

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
**LEAD PAINT RISK REDUCTION (MDE FORM 330) INSPECTION CERTIFICATE NO. 662627**

MDE TRACKING NO. 309611 MDE PROPERTY NO. (Include county code prefix.) 0315183206052 OWNER NAME Silver Case Inc.  
 Street Address 1920 Payson Street City Baltimore Zip Code 21217 County 1900 Unit No.            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> 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"/> <b>2. Full Risk Reduction</b> Methods <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.	<input type="checkbox"/> <b>3. Modified Risk Reduction</b> Methods <input type="checkbox"/> B. Visual Inspection <u>and</u> Dust Inspection OR <input type="checkbox"/> C. Visual Inspection <u>and</u> 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.	<input type="checkbox"/> <b>5. Lead Safe</b> Methods <input type="checkbox"/> A. Dust Inspection OR <input type="checkbox"/> B. Dust Inspection <u>and</u> Visual Inspection OR <input type="checkbox"/> C. Dust Inspection with Lead Free Exterior OR <input type="checkbox"/> D. Dust Inspection <u>and</u> Visual Inspection with Lead Free Exterior AND Verification that windows are lead free or have been treated so friction surfaces are lead free.
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**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 2/13/15 at 10:00 a.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Inspector's Name Timothy Dunske Inspector's Signature [Signature] Accreditation No. 14125 Accreditation Exp. Date 8/1/2015 Inspection Contractor Name THE Home Services  
 Accreditation No. 14124 Accreditation Exp. Date 8/1/2015