



**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

**LEAD PAINT RISK REDUCTION (MDE FORM 330) INSPECTION CERTIFICATE NO. 960552**

<u>0367100</u>	<u>04090918101084</u>	<u>224 North Greene Street, LLC</u>		
<b>MDE TRACKING NO.</b>	<b>MDE PROPERTY NO. (Include county code prefix.)</b>	<b>OWNER NAME</b>		
<u>2 Aigburth Road</u>	<u>2:2</u>	<u>Towson</u>	<u>21286</u>	<u>Balto. County</u> <u>1939</u>
<b>Street Address</b>	<b>Unit No.</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b> <b>Property Construction Date</b>

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 checked="" type="checkbox"/> <b>1. Lead Free</b>  <b>Methods</b> <input type="checkbox"/> A. One Time Only <i>(Interior &amp; Exterior)</i> OR <input checked="" type="checkbox"/> B. Limited <i>(Interior Lead Free Only)</i> Passing Re-inspection required no later than: <u>08/22/2021</u>  1 Number of Pre-1950 Lead Free Units _____ Number of Post-1949 Lead Free Units	<input type="checkbox"/> <b>2. Full Risk Reduction</b>  <b>Methods</b> <input 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	<input type="checkbox"/> <b>3. Modified Risk Reduction</b>  <b>Methods</b> <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.  OR <input type="checkbox"/> D. Visual Inspection <u>and</u> Dust Inspection with Lead Free Exterior	<input type="checkbox"/> <b>5. Lead Safe</b>  <b>Methods</b> <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  <b>AND</b> 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 08/22/2019 at 2:30 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

<u>Susan D. Kleinhammer</u>		<u>4321</u>	<u>03/02/2020</u>	<u>Leadtec Services, Inc.</u>	<u>4329</u>	<u>03/02/2020</u>
<b>Inspector's Name</b>	<b>Inspector's Signature</b>	<b>Accreditation No.</b>	<b>Accreditation Exp. Date</b>	<b>Inspection Contractor Name</b>	<b>Accreditation No.</b>	<b>Accreditation Exp. Date</b>



MARYLAND DEPARTMENT OF THE ENVIRONMENT

915130

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

0367100 MDE TRACKING NO. 04 090918101084 MDE PROPERTY NO. (Include county code prefix.) 224 North Greene Street, LLC OWNER NAME  
 2 Aigburth Road Street Address 2:4 Unit No. Towson City 21286 Zip Code Baltimore County 1934 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 checked="" type="checkbox"/> <b>1. Lead Free</b>  <b>Methods</b> <input type="checkbox"/> A. One Time Only (Interior & Exterior) OR <input checked="" type="checkbox"/> B. Limited (Interior Lead Free Only) Passing Re-inspection required no later than: 10/31/2022 1 Number of Pre-1950 Lead Free Units Number of Post-1949 Lead Free Units	<input type="checkbox"/> <b>2. Full Risk Reduction</b>  <b>Methods</b> <input 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	<input type="checkbox"/> <b>3. Modified Risk Reduction</b>  <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 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	<input type="checkbox"/> <b>5. Lead Safe</b>  <b>Methods</b> <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 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 10 / 31 /2020 at 4 : 00 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Susan D. Kleinhammer 4321 03/02/2022 Leadtec Services, Inc. 4329 03/02/2022  
 Inspector's Name Inspector's Signature Accreditation No. Accreditation Exp. Date Inspection Contractor Name Accreditation No. Accreditation Exp. Date

**MARYLAND DEPARTMENT OF THE ENVIRONMENT** 906046  
**LEAD PAINT RISK REDUCTION (MDE FORM 330) INSPECTION CERTIFICATE NO.**

<u>0367100</u>	<u>04 090918101084</u>	<u>224 North Greene Street LLC</u>		
<b>MDE TRACKING NO.</b>	<b>MDE PROPERTY NO. (Include county code prefix.)</b>	<b>OWNER NAME</b>		
<u>2 Aigburth Road</u>	<u>2:5</u>	<u>Towson</u>	<u>21286</u>	<u>Baltimore</u> <u>1939</u>
<b>Street Address</b>	<b>Unit No.</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b> <b>Property Construction Date</b>

