

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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

930425

0370020 MDE TRACKING NO.      0320042542045A MDE PROPERTY NO. (Include county code prefix.)      TNT HOMES I, LLC OWNER NAME  
235 S AUGUSTA AVE Street Address      #2ND FLR BALTIMORE Unit No. City      21229 BALT. CITY Zip Code County      1920 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>	<input checked="" 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>
<p><b>Methods</b></p>	<p><b>Methods</b></p>	<p><b>Methods</b></p>	<p><b>Methods</b></p>
<input type="checkbox"/> A. One Time Only (Interior & Exterior) <b>OR</b> <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"/> 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. 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"/> 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.

**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 04/01/2021 at 4:00 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

NORMAN CROOKE Inspector's Name      [Signature] Inspector's Signature      17145 Accreditation No.      09/06/22 Accreditation Exp. Date      NORMAN CROOKE Inspection Contractor Name      17146 Accreditation No.      09/06/22 Accreditation Exp. Date

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930425

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<u>235 S AUGUSTA AVE</u> Street Address	<u>#2ND FLR BALTIMORE</u> Unit No. City	<u>21229 BALT. CITY 1920</u> 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 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>  <b>Methods</b> <input type="checkbox"/> A. One Time Only <i>(Interior &amp; Exterior)</i> <b>OR</b> <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"/> <b>2. Full Risk Reduction</b>  <b>Methods</b> <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>  <b>Methods</b> <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>  <b>Methods</b> <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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- 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 04/01/2022 at 4:00 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

<u>NORMAN CROOKE</u> Inspector's Name	<u>[Signature]</u> Inspector's Signature	<u>17145</u> Accreditation No.	<u>09/06/22</u> Accreditation Exp. Date	<u>NORMAN CROOKE</u> Inspection Contractor Name	<u>17146</u> Accreditation No.	<u>09/06/22</u> Accreditation Exp. Date
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**FORM C- DUST INSPECTION**  
**VISUAL REVIEW / DUST SAMPLE COLLECTION & ANALYSIS**

The lead paint inspection contractor/inspector is to submit a copy of the Lead Paint Risk Reduction Inspection Certificate (Form 330), with this Form C which includes the diagram; a copy of the lab results to Maryland Department of the Environment and the property owner WITHIN 10 CALENDAR DAYS following the inspection. This form must be fully completed and accurate or the Inspection Certificate may be invalidated. (EA 6-8, COMAR 26.16.02 and 26.16.05)

MDE Tracking No.: <b>0370020</b>	Date of Inspection: <b>04 / 01 / 2021</b>	Inspection Certificate No.: <b>930425</b>		
Address of Property Inspected:				
Street Address: <b>235 S AUGUSTA AVE</b>	Unit No.: <b>#2NDFLR</b>	City: <b>BALTIMORE</b>	Zip Code: <b>21229</b>	County/City: <b>BALT. CITY</b>
Date of Lab Report: <b>04 / 07 / 2021</b>	Date Lab Report was Received by Inspector: <b>04 / 07 / 2021</b>			

**PART I – VISUAL REVIEW**

Visually review all interior and exterior painted surfaces of unit for chipping, peeling, or flaking paint. If chipping, peeling, or flaking paint is found, corrections must be made before dust samples may be collected. Exterior corrections may be delayed if interior paint condition is satisfactory and an Exterior Waiver is approved.

	<b>INTERIOR</b>	<b>EXTERIOR</b>
<b>Is Condition of Paint Satisfactory?</b> <i>(circle one in each column)</i>	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
<b>Is an Exterior Waiver being used?</b> <i>(circle one)</i>	Yes / <input checked="" type="radio"/> No	
If Yes, this Certificate expires on: <b>04 / 30 / _____</b> . The property must pass re-inspection no later than <b>this date</b> or this inspection certificate will no longer be valid. Name of the approving agency or official for the Exterior Waiver: _____ . Form D with the Supervisor's Statement of Work form must be submitted to MDE and the property owner by the lead inspector.		

**PART II – DIAGRAM**

On a separate sheet of paper, provide a diagram of the unit. The diagram is to include: the full site address, street(s) adjacent to the outside entry with the street name(s), location of the unit within a multi-unit property if applicable, window and doorway locations, assigned room numbers, and locations of where dust samples were taken. Show each room within the unit and number each. Your numbering system on your diagram is to match Part III of this form. Note locations of windows with a "W" and sampling locations with an "X". Attach the diagram to this form.

**PART III – DUST COLLECTION & ANALYSIS**

After collection of samples in a room, enter the total number of samples that were taken in that room. Attach additional copies of page 2 of this form if there are more rooms than can be accommodated on the back of this form. The "Meets Standard" column requires circling a Yes or No. **Under Maryland law, the Lead Risk Reduction Standard for dust is: floors <10; window sills <100; window wells <100 µg/ft<sup>2</sup>.** A copy of the Laboratory Analysis Report must be attached to this form. The Result column, below, is for results/concentration of lead in **micrograms per square foot (µg/ft<sup>2</sup>)**, not Total Lead (µg).

