

MARYLAND DEPARTMENT OF THE ENVIRONMENT

19014

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

266876 03270145 Shipoy Family, LLC

MDE TRACKING NO. MDE PROPERTY NO. (Include county code prefix.) OWNER NAME

2887 Pelham Avenue 2887 5th Baltimore 21218 Balto City 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 14177 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 checked="" type="checkbox"/> 1. Lead Free	<input type="checkbox"/> 2. Full Risk Reduction	<input type="checkbox"/> 3. Modified Risk Reduction	<input type="checkbox"/> 5. Lead Safe
<p>Methods</p> <p><input checked="" type="checkbox"/> A. One Time Only (Interior & Exterior) OR</p> <p><input type="checkbox"/> B. Limited (Interior Lead Free Only) Passing Re-inspection required no later than: ____/____/____</p> <p>____ Number of Pre-1950 Lead Free Units</p> <p>____ Number of Post-1949 Lead Free Units</p>	<p>Methods</p> <p><input type="checkbox"/> A. Dust Inspection OR</p> <p><input checked="" 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. OR</p> <p><input type="checkbox"/> E. Dust Inspection with Lead Free Exterior</p>	<p>Methods</p> <p><input type="checkbox"/> B. Visual Inspection and Dust Inspection OR</p> <p><input type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> D. Visual Inspection and Dust Inspection with Lead Free Exterior</p>	<p>Methods</p> <p><input type="checkbox"/> A. Dust Inspection OR</p> <p><input type="checkbox"/> B. Dust Inspection and Visual Inspection OR</p> <p><input type="checkbox"/> C. Dust Inspection with Lead Free Exterior OR</p> <p><input type="checkbox"/> 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.</p>

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 _____ at _____ a.m./p.m. under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Susan D. Kleinhammer [Signature] 4321 [Signature] 4329 5/02/18

Inspector's Name Inspector's Signature Accreditation No. Accreditation Exp. Date Inspection Contractor Name Accreditation No. Accreditation Exp. Date