MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD PAINT RISK REDUCTION (MDE FORM 330)

INSPECTION CERTIFICATE NO. 1106260

0036838
MDE TRACKING NO.

0320052121A015
MDE PROPERTY NO.

Muhammad Saleem
OWNER NAME

3358 Strickland Street Unit # 2 Baltimore MD 21229
Street Address

Baltimore City
County

1920
Construction Year

Full Risk Reduction
Inspection Category

Dust Inspection
Inspection Method

PASSED
Inspection Status

Re-Inspection required no later than

Certificate Expiration Date

Invalid

Invalidated Date

I certify that I inspected the above listed property/unit on 7/21/2024 2:45:00 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

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land and Materials Administration • Lead Poisoning Prevention Program
1800 Washington Blvd. • Suite 630 • Baltimore Maryland 21230
(410) 537-3825 • 1-800-633-6101 x3825 • http://www.mde.maryland.gov/lead

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.:	Date of Inspection:	Inspection Certificate No.:
0036838	07/24/2024	1106260

Address of Property Inspected:				
Street Address:	Unit No.:	City:	Zip Code:	~~County~~/City:
3308 SOUTHLAND SOUTH	UNIT (D)	BALTIMORE. MD.	21229	BALTIMORE CITY

Date of Lab Report:	Date Lab Report was Received by Inspector:
07/26/2024	07/26/2024

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.

	INTERIOR	EXTERIOR
Is Condition of Paint Satisfactory? *(circle one in each column)*	(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 then **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 where 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/ft².** 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/ft²),** not Total Lead (µg).

FORM C, PART III Continued

Is this a retest of failed room(s)? *(circle one)*	Yes / (No)

Inspection Certificate No.: 110260
Page No.: 1 of 1

	SAMPLE No.	AREA (in inches)	RESULT µg/ft²
* Field Blank			

***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.: Bath Room Right Blw		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 µg/ft²	MEETS STANDARD
Floor				Yes / No
Sill	1 SURF	3½ x 2"	<10.30	(Yes) / No
Well				Yes / No
Total Samples Collected in room: 1				

ROOM NO.: Bath Room Left Blw		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 µg/ft²	MEETS STANDARD
Floor	2 SURF	12" x 12"	<5.00	(Yes) / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room: 1				

ROOM NO.: Bedroom Left Blw		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 µg/ft²	MEETS STANDARD
Floor				Yes / No
Sill	3 SURF	3½ x 2"	<10.30	(Yes) / No
Well				Yes / No
Total Samples Collected in room: 1				

ROOM NO.: Bath Room		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 µg/ft²	MEETS STANDARD
Floor	4 SURF	12" x 12"	<5.00	(Yes) / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room: 1				

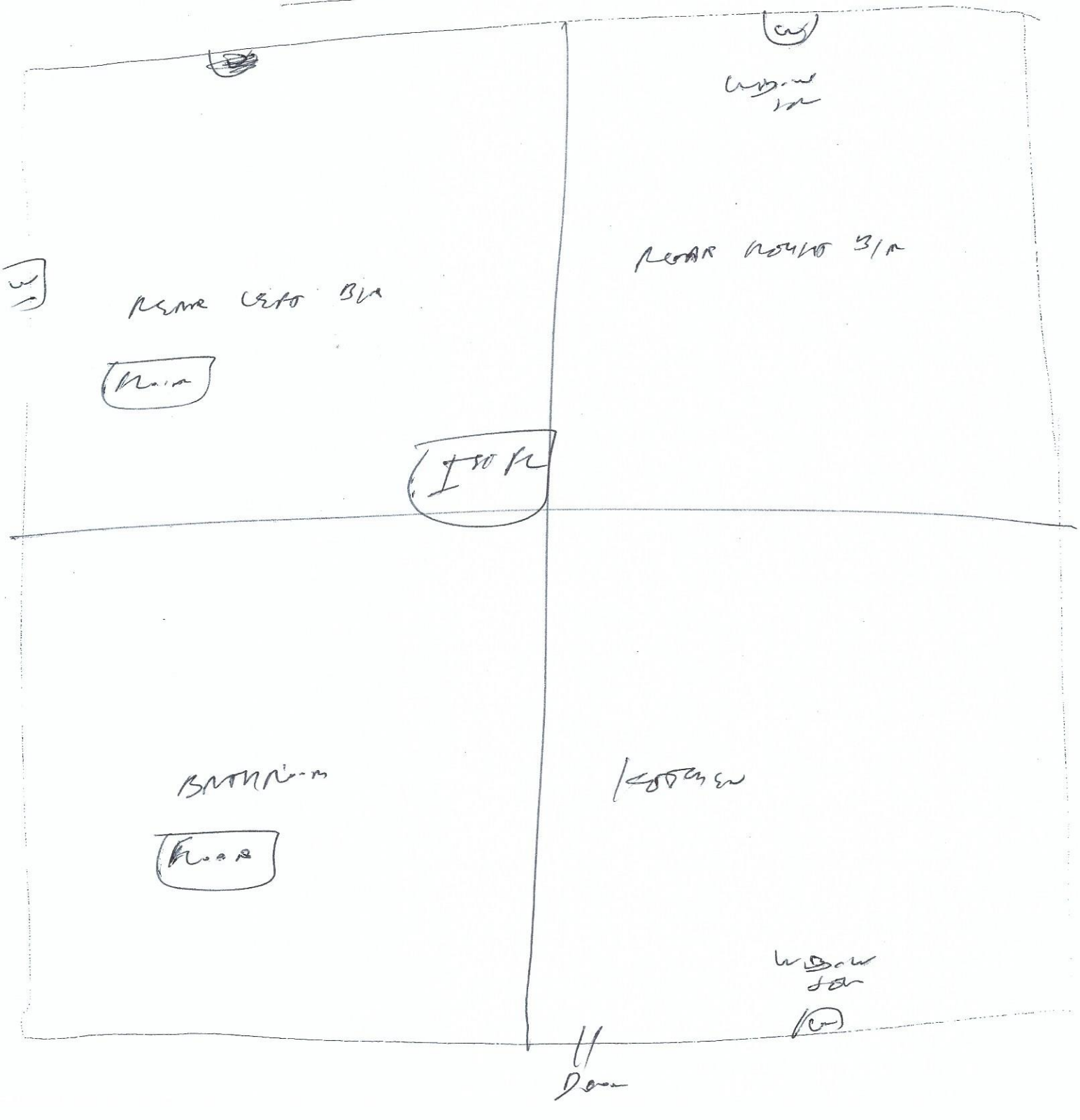
ROOM NO.:		Number of NON-Lead Free windows in room: 2	Number of Lead Free windows in room:	Total number of windows in room:
SURFACE	SAMPLE No.	AREA (in inches)	RESULT µg/ft²	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples Collected in room: 4				