FORM C, PART III Continued

Inspection Certificate No.:

930425

Page No.:

1

Is this a retest of failed room(s)? (circle one)	Yes / <u>No</u>
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	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$
* Field Blank	6	144	<5.00

\*Field blank samples are required to be collected per the American Society for Testing and Materials (ASTM) International Standard E 1728 as of May 19, 2008. Field blanks only have to be collected at a minimum frequency of 5 % (or 1 for every 20 field wipe samples collected). Therefore, completion or not of the Field Blank box may vary.

ROOM NO.:	LR	Number of <u>NON-Lead Free</u> windows in room:	Number of <u>Lead Free</u> windows in room: 3	Total number of windows in room: 3
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor	LR-1	144	<5.00	<u>Yes</u> / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room: 1				

ROOM NO.:	K	Number of <u>NON-Lead Free</u> windows in room:	Number of <u>Lead Free</u> windows in room:	Total number of windows in room: 0
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor	K-2	144	<5.00	<u>Yes</u> / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room: 1				

ROOM NO.:	H	Number of <u>NON-Lead Free</u> windows in room:	Number of <u>Lead Free</u> windows in room:	Total number of windows in room: 0
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor	H-3	144	<5.00	<u>Yes</u> / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room: 1				

ROOM NO.:	BD	Number of <u>NON-Lead Free</u> windows in room:	Number of <u>Lead Free</u> windows in room: 2	Total number of windows in room: 2
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor	BD-4	144	<5.00	<u>Yes</u> / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room: 1				

ROOM NO.:	B	Number of <u>NON-Lead Free</u> windows in room:	Number of <u>Lead Free</u> windows in room: 2	Total number of windows in room: 2
SURFACE	SAMPLE No.	AREA (in inches)	RESULT $\mu\text{g}/\text{ft}^2$	MEETS STANDARD
Floor	B-5	144	<5.00	<u>Yes</u> / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room: 1				

Accredited Inspector's Name: Norman Crooke	Inspector's Accreditation No.: 17145	Date of Inspection: 04/01/2021
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30105 Beverly Road  
 Romulus, MI 48174  
 Ph: 734-629-8161; Fax: 734-629-8431

**Certificate of Analysis: Lead In Dust Wipe by EPA Method 7000B/3050B\***

Client : Norm Crooke  
 824 W Lombard St Apt. 4  
 Baltimore, MD 21201

Attn : Norm Crooke      Email : normcrookeleadinspector@gmail.com  
 Phone : 443-814-2014      Fax :

AAT Project : 658870  
 Sampling Date :  
 Date Received : 04/05/2021  
 Date Analyzed : 04/07/2021  
 Date Reported : 4/7/2021 7:21:27AM

Client Project : 235 S AUGUSTA 2ND FLR

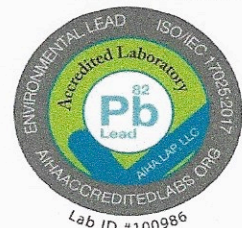
Project Location : 235 S AUGUSTA 2ND FLR

Lab Sample ID	Client Code	Sample Description	Length (inch)	Width (inch)	Area (Sq ft)	Results Lead µg/ft² *
6277621	1	LR F	12	12	1.00	<5.00
6277622	2	K F	12	12	1.00	<5.00
6277623	3	H F	12	12	1.00	<5.00
6277624	4	BD F	12	12	1.00	<5.00
6277625	5	B F	12	12	1.00	<5.00
6277626	6	BLANK F	12	12	1.00	<5.00

Analyst Signature

Nathan Ditty

ND = Not Detected, N/A = Not Available, RL = Reporting Limit, Analytical Reporting Limit is 5 ug/sample. For true values assume (2) significant figures. AAT internal SOP S205. The method and batch QC are acceptable unless otherwise stated. MD Lead Regulatory Limits including Pb Clearance: 10 ug/ft2 (Floors), 100 ug/ft2 (Window Sills), 100 ug/ft2 (Window Wells). The laboratory operates in accord with ISO 17025 guidelines and holds limited scopes of accreditation under AIHA-LAP and NY State DOH ELAP programs. These results are submitted pursuant to AAT, LLC current terms and conditions of sale, including the company's standard warranty and limitation of liability provisions. Analytical results relate to the samples as received by the lab. AAT will not assume any liability or responsibility for the manner in which the results are used or interpreted. All Quality Control requirements for the samples this report contains have been met. AAT does not blank correct reported values. Sample data apply only to items analyzed. Results are calculated with wipe dimensions supplied by client. Reproduction of this document other than in its entirety is not authorized by AAT, LLC. \* = Validated modified method. Samples are stored for 15 days following report date.

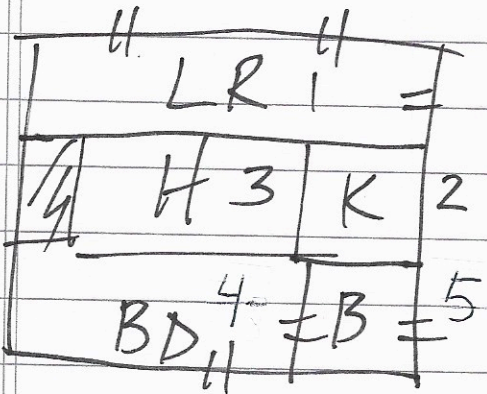


235 S. Augusta  
# 2nd Flr

PREPARED BY

DATE

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