Mayland REALTORS

## DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

roperty Address: 9069 ALLE	ENTOWN ROAD, F.	T. WASHINGTON, MD	20744
ELLER/LANDLORD REPRESENTS A ROPERTY, THAT (SELLER/LANDLO date of construction is ur	ND WARRANTS, INTENDIN		EGARDING THE ABOVE constructed prior to 1978 <u>OR</u>
EDERAL LEAD WARNING STATEMENT: A buy roperty may contain lead-based paint and eveloping lead poisoning if not managed passibilities, reduced intelligence quotient, be eller/landlord of any interest in residential revoide the buyer/tenant with any information and the must receive a federally approved pair possible lead-based paint hazards prior to	that exposure to lead from lead properly. Lead poisoning in yo whavioral problems, and impaired real property is required to disclean on on lead-based paint hazards amphlet on lead poisoning preve	<ul> <li>-based paint, paint chips or lead paint dus ung children may produce permanent net I memory. Lead poisoning also poses a pa ose to the buyer/tenant the presence of k from risk assessments or inspections in</li> </ul>	ts may place young children at risk of urological damage, including learning articular risk to pregnant women. The nown lead-base paint hazards and to the seller's/landlord's possession. A
eller's/Landlord's Disclosure			
Built in about 1947. The	ed paint and/or lead-based pa	is (initial (i) or (ii) below): aint hazards are present in the housing ant: To the best of our known a house is classified as	owledge; it his
Lee attached certificent	es no knowledge of lead-base	d report, ed paint and/or lead-based paint hazar	
(i)/ Seller/Landlord h lead-based paint and/or lead-base	nas provided the purchaser/te ad paint hazards in the housir	enant with all available records and rep ng (list documents below).	orts pertaining to
(ii)/ Seller/Landlord h hazards in the housing.	as no reports or records pert	aining to lead-based paint and/or lead	-based paint
ıyer's/Tenant's Acknowledgment (i	nitial)		
)/ Buyer/Tenant has rece	eived copies of all information	listed in section (b)(i) above, if any.	
)/ Buyer/Tenant has rece	eived the pamphlet Protect Yo	our Family from Lead In Your Home.	
) Buyer has (initial (i) or (ii) below):			
(i)/ received a 10-day for the presence of	opportunity (or mutually agre of lead-based paint and/or lea	eed upon period) to conduct a risk ass ad-based paint hazards; or	essment or inspection
(ii)/ waived the opport and/or lead-based	unity to conduct a risk asses I paint hazards.	sment or inspection for the presence of	of lead-based paint
gent's Acknowledgment (initial)			
Agent has informed the Selle sponsibility to ensure compliance.	r/Landlord of the Seller's/Lar	ndlord's obligations under 42 U.S.C. 4	352(d) and is aware of his/her
ertification of Accuracy ne following parties have reviewed the ovided is true and accurate	information above and certif	y, to the best of their knowledge, that	the information they have
eller/Landlord Audith M. Classes	Date 2/21/20	Buyer/Tenant	Date
eller Landlord	Date	Buyer/Tenant	Date
eller/s/Landlord's Agent	Date	Buyer's/Tenant's Agent	Date
Œ	10/1	17	盒
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nodified in any form without the prior expressed writ			Shade, and term may not be distilled

