI 48174

Ph: 734-629-8161; Fax: 734-629-8431

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

Client: Baltimore Lead Paint Services

AAT Project :

535806

303 S Wolfe St.

Sampling Date :

12/09/2019

Baltimore, MD 21231

Date Received :

12/10/2019 12/10/2019

Attn:

Mark W. Fitzgerald

Email: baltimorelPs@comcast.net

Date Analyzed :

Date Reported: 12/10/2019 5:02:58PM

Phone:

443 220-3235

Fax:

1214 N. LUZERENE

Client Project : Project Location :

1214 N. LUZERENE

Lab Sample ID	Client Code	Sample Description	Length (inch)	Width (inch)	Area (Sq ft)	Results Lead µg/ft2 *
5158074	1214 FB	FIELD BLANK	12	12	1.00	<5.00
5158075	1214 S01	LIVING S	2	12	0.17	<30.00
5158076	1214 S02	KITS	2.5	12	0.21	<24.00
5158077	1214 S03	BED 1 S	2	12	0.17	<30.00
5158078	1214 F04	BED 2 F	12	12	1.00	<5.00
5158079	1214 F05	BATH F	12	12	1.00	<5.00
5158080	1214 F06	BED 3 F	12	12	1.00	<5.00

Analyst Signature

Daniel Spence

Deing Space

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: 40 ug/ft2 (Floors, Carpeted/Uncarpeted), 250 ug/ft2 (Window Sill/Stools), 400 ug/ft2 (Window Trough/Well/Ext Concrete Surfaces), HUD Regulatory Limits: 10 ug/ft2 (Interior Floors), 40 ug/ft2 (Window Troughs).

The laboratory operates in accord with ISO 17025 guidelines and holds limited scopes of accreditation under AlHA-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 QC requirements for the samples this report contains have been met. AAT does not blank correct reported values. * = Validated modified method Sample date 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. 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: 12/10/2019

AAT Project: 535806

