

MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD PAINT RISK REDUCTION

INSPECTION CERTIFICATE NO. 165952

NOTE: This inspection certificate is not valid unless it contains the Owner #

161431 MDE OWNER # 25087229020 MDE PROPERTY # S/F UNIT # 4115 Grace Court, LLC OWNER NAME
4115 Grace Ct. Property Address Baltimore City MD State 21226 (County) Zip

The inspector must inspection category # 1, 2, 3 or 4. ONE and ONLY one. Also each appropriate option or method(s) chosen or used. The following attachments are required: Dust test, Form C; Visual inspection, Form B; Lead Free, Form E. Provisional or limited certificates are issued pursuant to a waiver for exterior work for a specific time frame and will be invalid after the expiration date unless a Form D is completed and returned to the Department within 10 days of that expiration date. Any re-inspections require a Form D be submitted to MDE. The original Inspection Certificate No. should be referenced on all Forms submitted.

Inspection Category		Options or Methods			
() 1.	Lead Free	Option A: One Time Only [] or Option B: Limited [] If Limited Re-certification Required by ___/___/___			
		Dust Test	Satisfactory Visual Inspection		
		Method A	Interior AND Exterior Method B	Exterior Waiver Method C	Expiration Date Applied only if Provisional
(X) 2.	Full Risk Reduction	[X]	or []	or [] Provisional	___/___/___
() 3.	Modified Risk Reduction	[]	or []	or [] Provisional	___/___/___
() 4.	Lead Safe	[]	and []	or [] Provisional	___/___/___

(Circle either property or unit as appropriate.)

PASS Based on the findings of the attached inspection report(s) I certify that the property meets the certification criteria at this time.

FAIL Based on the findings of the attached inspection report(s), the property/unit fails to meet certification criteria at this time.

I certify that I inspected the above listed property on 7/24/01 at 10:30 a.m. p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of Maryland.

Janet P. Coyle Inspector's Signature 3900 Accreditation No. Baltimore City Healthy Start, Inc. Inspection Company 4608 Accreditation No.
MDE 330 (Rev. 5-96)



BALTIMORE CITY



LEAD ABATEMENT ACTION PROJECT

210 Guilford Ave., 2nd Floor
Baltimore, MD 21202-3418

August 1, 2001
(date)

Re: 4115 Grace Ct. (address)

Dear Mr. Benavente :

We are enclosing a copy of the:

- MDE Certificate
- XRF testing report
- pre hazard control dust test results
- post hazard control dust test results

The federal Residential Lead-Based Paint Hazard Reduction Act, 42 U.S.C. 4852d, requires sellers and landlords of most residential housing built before 1978 to disclose all available records and reports concerning lead-based paint and/or lead-based paint hazards, including the test results contained in this notice, to purchasers and tenants at the time of sale or lease or upon lease renewal. This disclosure must occur even if hazard reduction or abatement has been completed. Failure to disclose these test results is a violation of the U.S. Department of Housing and Urban Development and the U.S. Environmental Protection Agency regulations at 24 CFR Part 35 and 40 CFR Part 745 and can result in a fine of up to \$11,000 per violation. To find out more information about your obligations under federal lead-based paint requirements, call 1-800-424-LEAD.

Thank you for participating in the Lead Abatement Action Project.

Sincerely,

A handwritten signature in cursive script that reads 'Amy Spanier'.

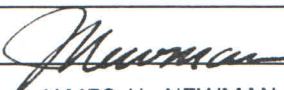
Amy Spanier
Project Manager

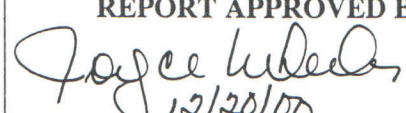


GASCOYNE LABORATORIES, INC.
 2101 Van Deman Street, Baltimore, MD 21224 410-633-1800

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 QUALITY

LEAD WIPE REPORT

Lead Abatement Company: <i>Healthy Start Inc.</i>		Sampler's Name: <i>T. Coyle</i>		Results Needed By: <i>3 Day</i>	
Contact Name: <i>Tim Cross</i>		Sampling Site: <i>4115 Grace Ct.</i>		Sampling Date: <i>12-8-00</i>	
Phone: <i>(410) 396-7511</i>	Fax: <i>(410) 396-1162</i>	Gascoyne Report No.: <i>1218006</i>		page <u>1</u> of <u>1</u>	
SAMPLE No.	SAMPLE DESCRIPTION	Area Wiped (in. x in.)	LAB USE ONLY		
			Lab Sample No.	Lead µg / sq. ft	
1	Living Room Floor	12x12		51.6	
2	Kitchen Floor	12x12		20.5	
3	Kitchen window sill	33 x 1 1/2		844.5	
4	Front Bedroom Floor	12x12		19.2	
5	Rear Bedroom Floor	12x12		12.6	
6	Rear Bedroom window well	34 x 3		677.1	
7	Basement Floor	12x12		139.5	
8	Field Blank	—	*	0.14	
 JAMES H. NEWMAN <i>12/21/00</i> LABORATORY MANAGER					

