MARYLAND DEPARTMENT OF THE ENVIRONMENT					
LEAD PAINT RISK REDUCTION		INSPEC	TION CERTIFIC	367197	
176036 MDE TRACKING NO.	0314030320 MDE PROPERTY NO.	1026	GUERI OWNER NAME	by Volcy	
1916 EVTAW	Pe. 15TFER &	•	OWNER NAME) Mp	21217
Street Address	Unit No.	Cit	ty	County	Zip Code
The Maryland accredited lead inspector must mark an inspection category 1, 2, 3, or 4 and mark the appropriate inspection method. Only ONE category and method are to be marked. The following attachments are required if applicable: Lead Free, Form E; Dust Inspection, Form C; or Visual Inspection, Form B and Supervisor's Statement of Work Form. Certificates issued pursuant to a waiver for exterior work will be invalid unless the exterior is re-inspected within 30 days after the expiration date. The Inspection Certificate No. shall be referenced on all forms submitted.					
INSPECTION CATEGORIES					
1. Lead Free Methods	2. Full Risk Reduc		3. Modified Reduction	This	d Safe (Qualified Offers only) inspection category expires norths from the date inspected.
A. One Time Only		ods	Methods		Methods
(interior & exterior)	A. Dust Inspection OR	Visual Inspection OR	B. Visual Inspect		
OR B. Limited (interior only) Re-certification of exterior required by/_/	D. Dust Inspection w/ Exterior Waiver Expiration Date 04/01/ OR Dust Inspection w/ Lead Free Exterior	C. Visual Inspection w/ Exterior Waiver Expiration Date 04/01/ OR' Dr. Visual Inspection Villead Free Exterior	C. Visual Inspect w/ Exterior W Expiration Da 04/01/ OR D. Visual Inspect w//Lead/Free Exterior	ion Vaiver tte C. Dust I D. Dust I w/ Le Verification t	OR Inspection & Visual Inspection OR Inspection w/ Lead Free Exterior OR Inspection & Visual Inspection ad Free Exterior AND hat windows are lead-free or have to 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 as appropriate)					
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 as appropriate)					
I certify that I inspected the above listed preperty unit on 1/31/07 at 10:00 a.m/p.m. under Title 6, Subtitle 8 of the Environment Article,					
KENNEDA ADDICKE 9		5512 3	1	ini laspesiien Services 0100 Allo Ave. Kimere, LiD 21286	052 3/0/07
Inspector's Name Inspector	's Signature Accre-		niration Date Inspection C		editation No. Expiration Date