

aq testing services, llc

P.O. Box 389 - Katy, Texas 77492 - (281) 391-9604

POST WATER RESTORATION INSPECTION REPORT

Evaluation Site: 15571 Memorial Drive, Houston, Texas 77079

Prepared for: Sam Masoudi ("Client")

Evaluation Requested: Post water restoration inspection of the first floor.

Date of Inspection: November 27, 2017

Inspection Results:

- Approximately 8 ft. of drywall had been removed from the bottom of the first floor.
- The lower and upper cabinets had been removed.
- The bathtubs and showers had been removed.
- No visible mold was observed.
- Although many moisture readings were taken from the drywall above the cutline and on the wood framing and floor plates, no elevated moisture readings were recorded.

Conditions and Limitations:

A.Q. has performed the tasks set forth above in a professional manner, consistent with industry standards. A.Q. however, cannot guarantee and does not warrant, that this limited assessment has revealed all adverse environmental conditions affecting the site, nor can A.Q. warrant that the assessment requested would satisfy the dictates of, or provide a legal defense in connection with environmental laws or regulations. This report must be read and considered in its entirety. The results and opinions set forth in this report will be valid as of the date of this report only and A.Q. assumes no obligation to advise the Client of any change that may later be brought to our attention.

By:

Linda Lauver, Principal

MAC 0405, Expires 4-20-19



TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Personal and Commercial Lines Office (104-PC)
333 Guadalupe, Austin, Texas 78701 * PO Box 149104, Austin, Texas 78714-9104
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PC326 MDR-1 Eff. 12/15/05

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CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number 11272017-1 Date of Issuance December 3, 2017
Name Sam Masoudi
Mailing Address 15571 Memorial Drive
City Houston State Texas Zip 77079
Property Description: Street Memorial Drive Lot Block Number 15571
Addition or Tract City Houston County Harris

SIGN APPROPRIATE CERTIFICATION

Mold Assessment Consultant License Holder Certification	Mold Assessment Consultant License Holder Signature	Department of State Health Services License No. and Expiration Date	Date
<ul style="list-style-type: none">I hereby certify that based on visual, procedural and analytical evaluation, the mold contamination identified for this project has been remediated as outlined in the mold management plan or remediation protocol.I further certify with reasonable certainty that the underlying cause or causes of the mold that were identified for this project in the mold management plan or remediation protocol have been remediated. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.			

Mold Remediation Contractor License Holder Certification	Mold Remediation Contractor License Holder Signature	Department of State Health Services License No. and Expiration Date	Date of Completion
<ul style="list-style-type: none">I hereby certify that I completed mold remediation on this project and will provide the mold remediation certificate to the property owner no later than the 10th day after the date of completion.			

OR

Mold Assessment Consultant or Adjustor License Holder Certification	Mold Assessment Consultant/Adjustor License Holder Signature	Department of State Health Services License No. and Expiration Date	Date
<ul style="list-style-type: none">I hereby certify that I have inspected the property described in this certificate and that based on my inspection I have determined that the property does not contain evidence of mold damage. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.			