

MARYLAND DEPARTMENT OF THE ENVIRONMENT

LEAD PAINT RISK REDUCTION (MDE FORM 330)

INSPECTION CERTIFICATE NO. 0921197

6875411
MDE TRACKING NO.

12-1257-4532-012
MDE PROPERTY NO.

Mary Williams
OWNER NAME

369 Sample Street
Street Address

Baltimore
City

20201
Zip Code

SFP
Unit No.

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

NO
Invalid

Invalidated Date

I certify that I inspected the above listed property/unit on 1/1/2024 11:00:00 AM under Title 6, Subtitle 8 of the Environment Article, Annotated Code of MD.

A&R Inspection Professionals, LLC
Inspection Contractor Name

100101
Accreditation No.

4/29/2024
Accreditation Exp. Date

Robert Cord
Inspector's Name

100100
Accreditation No.

4/29/2024
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



CERTIFICATE OF ANALYSIS



Chain of Custody: 638297
Client: A & R Inspection Professionals, LLC
Address: 123 Main St. Baltimore, MD 21201

Attention: Robert Cord

Job Name: AR07076927
Job Location: Sample St. Springdale, MD 20774
Job Number: 099
P.O. Number: Not Provided

Date Submitted: 07/29/2024
Date Analyzed: 08/04/2024
Report Date: 08/05/2024
Date Sampled: 07/29/2024
Person Submitting: John Inspector

Summary of Atomic Absorption Analysis for Lead

| AMA Sample Number | Client Sample Number | Analysis Type | Sample Type | Area Wiped (ft ²) | Reporting Limit | Total ug | Final Result | Comments |
|-------------------|----------------------|---------------|-------------|-------------------------------|-----------------|----------|--------------|----------|
| 638297-1 | 001 LV1 FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-2 | 002 KIT FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-3 | 003 BR1 FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-4 | 004 BR2 FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-5 | 005 BR3 FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-6 | 006 BA1 FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-7 | 007 LV2 FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-8 | 008 BR4 FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-9 | 009 BA2 FL | Flame AA | Wipe | 2.0 | 5 ug/sqft | <10.0 | <5 ug/sqft | |
| 638297-10 | 010 BLANK | Flame AA | Wipe | 0.0 | 10 ug | <10.0 | <10 ug | |

Analysis Method for Flame: Air, Wipes, Paints, and Soil/Solids: EPA 600/R-93/200(M)-7000B; Water: SM-3111B Analysis Method For Furnace: Air, Wipes, Paints, and Soil/Solids : EPA 600/R-93/200(M)-7010; Water: SM-3113B N/A = Not Applicable mg/Kg = parts per million (ppm) on a dry weight basis mg/L = parts per million (ppm) %Pb = percent lead on a dry weight basis ug = micrograms ug/L = parts per billion (ppb)
Note: All samples were received in good condition unless otherwise noted.
Note: All results have two significant digits. Any additional digits shown should not be considered when interpreting the result.

Analyst(s): Nida McGarvey

See QC Summary for analytical results of quality control samples associated with these samples.

Air and Wipe results are not corrected for any blank results. Final results for air and wipe samples are based on client supplied information not verified by this laboratory.

All results are to be considered preliminary and subject to change unless signed by the Technical Director or Deputy.

Technical Director

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these Laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from us. Sample types, locations, and collection protocols are based upon the information provided by the persons submitting them and, unless collected by personnel of these Laboratories, we expressly disclaim any knowledge and liability for the accuracy and completeness of this information. Residual sample material will be discarded in accordance with the appropriate regulatory guidelines, unless otherwise requested by the client. This report must not be used to claim, and does not imply product certification, approval, or endorsement by NY ELAP, AIHA-LAP, or any agency of the Federal Government. All rights reserved. AMA Analytical Services, Inc.

LEAD CHAIN OF CUSTODY

Mailing/Billing Information:

Client Name: _____
 Address: _____
 Address: _____
 Address: _____
 Phone #: _____ Fax #: _____

Submittal Information:

Job Name: _____
 Job Location: _____
 Job #: _____ P.O. #: _____
 Point of Contact: _____ Phone #: _____
 Submitted by: _____ Signature: _____

Reporting Info (Results provided as soon as technically feasible). If no TAT/Reporting Info is provided, AMA will assign defaults of 5-Day & email/fax to contacts of file.

| TURN AROUND TIME (TAT): | | | | REPORT TO: | | |
|--------------------------------------------|-----------------|------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| After Hours (must be pre-scheduled) | | Normal Business Hours | | <input type="checkbox"/> Include COC/Field Data Sheets with Report <input type="checkbox"/> Email: _____ <input type="checkbox"/> Fax: _____ <input type="checkbox"/> Verbals _____ | | |
| <input type="checkbox"/> Immediate | Date Due: _____ | <input type="checkbox"/> Immediate | <input type="checkbox"/> 3-Day | | | <input type="checkbox"/> Results Required by Noon |
| <input type="checkbox"/> 24 Hours | Time: _____ | <input type="checkbox"/> Next Day | <input type="checkbox"/> 5-Day + | | | |
| Comments: _____ | | <input type="checkbox"/> 2-Day | Due Date: _____ | | | |

| Sample Type | | | | | |
|-------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------|--|--|
| <input type="checkbox"/> Paint Chip _____ (QTY) | <input type="checkbox"/> Air _____ (QTY) | <input type="checkbox"/> Soil/Solid _____ (QTY) | <input type="checkbox"/> Dust Wipe (wipe type _____) _____ (QTY) | | |
| <input type="checkbox"/> TCLP _____ (QTY) | <input type="checkbox"/> Drinking Water _____ (QTY) | <input type="checkbox"/> Waste Water _____ (QTY) | <input type="checkbox"/> Furnace (Media type _____) _____ (QTY) | | |

*If field data sheets are submitted, there is no need to complete bottom section

☐ All samples received in good condition unless otherwise noted.

| Sample Information | | | | | Analysis Matrix | | | | Client Contact (Laboratory Staff Only) | | |
|--------------------|------------------------------------|-----------|------------|-----------|-----------------|-----------------------------|------|------------------|-------------------------------------------|----------|-----|
| Sample Number | Sample Collection Location/Surface | Date/Time | Volume (L) | Wipe Area | Air | Paint Chip or Soil/Solid | Dust | Water & Other | | | |
| | | | | | | | | | Date/Time: | Contact: | By: |
| | | | | | | | | | | | |
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| | | | | | | | | | Date/Time: | Contact: | By: |
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|-----------------------------------------|--------------------------------------------------------------------------------------------------|
| LABORATORY STAFF ONLY: (CUSTODY) | 1. Date/Time RCVD: _____ / _____ / _____ @ _____ Via: _____ By (print): _____ Sign: _____ |
| | 2. Date/Time Analyzed: _____ / _____ / _____ @ _____ By (print): _____ Sign: _____ |
| | 3. Results/Reported To: _____ Via: _____ Date: _____ / _____ / _____ Time: _____ Initials: _____ |
| | 4. Comments: _____ |