I EAD DAINT DICK DE	MARYLAND DE	PARTMENT OF T	HE ENVIRO	NMENT	925034
0376163	DUCTION (MDE FORM 03262357130	26		LANDSMAN)
MDE TRACKING NO.	MDE PROPERTY NO. (Include	county code prefix.)	OWI	VER NAME	
4420 FOREST Street Address				BALT. CITY	1950
	Unit I		Zip Code	County	Property Construction Date
marked. The following attachments signed copy of Supervisor's Statem processing fee for each certificate. certificates and all required attachm sample results for Full and Modifie penalties will be pursued by MDE:	ector must mark an inspection category are required to be submitted with the tent of Work, laboratory results, and To be paid to: P.O. Box 1417, Baltinents must be submitted to MDE with Risk Reduction Inspections. Coping for any falsified documentation that pertificates and the supporting documentation.	he certificate: Form C, laborated diagrams collected for Modification, MD 21203. The certification in 10 days following Lead Frees of all inspection records shat is received by MDE. Indicate '	ory results, and diagrated Risk Reduction. For cate shall be signed by the earn Lead Safe Inspect of the maintained for a "0000" if Property Coates to: P.O. Box 943	ms for Full Risk Reduction E for Lead Free, we the inspector who per sections and within 10 to least 5 years by lead instruction Date is unknown.	ction, and Forms B and C, original which shall include a \$10 per unit formed the inspection. Inspection days following the receipt of dust propertion contractors. Maximum
1. Lead Free	2. Full Risk Reduction		Risk Reduction	5. Lead	Safe
Methods	Methods	Metl	hods		Methods
A. One Time Only (Interior & Exterior) OR	✓A. Dust Inspection OR	B. Visual Inspection Inspection	on <u>and</u> Dust	A. Dust Inspe	
☐B. Limited (Interior Lead Free Only) Passing Re-inspection	D. Dust Inspection with Exterior Waiver	C. Visual Inspection Inspection with			OR ction with Lead Free Exterior OR
required no later than://	Passing Re-inspection (Form D and Supervisor Statement of Work) required no later than 04 / 30 / unless otherwise noted in local cod	Statement of Work) requ 04/30/unless other	aired no later than		ction <u>and</u> Visual Inspection Free Exterior AND
Number of Pre-1950 Lead Free Units Number of Post-1949 Lead Free Units	OR []E. Dust Inspection with Lead Free Exterior	Ol D. Visual Inspectio		Verification that windows are lead free or have been treated so friction surfaces are lead free.	
PASSED Based on the findi	ngs of the attached inspection repor	t(s), I certify that the property	7unit meets the certifi	cation criteria at this ti	me. (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 01/26/2021 at 8:15 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.					
NORMAN CROOKE Your L	ke 17145	09/06/22 NOK	RMAN CROOKE	17146	09/06/22
Inspector's Name Inspector's Signature Accreditation No. Accreditation Exp. Date Inspection Contractor Name Accreditation No. Accreditation Exp. Date Form Number: MDE 330, Revised: 04/2017 (copy distribution: original to owner; yellow to MDE; pink to tenant; goldenrod to inspection contractor)					