P. Ch. U. 2/19/2020

P. Ch. U. 7010

Feb. 19, 2020

P. Ch. 19, 2020

NMENT 657736	Clavell: Leretz J. J. J. a. ditt M. ETAL OWNERNAME 19 ATTHY P.C. 1947 Zin Code County Property Construction Date	atego netion whic erfor day insp snow	5. Lead Safe	Methods	☐ A. Dust Inspection OR ☐ B. Dust Inspection and Visual Inspection	OR  C. Dust Inspection with Lead Free Exterior  OR	with Lead Free Exterior  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/unit meets the certification criteria at this time. (circle property or unit)	report(s), the <b>property/unit</b> fails to meet certification criteria at this time. <i>teircle property or unit</i> ) $\frac{\partial C}{\partial x} = \frac{\partial C}{\partial x} = $	NOSIGE 24/26/2016 1440 From renter (LC) 18815 19/2016 No. Accreditation Exp. Date Inspection Contractor Name Accreditation No. Accreditation Exp. Date Inspection: original to owner; vellow to MDE: nink to tenum; coldering to inspection contractors	nt; goldenrod to inspection contractor)
DEPARTMENT OF THE ENVIRONMENT (RM 330) INSPECTION CERTIFICATE NO.	code prefix.)  - LMAS   1.17	with the certificate: Form C, laboratory results, and diagrams for Full Risk Redits, and diagrams collected for Modified Risk Reduction. Form E for Lead Free. 7, Baltimore, MD 21203. The certificate shall be signed by the inspector who post within 10 days following Lead Free and Lead Safe Inspections and within 10. Copies of all inspection records shall be maintained for at least 5 years by lead on that is received by MDE. Indicate "0000" if Property Construction Date is unlidocumentation for inspection certificates to: P.O. Box 943, Jessup, MD 20794, INSPECTION CATEGORIES	3. Modified Risk Reduction	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  DR  Inspection with Lead Free Exterior Inspection with Lead Free	certify that the property/unit meets the certi	<b>FAILED</b> Based on the findings of the attached inspection report(s), the <b>property/unit</b> fails to meet certification criteria at this time. <i>teircle property or unit</i> $\vec{y}$ that I inspected the above listed <b>property/unit</b> on $\mathcal{OH}$ $\mathcal{OE}$ $\mathcal{OE}$ at $\mathcal{E}:\mathcal{OE}$ a.m./p.m.) under Title 6. Subtitle 8 of the Environment Article. Annotated 6.	creditation No. Accreditation Exp. Date 140 Fr. 1770 141 (LL 11815)  creditation No. Accreditation Exp. Date Inspection Contractor Name Accreditation No. Accreditation Contractor Name (conv. distribution).	дна 10 ожнег, уенож ю мол.; рик ю тепа
MARYLAND DEPAR LEAD PAINT RISK REDUCTION (MDE FORM 330)	NDE PROPERTY NO. (Include county code prefix.)  VEALOUTE ROLL Control Code prefix.)  Unit No. City	pector must mark an inspection category 1 Is are required to be submitted with the certiment of Work. Iaboratory results, and diagra. To be paid to: P.O. Box 1417, Baltimore, ments must be submitted to MDE within 10 ied Risk Reduction Inspections. Copies of all for any falsified documentation that is rececutificates and the supporting documentation INSP!	Z 2. Full Risk Reduction	Methods	<b>⊠</b> 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  Lead Free Exterior	idings of the attached inspection report(s). I		Accreditation A	
LEAD PAINT RISK RE	MDE TRACKING NO.	The Maryland accredited lead inspector must mark an inspection marked. The following attachments are required to be submitted signed copy of Supervisor's Statement of Work, laboratory resul processing fee for each certificate. To be paid to: P.O. Box 1417 certificates and all required attachments must be submitted to M sample results for Full and Modified Risk Reduction Inspections penalties will be pursued by MDE for any falsified documentatic contractors must mail inspection certificates and the supporting	1. Lead Free	Methods	A. One Time Only (Interior & Exterior)	B. Limited (Interior Lead Free Only) Dassing Beingmortion	Number of Pre-1950 Lead Free Units Number of Post-1949 Lead Free Units	PASSED Based on the fin	FAILED Based on the findings of the attached inspection 1 certify that I inspected the above listed property/unit on 24	Teuce 14. Hulle of Inspector's Signature Inspector's Name Inspector's Signature Form Number: MDE 330, Revised: 10/2013	FOTH NUMBER 3125 339, ACTOR

### MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Lead Poisoning Prevention Compliance & Accreditation Division 1800 Washington Blvd. • Suite 630 • Baltimore Maryland 21230 (410) 537-3825 • 1-800-633-6101 x3825 • Washington Blvd.

## PADMA DIICT INICIDE COMONI

# 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)

50 Myandated. (LA 6-6, COWAR 20.16.02 and 26.16.03						
MDE Tracking No.: 1334809	Date of Inspec	ction: 12016	Inspection C	ertificate No.:		
Address of Property Inspected:						
Sureet Address: 4009 Allentown Rd.	Unit No.:	City: Fort Ukishington	Zip Code:	County/City:		
Date of Lab Report: ピサイプ / ユビバ		ort was Received by In	ispector:			
Visually review all interior and exterior painted surfaces of unit for chipping, peeling, or flaking pain If chipping, peeling, or flaking paint is found, corrections must be made before dust samples may be collecte Exterior corrections may be delayed if interior paint condition is satisfactory and an Exterior Waiver is approved.						
is Condition of Paint Satisfactory scircle one in each column)	?	INTERIOR  Yes / No		EXTERIOR Yes / No		

is Condition of Paint Satisfactory?	INTERIOR Yes / No	EXTERIOR Yes / No
Is an Exterior Waiver being used? (circle one)	Yes / No	
If Yes, this Certificate expires on: 04/30/ then this date or this inspection certificate will no lor for the Exterior Waiver:	nger be valid. Name of the	
Statement of Work form must be submitted to MDE	and the property owner by t	D with the Supervisor's the lead inspector.

#### FART 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 HI - 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 <40; window sills <250; window wells <400 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).