Accredited Inspector's Name: RAJESH NOMME	Inspector's Accreditation No.: 11258	Date of Inspection: 2/24/2022

3308 SOMERSET SQUARE UNIT # (2)

BALTIMORE MD - 4229

REAR SINGLE HOUSE



ACCURATE ANALYTICAL TESTING LLC

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 Raod
Baltimore, MD 21214
Attn : Rajesh Dave **Email :** rajesh5555dave@gmail.com
Phone : 410-499-7928 **Fax :**

Client Project : 3358 STRICKLAND STREET UNIT 2 BALTIMORE MD 21229

Project Location : 3358 STRICKLAND STREET UNIT 2 BALTIMORE MD 21229

AAT Project : 1050686
Sampling Date : 07/21/2024
Date Received : 07/24/2024
Date Analyzed : 07/25/2024
Date Reported 07/26/2024

Lab Sample ID	Client Code	Sample Description	Length (inch)	Width (inch)	Area (Sq ft)	Results Lead µg/ft2 *
9594400	1STRI	1ST FL REAR RIGHT BR WS	3.5	20	0.49	<10.3
9594401	2STRI	1ST FL REAR LEFT BR FL	12	12	1.00	<5.00
9594402	3STRI	1ST FL KITCHEN WS	3.5	20	0.49	<10.3
9594403	4STRI	1ST FL BTHRM FL	12	12	1.00	<5.00

Analyst Signature Alexis Pheeney

Alexis Pheeney

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/ft2 (Floors, Carpeted/Uncarpeted), 100 ug/ft2 (Window Sill/Stools), 400 ug/ft2 (Window Trough/Well/Ext Concrete Surfaces). HUD Grantee Regulatory Limits: 10 ug/ft2 (Interior Floors), 40 ug/ft2 (Porch Floors), 100 ug/ft2 (Window Sills). 100 ug/ft2 (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.

Lab ID #100986

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

Date Printed: 07/26/2024

AAT Project: 1050686

ACCURATE ANALYTICAL TESTING LLC

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

To : Rajesh Dave
6059 Harford Raod
Baltimore, MD 21214

Attn : Rajesh Dave

Email : rajesh5555dave@gmail.com
Phone : 410-499-7928

AAT Project : 1050686
Client Project : 3358 STRICKLAND STREET UI
Date Reported 07/26/2024

Project Location : 3358 STRICKLAND STREET UNIT 2 BALTIMORE MD 21229

Sample	Client Code	Analysis Requested	Completed	Analyst
9594400	1STRI	Dust Wipe	07/25/2024	Alexis Pheeney
9594401	2STRI	Dust Wipe	07/25/2024	Alexis Pheeney
9594402	3STRI	Dust Wipe	07/25/2024	Alexis Pheeney
9594403	4STRI	Dust Wipe	07/25/2024	Alexis Pheeney

Reviewed By Elyse Bidle
Quality Assurance Coordinator