

MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD PAINT RISK REDUCTION

INSPECTION CERTIFICATE NO. 288623

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

XXX 209248	0320042542045A	Viennas, K. L.		
MDE TRACKING #	MDE PROPERTY #	OWNER NAME		
235 S Augusta Avenue	1st Floor	Baltimore	Balto. City	21229
Property Street Address	Unit #	City	County	Zip

The inspector must check inspection category # 1, 2, 3, or 4. Check **ONE** and **ONLY** one. Also check each appropriate option or method chosen or used. The following attachments are required: Visual Review/ Dust Sampling, Form C; Visual inspection, Form B; Lead Free, Form E. Provisional certificates are issued pursuant to a waiver for exterior work for a specific time frame and will be invalid after the expiration date. The **Inspection Certificate No.** must be referenced on all forms submitted.

INSPECTION CATEGORIES


<input type="checkbox"/> 1. Lead Free <input type="checkbox"/> Option A: One Time Only (or) <input type="checkbox"/> Option B: Limited Recertification Required by ____/____/____	<input checked="" type="checkbox"/> 2. Full Risk Reduction <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Methods</th> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> A. Visual Review (interior & exterior) / Dust Sampling (or) <input type="checkbox"/> D. Exterior Waiver Expiration Date 04/01/____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> B. Visual Inspection (interior & exterior) (or) <input type="checkbox"/> C. Exterior Waiver Expiration Date 04/01/____ </td> </tr> </table>	Methods		<input checked="" type="checkbox"/> A. Visual Review (interior & exterior) / Dust Sampling (or) <input type="checkbox"/> D. Exterior Waiver Expiration Date 04/01/____	<input type="checkbox"/> B. Visual Inspection (interior & exterior) (or) <input type="checkbox"/> C. Exterior Waiver Expiration Date 04/01/____	<input type="checkbox"/> 3. Modified Risk Reduction <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Methods</th> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> A. Visual Review (interior & exterior) / Dust Sampling (or) <input type="checkbox"/> D. Exterior Waiver Expiration Date 04/01/____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> B. Visual Inspection (interior & exterior) (or) <input type="checkbox"/> C. Exterior Waiver Expiration Date 04/01/____ </td> </tr> </table>	Methods		<input type="checkbox"/> A. Visual Review (interior & exterior) / Dust Sampling (or) <input type="checkbox"/> D. Exterior Waiver Expiration Date 04/01/____	<input type="checkbox"/> B. Visual Inspection (interior & exterior) (or) <input type="checkbox"/> C. Exterior Waiver Expiration Date 04/01/____	<input type="checkbox"/> 4. Lead Safe <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Methods</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> A. Visual Review (interior & exterior) / Dust Sampling (or) <input type="checkbox"/> B. Visual Inspection (interior & exterior) / Dust Sampling and (required for A or B) verification windows are lead-free or have been treated so friction surfaces are lead-free <i>Expires 24 calendar months following date of inspection.</i> </td> </tr> </table>	Methods	<input type="checkbox"/> A. Visual Review (interior & exterior) / Dust Sampling (or) <input type="checkbox"/> B. Visual Inspection (interior & exterior) / Dust Sampling and (required for A or B) verification windows are lead-free or have been treated so friction surfaces are lead-free <i>Expires 24 calendar months following date of inspection.</i>
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RICHARDSON

PASS Based on the findings of the attached inspection report(s), I certify that the property/unit meets the certification criteria at this time.
(Circle either property or unit as appropriate.)

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

I certify that I inspected the above listed property/unit on 08/26/05 at 1:00 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of Maryland.

Susan D. Kleinhammer		4321	Leadtec Services, Inc.
Inspector's Name (printed)	Inspector's Signature	Accreditation No.	Inspection Company