

711993

0166037  
FIDE TRACKING NO.

03 0914 4114F 026  
MDE PROPERTY NO. (Include county code prefix.)

**OWNER NAME**

**Street Address**

Unit No.

**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 117, 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 and approval of Lead Risk Reduction inspections and within 10 days following the receipt of dust sample results for Full and Modified Risk Reduction inspections. Penalties shall be assessed for violations of this regulation. Penalties shall be assessed for violations of this regulation. Penalties will be pursued by MDE for any falsified information. Penalties shall be assessed for violations of this regulation. Date is unknown. Lead paint inspection contractors **must** mail inspection certificates and the supporting documents to MDE. MDE ID 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
<b>Methods</b>	<b>Methods</b>	<b>Methods</b>	<b>Methods</b>
<input type="checkbox"/> A. One Time Only <i>(Interior &amp; Exterior)</i> OR <input type="checkbox"/> B. Limited <i>(Interior Lead Free Only)</i> 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"/> D. Dust Inspection with Exterior Wiper  Passing Re-inspection (Form 10 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	<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 Wiper  Passing Re-inspection (Form 10 and Supervisor Statement of Work) required no later than 04 / 30 / ____ unless otherwise noted in local code. OR <input type="checkbox"/> D. Visual Inspection <u>and</u> Dust Inspection with Lead Free Exterior	<input type="checkbox"/> A. Dust Inspection OR <input checked="" type="checkbox"/> B. Dust Inspection <u>and</u> Visual Inspection OR <input type="checkbox"/> C. Dust Inspection with Lead Free Exterior OR <input checked="" 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.

☒ **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 3/9/16 at 9:35 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Inspector's Name	Inspector's Signature	Accreditation No.	Accreditation Exp. Date	Inspection Contractor Name	Accreditation No.	Accreditation Exp. Date
Chuck Gillis	[Signature]	15251	8/18/17	Home Free Inc	15251	8/18/17

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

711994

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

0166037 030914 4114F 026 BRISCOL, MAURICE J. Forrester, Yvonne  
MDE TRACKING NO. MDE PROPERTY NO. (Include county code prefix.) OWNER NAME  
2510 Robb St Unit No. 2 Unit City Baltimore Zip Code 21218 County 1920  
Street Address 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 144, 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 and approval. Lead Free units shall be inspected every 5 years by lead inspection contractors. Maximum penalties will be pursued by MDE for any falsification of information. If the construction date is unknown, Lead paint inspection contractors must mail inspection certificates and attachments to MDE, P.O. Box 144, Baltimore, MD 21203.

<input type="checkbox"/> 1. Lead Free  <b>Methods</b> <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"/> 2. Full Risk Reduction  <b>Methods</b> <input checked="" type="checkbox"/> A. Dust Inspection OR <input type="checkbox"/> D. Dust Inspection with Exterior Primer Passing Re-inspection (Form C 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	<input type="checkbox"/> 3. Modified Risk Reduction  <b>Methods</b> <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 C 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	<input type="checkbox"/> 5. Lead Safe  <b>Methods</b> <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.
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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)

certify that I inspected the above listed property/unit on 3/4/16 at 8:48 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Inspector's Name: Chuck Gilis Inspector's Signature: [Signature] Accreditation No.: 15251 Accreditation Exp. Date: 8/18/17 Inspection Contractor Name: HomePro Accreditation No.: 15251 Accreditation Exp. Date: 8/18/17