

MARYLAND DEPARTMENT OF THE ENVIRONMENT

888110

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

0347717 MDE TRACKING NO. 1214 N. LUZURWA Street Address  
 0308151508033 MDE PROPERTY NO. (Include county code prefix.) 124 SFP Unit No. BALTIMORE City  
 MARYLAND SCATTERED SITES LLC OWNER NAME 21213 Zip Code BALTIMORE CITY County 1916 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><b>Methods</b></p> <input type="checkbox"/> A. One Time Only (Interior & Exterior) <b>OR</b> <input type="checkbox"/> B. Limited (Interior Lead Free Only) Passing Re-inspection required no later than: ___/___/___ ___ Number of Pre-1950 Lead Free Units ___ Number of Post-1949 Lead Free Units	<p><b>Methods</b></p> <input checked="" type="checkbox"/> A. Dust Inspection <b>OR</b> <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. <b>OR</b> <input type="checkbox"/> E. Dust Inspection with Lead Free Exterior	<p><b>Methods</b></p> <input type="checkbox"/> B. Visual Inspection <b>and</b> Dust Inspection <b>OR</b> <input type="checkbox"/> C. Visual Inspection <b>and</b> 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. <b>OR</b> <input type="checkbox"/> D. Visual Inspection <b>and</b> Dust Inspection with Lead Free Exterior	<p><b>Methods</b></p> <input type="checkbox"/> A. Dust Inspection <b>OR</b> <input type="checkbox"/> B. Dust Inspection <b>and</b> Visual Inspection <b>OR</b> <input type="checkbox"/> C. Dust Inspection with Lead Free Exterior <b>OR</b> <input type="checkbox"/> D. Dust Inspection <b>and</b> Visual Inspection with Lead Free Exterior <b>AND</b> Verification that windows are lead free or have been treated so friction surfaces are lead free.

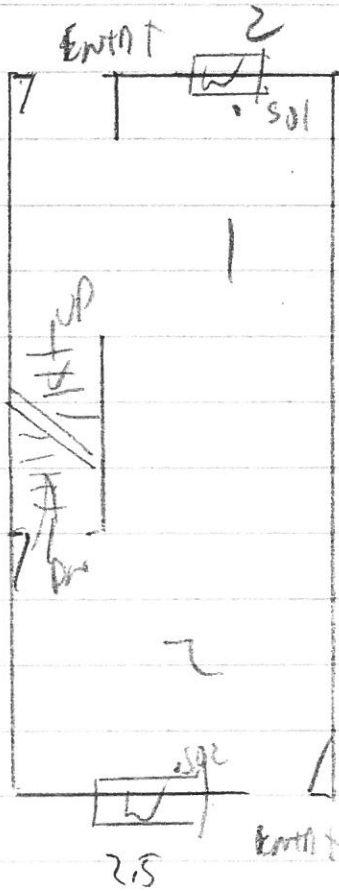
**PASSED** Based on the findings of the attached inspection report(s), I certify that the property unit meets the certification criteria at this time. (circle property or unit)

**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)

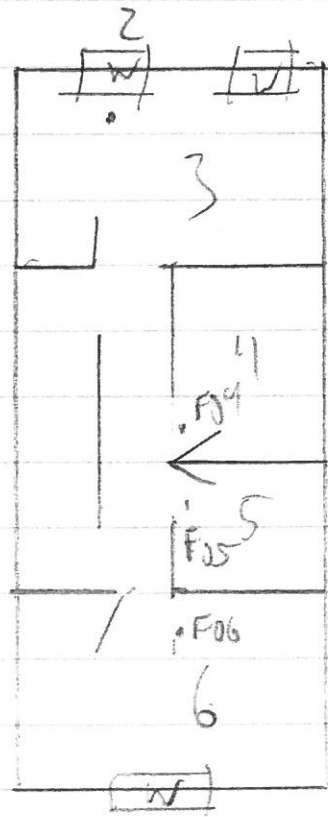
I certify that I inspected the above listed property unit on 12/9/19 at 2:30 a.m. (p.m.) under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