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**INSPECTION CATEGORIES**

<input checked="" type="checkbox"/> <b>1. Lead Free</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th align="center">Methods</th></tr> <tr><td><input type="checkbox"/> A. One Time Only <i>(Interior &amp; Exterior)</i> <b>OR</b></td></tr> <tr><td><input checked="" type="checkbox"/> B. Limited <i>(Interior Lead Free Only)</i> Passing Re-inspection required no later than: <u>07/20/2022</u></td></tr> <tr><td><u>1</u> Number of Pre-1950 Lead Free Units <u>      </u> Number of Post-1949 Lead Free Units</td></tr> </table>	Methods	<input type="checkbox"/> A. One Time Only <i>(Interior &amp; Exterior)</i> <b>OR</b>	<input checked="" type="checkbox"/> B. Limited <i>(Interior Lead Free Only)</i> Passing Re-inspection required no later than: <u>07/20/2022</u>	<u>1</u> Number of Pre-1950 Lead Free Units <u>      </u> Number of Post-1949 Lead Free Units	<input type="checkbox"/> <b>2. Full Risk Reduction</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th align="center">Methods</th></tr> <tr><td><input type="checkbox"/> A. Dust Inspection <b>OR</b></td></tr> <tr><td><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.</td></tr> <tr><td><b>OR</b></td></tr> <tr><td><input type="checkbox"/> E. Dust Inspection with Lead Free Exterior</td></tr> </table>	Methods	<input type="checkbox"/> A. Dust Inspection <b>OR</b>	<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.	<b>OR</b>	<input type="checkbox"/> E. Dust Inspection with Lead Free Exterior	<input type="checkbox"/> <b>3. Modified Risk Reduction</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th align="center">Methods</th></tr> <tr><td><input type="checkbox"/> B. Visual Inspection <b>and</b> Dust Inspection <b>OR</b></td></tr> <tr><td><input type="checkbox"/> C. Visual Inspection <b>and</b> 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.</td></tr> <tr><td><b>OR</b></td></tr> <tr><td><input type="checkbox"/> D. Visual Inspection <b>and</b> Dust Inspection with Lead Free Exterior</td></tr> </table>	Methods	<input type="checkbox"/> B. Visual Inspection <b>and</b> Dust Inspection <b>OR</b>	<input type="checkbox"/> C. Visual Inspection <b>and</b> 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.	<b>OR</b>	<input type="checkbox"/> D. Visual Inspection <b>and</b> Dust Inspection with Lead Free Exterior	<input type="checkbox"/> <b>5. Lead Safe</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th align="center">Methods</th></tr> <tr><td><input type="checkbox"/> A. Dust Inspection <b>OR</b></td></tr> <tr><td><input type="checkbox"/> B. Dust Inspection <b>and</b> Visual Inspection <b>OR</b></td></tr> <tr><td><input type="checkbox"/> C. Dust Inspection with Lead Free Exterior <b>OR</b></td></tr> <tr><td><input type="checkbox"/> D. Dust Inspection <b>and</b> Visual Inspection with Lead Free Exterior <b>AND</b> Verification that windows are lead free or have been treated so friction surfaces are lead free.</td></tr> </table>	Methods	<input type="checkbox"/> A. Dust Inspection <b>OR</b>	<input type="checkbox"/> B. Dust Inspection <b>and</b> Visual Inspection <b>OR</b>	<input type="checkbox"/> C. Dust Inspection with Lead Free Exterior <b>OR</b>	<input type="checkbox"/> D. Dust Inspection <b>and</b> Visual Inspection with Lead Free Exterior <b>AND</b> Verification that windows are lead free or have been treated so friction surfaces are lead free.
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**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 07/20/2022 at 4:15 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

<u>Susan D. Kleinhammer</u>		<u>4321</u>	<u>03/02/2022</u>	<u>Leadtec Services, Inc.</u>	<u>4329</u>	<u>03/02/2022</u>
<b>Inspector's Name</b>	<b>Inspector's Signature</b>	<b>Accreditation No.</b>	<b>Accreditation Exp. Date</b>	<b>Inspection Contractor Name</b>	<b>Accreditation No.</b>	<b>Accreditation Exp. Date</b>

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**      878786  
**LEAD PAINT RISK REDUCTION (MDE FORM 330) INSPECTION CERTIFICATE NO.**

0367100      04090918101084      224 North Greene Street, LLC.  
**MDE TRACKING NO.**      **MDE PROPERTY NO.** (Include county code prefix.)      **OWNER NAME**  
 2 Aigburth Road      2:6      Baltimore      21286      Balto. County      1939  
**Street Address**      **Unit No.**      **City**      **Zip Code**      **County**      **Property Construction Date**

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**INSPECTION CATEGORIES**

<input checked="" type="checkbox"/> <b>1. Lead Free</b>	<input 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>
<b>Methods</b>	<b>Methods</b>	<b>Methods</b>	<b>Methods</b>
<input type="checkbox"/> <b>A. One Time Only</b> <i>(Interior &amp; Exterior)</i> <b>OR</b> <input checked="" type="checkbox"/> <b>B. Limited</b> <i>(Interior Lead Free Only)</i> Passing Re-inspection required no later than: <u>07/17/2021</u>  1 Number of Pre-1950 Lead Free Units _____ Number of Post-1949 Lead Free Units	<input type="checkbox"/> <b>A. Dust Inspection</b>  <b>OR</b> <input type="checkbox"/> <b>B. Dust Inspection with Exterior Waiver</b> Passing Re-inspection (Form D and Supervisor Statement of Work) required no later than <u>04/30/</u> unless otherwise noted in local code.  <b>OR</b> <input type="checkbox"/> <b>E. Dust Inspection with Lead Free Exterior</b>	<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 <u>04/30/</u> unless otherwise noted in local code.  <b>OR</b> <input type="checkbox"/> <b>D. Visual Inspection and Dust Inspection with Lead Free Exterior</b>	<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.

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I certify that I inspected the above listed property/unit on 07/17/2019 at 10:00 a.m. under Title 8, Subtitle 8 of the Environment Article, Annotated Code of MD.

Susan D. Kleinhammer      *SDK*      4321      03/02/2020      Leadtec Services, Inc.      4329      03/02/2020  
**Inspector's Name**      **Inspector's Signature**      **Accreditation No.**      **Accreditation Exp. Date**      **Inspection Contractor Name**      **Accreditation No.**      **Accreditation Exp. Date**