DODE	~	77 4	5	777	-		
FORM	0	100	1 3 E	11 11 11	6 0	DE LA LE	iler

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

Yes / No

Inspection Certificate No.	:
651736	
Page No.:	

				/
	SAMPLE No	. AREA (in inches)	RESULT μg/ft²	
* Field Blant	k			***************************************
Standard E 1728	B as of May 19, 2008. F.	e collected per the American S ield blanks only have to be co , completion or not of the Fie	liected at a minimum frec	aterials (ASTM) Internation puency of 5 % (or 1 for even
ROOM NO.:	/	Number of NON-Lead Free windows in room:		
SURFACE	SAMPLE No.	AREA (in inches)	RESULT μg/ft²	MEETS STANDAR
Floor	14063016-90090	12×12	< 10	Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples C	Collected in room: /			
ROOM NO.:	5	Number of NON-Lead Free windows in room:	windows in room:	Total number of window in room:
SURFACE	SAMPLE No.	AREA (in inches)	RESULT μg/ft²	MEETS STANDAR
Floor	11662616-1009-62	12X12	<-10	Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples C	ollected in room:			
ROOM NO.:	3	Number of NON-Lead Free	Number of <u>Lead Free</u>	
SURFACE	SAMPLE No.	windows in room:	windows in room: 2	
SURFACE	SAMPLE NO.	AREA (in inches)	RESULT μg/ft²	MEETS STANDARI
Floor	040620169090	12 X 12	1-10	(es) / No
Sill				Yes / No
Well				Yes / No
Total Samples Co	ollected in room: /		1	
ROOM NO.:	4	Number of NON-Lead Free windows in room:	Number of <u>Lead Free</u> windows in room: 4	Total number of window
SURFACE	SAMPLE No.	AREA (in inches)	RESULT μg/ft <sup>2</sup>	MEETS STANDARD
	04062016-9009-04	12x12	1 210	(Yes) / No
Sill				Yes / No
Vell [	64662016-9009-05	1/2 X 28	<-100	(Yes / No
otal Samples Co	ollected in room: 🏒			
ROOM NO.:		Number of NON-Lead Free windows in room:	Number of Lead Free windows in room:	Total number of window in room:
URFACE	0	AREA (in inches)	RESULT μg/ft <sup>2</sup>	MEETS STANDARD
loor	04662616-9669-06	12×12	12	(Yes) / No
ill			†	Yes / No

Accredited Inspector's Name.

Jewel 14. Haward.

Form Number: MDE/LMA/CER.039

Total Samples Collected in room:

Inspector's Accreditation No.:

Date of Inspection:

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Recycled Paper

Yes /

Yes

No

No

Revision Date 09/2011 TTY Users 1-800-735-2258

Well

F	0	R	Ti,	Æ	C.	PA	RT	ITT	Cor	tin	rec

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

) (	No
	<i>j</i> (

Inspection	Certificate No.:
63	1136
Page No.:	
	7

	SAMPLE No.	AREA (in inches)	RESULT μg/ft <sup>2</sup>
* Field Blank	04662616-9009-11	· C	<-10
T: 1111 - 1-	1	The state of the s	

\*Field blank samples are required to be collected per the American Society for Testing and Materials (ASTM) International Standard E 1728 as of May 19, 2008. Field blanks only have to be collected at a minimum frequency of 5 % (or 1 for every 20 field wipe samples collected). Therefore, completion or not of the Field Blank box may vary.

ROOM NO.:	6	Number of NON-Lead Free windows in room:	Number of Lead Free windows in room: 1	Total number of windows in room:
SURFACE	SAMPLE No.	AREA (in inches)	RESULT μg/ft <sup>2</sup>	MEETS STANDARD
Floor	CHG2016-9009-01	12 × 12	<10	Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples C	Collected in room: /			

ROOM NO.:	7	Number of NON-Lead Free windows in room:	Number of <u>Lead Free</u> windows in room: /	Total number of windows in room:
SURFACE	SAMPLE No.	AREA (in inches)	RESULT μg/ft²	MEETS STANDARD
Floor	6466321169069-08	12×12	1-10	Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples C	Collected in room: /			

ROOM NO.:	C	Number of NON-Lead	Free	Number of Lead Free	Total number of windows
	0	windows in room:	0	windows in room: 2	in room:
SURFACE	SAMPLE No.	AREA (in inches)		RESULT μg/ft²	MEETS STANDARD
Floor	146620169005-09	12×17		<10	Yes / No
Sill					Yes / No
Well					Yes / No

Total Samples Collected in room:

ROOM NO.:	G)	Number of NON-Lead Free	Number of Lead Free	Total number of windows
01:00 00	T	windows in room:	windows in room: 3	in room: 3
SURFACE	SAMPLE No.	AREA (in inches)	RESULT μg/ft <sup>2</sup>	MEETS STANDARD
Floor	04062016-9009-10	12×12	< 10	(Yes / No
Sill			7.5	Yes / No
Well				Yes / No
Total Samples C	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 μg/ft²	MEETS STANDARD
Floor				Yes / No
Sill				Yes / No
Well				Yes / No
Total Samples	Collected in room:			163 / 110

Accredited Inspector's Name: Tewel A. Howard

Inspector's Accreditation No.:

Date of Inspection: 64/06/2016

Form Number: MDE/LMA/CER.039 Revision Date 09/2011 TTY Users 1-800-735-2258

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