

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD PAINT RISK REDUCTION (MDE FORM 330)

INSPECTION CERTIFICATE NO. 1106259

0036838

0320052121A015

MDE TRACKING NO.

MDE PROPERTY NO.

Muhammad Saleem

OWNER NAME

3358 Strickland Street Unit # 1 Baltimore MD 21229

Street Address

Baltimore City

County

Full Risk Reduction

Dust Inspection

Inspection Category

Inspection Method

1920  
Construction Year  
PASSED  
Inspection Status

Re-Inspection required no later than

Certificate Expiration Date

NO

Invalid

Invalidated Date

I certify that I inspected the above listed property/unit on 7/21/2024 2:00:00 PM under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

Rajesh R. Dave

Inspection Contractor Name

11267

Inspection Contractor Accreditation No.

10/30/2024

Inspection Contractor Accreditation Exp. Date

Rajesh Dave

Inspector Name

11268

Inspector Accreditation No.

10/30/2024  
Inspector Accreditation Exp. Date

Inspection certificates with numbers under 1000000 are not original documents; they were issued on paper prior to implementation of this online system.

STATE OF MARYLAND





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/NIOSH 7082\*

**Client:** Rajesh Dave  
6059 Harford Road  
Baltimore, MD 21214  
**Attn:** Rajesh Dave  
**Phone:** 410-499-7928  
**Email:** rajesh5555dave@gmail.com  
**Fax:**  
**Client Project:** 3358 STRICKLAND STREET UNIT 1 BALTIMORE MD 21229  
**Project Location:** 3358 STRICKLAND STREET UNIT 1 BALTIMORE MD 21229

**AAT Project:** 1050683  
**Sampling Date:** 07/21/2024  
**Date Received:** 07/24/2024  
**Date Analyzed:** 07/25/2024  
**Date Reported:** 07/29/2024

| Lab Sample ID | Client Code | Sample Description  | Length<br>(inch) | Width<br>(inch) | Area<br>(Sq ft) | Results Lead<br>µg/ft <sup>2</sup> * |
|---------------|-------------|---------------------|------------------|-----------------|-----------------|--------------------------------------|
| 9594379       | 1STR        | 2ND FL FRONT BR WS  | 3.5              | 20              | 0.49            | <10.3                                |
| 9594380       | 2STR        | 2ND FL MIDDLE BR FL | 12               | 12              | 1.00            | <5.00                                |
| 9594381       | 3STR        | 2ND FL REAR BR WS   | 3.5              | 20              | 0.49            | <10.3                                |
| 9594382       | 4STR        | 1ST FL LR FL        | 12               | 12              | 1.00            | <5.00                                |
| 9594383       | 5STR        | 1ST FL DR FL        | 12               | 12              | 1.00            | <5.00                                |
| 9594384       | 6STR        | 1ST FL KITCHEN WS   | 3.5              | 20              | 0.49            | <10.3                                |
| 9594385       | 7STR        | 1ST FL FRONT BR WS  | 3.5              | 20              | 0.49            | <10.3                                |
| 9594386       | 8STR        | 1ST FL REAR BR FL   | 12               | 12              | 1.00            | <5.00                                |
| 9594387       | 9STR        | 1ST FL BTHRM FL     | 12               | 12              | 1.00            | <5.00                                |

Analyst Signature

*Alexis Pheaney*

Alexis Pheaney



ND = Not Detected, N/A = Not Available, RL = Reporting Limit, Analytical Reporting Limit is 5 ug/sample. For true values assume (3) significant figures. AAT internal SOP S205. The method and batch QC are acceptable unless otherwise stated. EPA Regulatory Limits: 10 ug/ft<sup>2</sup> (Floors, Carpeted/Uncarpeted), 100 ug/ft<sup>2</sup> (Window Sill/Stools), 400 ug/ft<sup>2</sup> (Window Trough/Wall/Ext Concrete Surfaces), HUD Grantee Regulatory Limits: 10 ug/ft<sup>2</sup> (Interior Floors), 40 ug/ft<sup>2</sup> (Porch Floors), 100 ug/ft<sup>2</sup> (Window Sills), 100 ug/ft<sup>2</sup> (Window Troughs). 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.

