

MARYLAND DEPARTMENT OF THE ENVIRONMENT
LEAD PAINT RISK REDUCTION (MDE FORM 330) INSPECTION CERTIFICATE NO.

755184

MDE TRACKING NO. 172856 MDE PROPERTY NO. (Include county code prefix.) 0326324179N007 OWNER NAME Orlando Singh

Street Address 3912 E. Green Ave Unit No. 111 City Baltimore Zip Code 21213 County Harford Property Construction Date 1980

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 172, 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 for review for Lead Free and Modified Risk Reduction inspections and within 10 days following the receipt of dust sample results for Full and Modified Risk Reduction inspections. All inspections shall be certified for a 6-year period by lead inspection contractors. Maximum penalties will be pursued by MDE for any falsification of information on this report. The inspection date is unknown. Lead paint inspection contractors must mail inspection certificates and attachments to MDE at the address above. MDE Form 20794.

<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
Methods	Methods	Methods	Methods
<input type="checkbox"/> A. One Time Only (Interior & Exterior) OR <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 _____	<input checked="" type="checkbox"/> A. Dust Inspection OR <input type="checkbox"/> B. Visual Inspection and Dust Inspection with Exterior Waver OR <input type="checkbox"/> C. Visual Inspection and Dust Inspection with Exterior Waver OR <input type="checkbox"/> D. Dust Inspection with Exterior Waver OR <input type="checkbox"/> E. Dust Inspection with Lead Free Exterior	<input type="checkbox"/> B. Visual Inspection and Dust Inspection OR <input type="checkbox"/> C. Visual Inspection and Dust Inspection with Exterior Waver OR <input type="checkbox"/> D. Visual Inspection and Dust Inspection with Lead Free Exterior	<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 fraction 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: 3/11/16 at 4:30 a.m.p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Inspector's Name: B. Martin Inspector's Signature: [Signature] Accreditation No. 1111 Accreditation Exp. Date 11/16 Inspection Contractor Name [Signature] Accreditation No. 1111 Accreditation Exp. Date 11/16

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MARYLAND DEPARTMENT OF THE ENVIRONMENT

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

735185

172888 MDE TRACKING NO. 0326334179N007 MDE PROPERTY NO. (Include county code prefix.) Oral Singh OWNER NAME
3912 Erdman Ave Street Address 2ND Floor Unit No. Baltimore City 21213 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 (Interior & Exterior) OR <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>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 checked="" type="checkbox"/> B. Dust Inspection and Visual Inspection OR <input type="checkbox"/> C. Dust Inspection with Lead Free Exterior OR <input checked="" 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 3/11/16 at 4:40 a.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

B. Mac Iver Inspector's Name [Signature] Inspector's Signature 4426 Accreditation No. 4/2018 Accreditation Exp. Date LeadSpec, Inc. Inspection Contractor Name 4427 Accreditation No. 4/2018 Accreditation Exp. Date

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