

MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD PAINT RISK REDUCTION (MDE FORM 330) INSPECTION CERTIFICATE NO. 112014

MDE TRACKING NO. 266876

MDE PROPERTY NO. (Include county code prefix.) 032701415

OWNER NAME Shipley Family, LLC

Street Address 2887 Pelham Avenue

Unit No. 2887 1st Floor Baltimore

Zip Code 21211 County Balto. City

Property Construction Date 1927

Street Address

Unit No.

City

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

☒ **1. Lead Free**

☐ **2. Full Risk Reduction**

☐ **3. Modified Risk Reduction**

☐ **5. Lead Safe**

Methods

☒ **A. One Time Only**
(Interior & Exterior)
OR

☐ **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

Methods

☐ **A. Dust Inspection**
OR

☒ **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

☐ **E. Dust Inspection with**
Lead Free Exterior

Methods

☐ **B. Visual Inspection and Dust**
Inspection
OR

☐ **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

☐ **D. Visual Inspection and Dust**
Inspection with Lead Free Exterior

Methods

☐ **A. Dust Inspection**
OR

☐ **B. Dust Inspection and Visual Inspection**
OR

☐ **C. Dust Inspection with Lead Free Exterior**
OR

☐ **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.

☒ **PASSED** Based on the findings of the attached inspection report(s), I certify that the property meets the certification criteria at this time. (circle property or unit)

☐ **FAILED** Based on the findings of the attached inspection report(s), the property fails to meet certification criteria at this time. (circle property or unit)

I certify that I inspected the above listed property on 1/11/16 at 3:30 a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Susan D. Kleinhammer

SSR

4329

4329

5/02/16

Inspector's Name

Inspector's Signature

Accreditation No.

Accreditation Exp. Date

Inspection Contractor Name

Accreditation No.

Accreditation Exp. Date