AIHA-LAP - Lab ID #100986, NY State DOH ELAP - Lab ID #11864, State of Ohio - Lab ID #10042

AAT Project: 1050683

Date Printed: 07/29/2024



30105 Beverly Road  
Romulus, MI 48174  
Ph: 734-629-8161; Fax: 734-629-8431

To : Rajesh Dave  
6059 Harford Road  
Baltimore, MD 21214  
Attn : Rajesh Dave  
Email : rajesh555dave@gmail.com  
Phone : 410-499-7928  
Project Location : 3358 STRICKLAND STREET UNIT 1 BALTIMORE MD 21229

| Sample | Client Code | Analysis Requested | Completed | Analyst |
|--------|-------------|--------------------|-----------|---------|
|--------|-------------|--------------------|-----------|---------|

|         |      |           |            |               |
|---------|------|-----------|------------|---------------|
| 9594379 | 1STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |
| 9594380 | 2STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |
| 9594381 | 3STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |
| 9594382 | 4STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |
| 9594383 | 5STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |
| 9594384 | 6STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |
| 9594385 | 7STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |
| 9594386 | 8STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |
| 9594387 | 9STR | Dust Wipe | 07/25/2024 | Alexis Pheeny |

*Elyse Bidle*

Reviewed By  
Elyse Bidle  
Quality Assurance Coordinator

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AIHA LAP- Lab ID #100986, NY State DOH ELAP- Lab ID #11864, State of Ohio- Lab ID # 10042  
Date Printed: 07/29/2024 4:15AM  
AAT Project: 1050683

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.: 0036838 | Date of Inspection: 02/21/2020 | Inspection Certificate No.: 1106209 |
|---------------------------|--------------------------------|-------------------------------------|

|                                |  |                   |                     |                 |                             |
|--------------------------------|--|-------------------|---------------------|-----------------|-----------------------------|
| Address of Property Inspected: |  | Unit No.: UNIT 11 | City: BALTIMORE, MD | Zip Code: 21229 | County/City: BALTIMORE CITY |
|--------------------------------|--|-------------------|---------------------|-----------------|-----------------------------|

|                                |                                                       |
|--------------------------------|-------------------------------------------------------|
| Date of Lab Report: 07/29/2020 | Date Lab Report was Received by Inspector: 07/29/2020 |
|--------------------------------|-------------------------------------------------------|

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.

|                                                                 |          |          |
|-----------------------------------------------------------------|----------|----------|
| Is Condition of Paint Satisfactory? (circle one in each column) | INTERIOR | EXTERIOR |
| Yes / No                                                        | Yes / No | Yes / No |

|                                                                                                                                                                                                                                                                                                                                                                                |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Is an Exterior Waiver being used? (circle one)                                                                                                                                                                                                                                                                                                                                 | Yes / No |
| If Yes, this Certificate expires on: 04 / 30 / ____ . The property must pass re-inspection no later than this date 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

|                                                  |                  |
|--------------------------------------------------|------------------|
| Is this a retest of failed room(s)? (circle one) | Yes / <u>No</u>  |
| Inspection Certificate No.: 1106209              | Page No.: 1 of 2 |

|               |            |                  |                                  |
|---------------|------------|------------------|----------------------------------|
| * Field Blank | SAMPLE No. | AREA (in inches) | RESULT $\mu\text{g}/\text{ft}^2$ |
|               |            |                  |                                  |

\*Field blank samples are required to be collected at a minimum frequency of 5% (or 1 blank sample for every 20 samples collected), and in no case fewer than one blank sample for each day of inspections.

