

MARYLAND DEPARTMENT OF THE ENVIRONMENT

760958

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

MDE TRACKING NO. 0311333 MDE PROPERTY NO. (Include county code prefix.) 03200322001 OWNER NAME Konde Tesfaye  
 Street Address 3921 Edmondson Ave Unit No. APT 1 City Baltimore Zip Code 21229 County 1919 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"/> <b>1. Lead Free</b>	<input checked="" type="checkbox"/> <b>2. Full Risk Reduction</b>	<input type="checkbox"/> <b>3. Modified Risk Reduction</b>	<input type="checkbox"/> <b>5. Lead Safe</b>
<p><b>Methods</b></p> <input type="checkbox"/> <b>A. One Time Only</b> (Interior & Exterior) <b>OR</b> <input type="checkbox"/> <b>B. Limited</b> (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"/> <b>A. Dust Inspection</b> <b>OR</b> <input type="checkbox"/> <b>D. Dust Inspection with Exterior Waiver</b>  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"/> <b>E. Dust Inspection with Lead Free Exterior</b>	<p><b>Methods</b></p> <input type="checkbox"/> <b>B. Visual Inspection and Dust Inspection</b> <b>OR</b> <input type="checkbox"/> <b>C. Visual Inspection and Dust Inspection with Exterior Waiver</b>  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"/> <b>D. Visual Inspection and Dust Inspection with Lead Free Exterior</b>	<p><b>Methods</b></p> <input type="checkbox"/> <b>A. Dust Inspection</b> <b>OR</b> <input type="checkbox"/> <b>B. Dust Inspection and Visual Inspection</b> <b>OR</b> <input type="checkbox"/> <b>C. Dust Inspection with Lead Free Exterior</b> <b>OR</b> <input type="checkbox"/> <b>D. Dust Inspection and Visual Inspection with Lead Free Exterior</b> <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 9/1/16 at 2:00 a.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Inspector's Name Shannon B Inspector's Signature [Signature] Accreditation No. 13404 Accreditation Exp. Date 1/13/18 Inspection Contractor Name Shannon Bridge Accreditation No. 13405 Accreditation Exp. Date 1/13/18

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760959

LEAD PAINT RISK REDUCTION (MDE FORM 330)

INSPECTION CERTIFICATE NO.

031/333

0320032794 001

Kande Tesfaye

MDE TRACKING NO.

MDE PROPERTY NO. (Include county code prefix.)

OWNER NAME

3981 Edmondson Ave

Apt 3

Baltimore

2129

1919

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

1. Lead Free

**Methods**

A. One Time Only  
(Interior & Exterior)  
OR

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 \_\_\_\_\_

2. Full Risk Reduction

**Methods**

A. Dust Inspection  
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

E. Dust Inspection with  
Lead Free Exterior

3. Modified Risk Reduction

**Methods**

B. Visual Inspection and Dust  
Inspection  
OR

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

D. Visual Inspection and Dust  
Inspection with Lead Free Exterior

5. Lead Safe

**Methods**

A. Dust Inspection  
OR

B. Dust Inspection and Visual Inspection  
OR

C. Dust Inspection with Lead Free Exterior  
OR

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 9/1/16 at 2:40 a.m. (p.m.) under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Sharon B  
Inspector's Name

Sharon B  
Inspector's Signature

13404  
Accreditation No.

1/13/18  
Accreditation Exp. Date

Sharon Brady  
Inspection Contractor Name

13404  
Accreditation No.

1/13/18  
Accreditation Exp. Date