DAVID ARTHUR Inspector's Name [Signature] Inspector's Signature 16768 Accreditation No. 12/20/19 Accreditation Exp. Date BPS LLC Inspection Contractor Name 8880 Accreditation No. 8/26/20 Accreditation Exp. Date

1214 N. LUZARNE



1 FL



2 FL

UN FINISHED BSMPT

12/9/19

RS





FORM C, PART III Continued

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Is this a retest of failed room(s)? (circle one)	Yes / <input checked="" type="radio"/> No
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	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$
* 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.

ROOM NO.:	1	Number of <b>NON-Lead Free</b> windows in room:	<input checked="" type="radio"/>	Number of <b>Lead Free</b> 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				Yes / No			
Sill	S01	24	430	<input checked="" type="radio"/> Yes / No			
Well				Yes / No			
Total Samples Collected in room: 1							

ROOM NO.:	2	Number of <b>NON-Lead Free</b> windows in room:	<input checked="" type="radio"/>	Number of <b>Lead Free</b> 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				Yes / No			
Sill	S02	30	424	<input checked="" type="radio"/> Yes / No			
Well				Yes / No			
Total Samples Collected in room: 1							

ROOM NO.:	3	Number of <b>NON-Lead Free</b> windows in room:	<input checked="" type="radio"/>	Number of <b>Lead Free</b> windows in room:	2	Total number of windows in room:	2
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD			
Floor				Yes / No			
Sill	S03	24	430	<input checked="" type="radio"/> Yes / No			
Well				Yes / No			
Total Samples Collected in room: 1							

ROOM NO.:	4	Number of <b>NON-Lead Free</b> windows in room:	<input checked="" type="radio"/>	Number of <b>Lead Free</b> windows in room:	<input checked="" type="radio"/>	Total number of windows in room:	<input checked="" type="radio"/>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD			
Floor	F04	144	45	<input checked="" type="radio"/> Yes / No			
Sill				Yes / No			
Well				Yes / No			
Total Samples Collected in room: 1							

ROOM NO.:	5	Number of <b>NON-Lead Free</b> windows in room:	<input checked="" type="radio"/>	Number of <b>Lead Free</b> windows in room:	<input checked="" type="radio"/>	Total number of windows in room:	<input checked="" type="radio"/>
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD			
Floor	F05	144	45	<input checked="" type="radio"/> Yes / No			
Sill				Yes / No			
Well				Yes / No			
Total Samples Collected in room: 1							

Accredited Inspector's Name: David C. Arthur	Inspector's Accreditation No.: 16768 exp 12/20/2019	Date of Inspection: 12/9/19
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FORM C, PART III Continued

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Is this a retest of failed room(s)? (circle one)	Yes / <u>No</u>
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	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$
* Field Blank			

\*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.:	6		Number of <u>NON-Lead Free</u> windows in room:	8	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	FOG	144	45	<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:								

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: David C. Arthur	Inspector's Accreditation No.: 16768 exp 12/20/2019	Date of Inspection: 12/9/19
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**Certificate of Analysis: Lead In Dust Wipe by EPA Method 7000B/3050B\***

**Client :** Baltimore Lead Paint Services  
303 S Wolfe St.  
Baltimore, MD 21231

**Attn :** Mark W. Fitzgerald      **Email :** baltimorelPs@comcast.net  
**Phone :** 443 220-3235      **Fax :**

**AAT Project :** 535806  
**Sampling Date :** 12/09/2019  
**Date Received :** 12/10/2019  
**Date Analyzed :** 12/10/2019  
**Date Reported :** 12/10/2019 5:02:58PM

**Client Project :** 1214 N. LUZERENE

**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	KIT S	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

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 (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 QC requirements for the samples this report contains have been met. AAT does not blank correct reported values. \* = Validated modified method 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. 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