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 101                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 2 | Total number of windows in room: 2 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              | 1500                                       | 36' x 36'                              | < 1.0                              |
| Sill                               |                                            |                                        | Yes / <u>No</u>                    |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: 1 |                                            |                                        |                                    |

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 102                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 1 | Total number of windows in room: 1 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              | 2500                                       | 12' x 12'                              | < 1.0                              |
| Sill                               |                                            |                                        | Yes / <u>No</u>                    |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: 1 |                                            |                                        |                                    |

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 103                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 1 | Total number of windows in room: 1 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              | 3500                                       | 36' x 36'                              | < 1.0                              |
| Sill                               |                                            |                                        | Yes / <u>No</u>                    |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: 1 |                                            |                                        |                                    |

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 104                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 0 | Total number of windows in room: 0 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              | 4500                                       | 12' x 12'                              | < 1.0                              |
| Sill                               |                                            |                                        | Yes / <u>No</u>                    |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: 1 |                                            |                                        |                                    |

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 105                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 0 | Total number of windows in room: 0 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              | 5500                                       | 12' x 12'                              | < 1.0                              |
| Sill                               |                                            |                                        | Yes / <u>No</u>                    |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: 1 |                                            |                                        |                                    |

|                                                   |                                             |                                       |
|---------------------------------------------------|---------------------------------------------|---------------------------------------|
| Accredited Inspector's Name: <u>ROSE, R. DANE</u> | Inspector's Accreditation No.: <u>11268</u> | Date of Inspection: <u>02/11/2020</u> |
|---------------------------------------------------|---------------------------------------------|---------------------------------------|

# FORM C, PART III Continued

Is this a retest of failed room(s)? (circle one)

Yes / (No)

Inspection Certificate No.: 1106209

Page No.: 2 of 2

|               |                  |                                  |  |
|---------------|------------------|----------------------------------|--|
| * Field Blank |                  |                                  |  |
| SAMPLE No.    | AREA (in inches) | RESULT $\mu\text{g}/\text{ft}^2$ |  |

\*Field blank samples are required to be collected at a minimum frequency of 5 % (or 1 blank sample for every 20 samples collected), and in no case fewer than one blank sample for each day of inspections.

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 101                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 2 | Total number of windows in room: 2 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              |                                            |                                        | Yes / No                           |
| Sill                               | 6 son                                      | 34 in                                  | <u>(Yes)</u> / No                  |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: / |                                            |                                        |                                    |

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 102                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 2 | Total number of windows in room: 2 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              |                                            |                                        | Yes / No                           |
| Sill                               | 7 son                                      | 34 in                                  | <u>(Yes)</u> / No                  |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: / |                                            |                                        |                                    |

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 103                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 0 | Total number of windows in room: 0 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              | 8 son                                      | 12 ft <sup>2</sup>                     | <u>(Yes)</u> / No                  |
| Sill                               |                                            |                                        | Yes / No                           |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: / |                                            |                                        |                                    |

|                                    |                                            |                                        |                                    |
|------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|
| ROOM NO.: 104                      | Number of NON-Lead Free windows in room: 0 | Number of Lead Free windows in room: 0 | Total number of windows in room: 0 |
| SURFACE                            | SAMPLE No.                                 | AREA (in inches)                       | RESULT $\mu\text{g}/\text{ft}^2$   |
| Floor                              | 9 son                                      | 12 ft <sup>2</sup>                     | <u>(Yes)</u> / No                  |
| Sill                               |                                            |                                        | Yes / No                           |
| Well                               |                                            |                                        | Yes / No                           |
| Total Samples Collected in room: / |                                            |                                        |                                    |

|                                  |                                          |                                      |                                  |
|----------------------------------|------------------------------------------|--------------------------------------|----------------------------------|
| ROOM NO.:                        | Number of NON-Lead Free windows in room: | Number of Lead Free windows in room: | Total number of windows in room: |
| SURFACE                          | SAMPLE No.                               | AREA (in inches)                     | RESULT $\mu\text{g}/\text{ft}^2$ |
| Floor                            |                                          |                                      | Yes / No                         |
| Sill                             |                                          |                                      | Yes / No                         |
| Well                             |                                          |                                      | Yes / No                         |
| Total Samples Collected in room: |                                          |                                      |                                  |

Accredited Inspector's Name: 120511.1-01ME

Inspector's Accreditation No.: 11268

Date of Inspection: 2/21/2020

338 SPARKLAND STREET

BIRMINGHAM MD - 21229

SPARKLE HOUSE