Notes: Results expressed as micrograms per square foot - Method: NIOSH 7082 Results were calculated based upon area wiped supplied by client * Calculated from a result below the reporting limit of 10 µg lead	REPORT APPROVED BY:  <i>12/20/00</i>
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ANALYST: <i>BZ</i>		DATE TEST COMPLETED: <i>12/19/00</i>		Form - 4/98 DG/W - Master - Leadrept.frm	
RELINQUISHED (SIGNATURE)	PRINTED NAME/ AFFILIATION:	DATE/TIME	RECEIVED BY (SIGNATURE):	PRINTED NAME/ AFFILIATION:	DATE/TIME
<i>Tim Cross</i>	T. Coyle / H.S.	<i>12/19/00 9:00am</i>	<i>Joyce Wheeler</i>	G.L.I	<i>12/19/00 11:10</i>
<i>Joyce Wheeler</i>	G.L.I	<i>12/19/00 11:30</i>	<i>Michael Hoppell</i>	OST	<i>12/19/00 11:30</i>
<i>Michael Hoppell</i>	OST	<i>12/19/00 12:30</i>	<i>Joyce Wheeler</i>	OST	<i>12/19/00 12:30</i>



GASCOYNE LABORATORIES, INC.
 2101 Van Deman Street, Baltimore, MD 21224 410-633-1800

LEAD WIPE REPORT

Lead Abatement Company: <i>Healthy Start Inc.</i>		Sampler's Name: <i>T. Coyle</i>		Results Needed By: <i>13 Days</i>	
Contact Name: <i>Tim Coyle</i>		Sampling Site: <i>4115 Grace Ct.</i>		Sampling Date: <i>7/24/01</i>	
Phone: <i>545-5864</i>	Fax: <i>396-1162</i>	Gascoyne Report No.: <i>072501 B</i>		page <i>1</i> of <i>1</i>	

SAMPLE No.	SAMPLE DESCRIPTION	Area Wiped (in. x in.)	LAB USE ONLY	
			Lab Sample No.	Lead µg / sq. ft
1	Living Room Floor	12x12		* 0.0
2	Living Room Sill	3 1/2" x 28 1/2"		* 0.0
3	Kitchen Floor	12x12		* 0.0
4	Kitchen Sill	3 1/4" x 34 1/4"		* 0.0
5	Front Bedroom Floor	12x12		* 0.0
6	Front Bedroom Sill	3 1/2" x 31 1/4"		* 0.0
7	2 nd Floor Hall Floor	12x12		* 0.0
8	Bath Floor	12x12		* 0.0
9	Rear bedroom Floor	12x12		* 0.0
10	Rear Bedroom Sill	3 1/2" x 31 1/2"		* 0.0
11	Basement Floor	12x12		* 0.0
12	Porch	-		* 0

* SAMPLE(S) RECEIVED IN ACCEPTABLE CONDITION UNLESS OTHERWISE NOTED.
 INITIALS: *EM* DATE *7/25/01*

Notes: Results expressed as micrograms per square foot - Method: NIOSH 7082 Results were calculated based upon area wiped supplied by client * Calculated from a result below the reporting limit of 10µg lead	REPORT APPROVED BY: 7/31/01
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ANALYST: *JAW/PRM* DATE TEST COMPLETED: *7/30/01* Form - 4/98 DG/W - Master - Leadrept.frm

RELINQUISHED (SIGNATURE)	PRINTED NAME/ AFFILIATION:	DATE/TIME	RECEIVED BY (SIGNATURE):	PRINTED NAME/ AFFILIATION:	DATE/TIME
<i>Philip Rossetti</i>	Philip Rossetti	7/25	<i>[Signature]</i>	GLI	7/25 1120
<i>[Signature]</i>	GLI	7/25 1145	<i>[Signature]</i>	GLI	7/25/01 1145
<i>[Signature]</i>	GLI	7/25/01 1250	<i>[Signature]</i>	GLI	7/25/01 1250