

Asbestos & Mold Services
62 Regency Point
Montgomery, TX 77356
713-890-2003

January 2, 2018

Attn: Katie Westman

RE: Mold Clearance Testing at 2601 South Broadway #44, LaPorte, TX 77571

Katie:

On December 29, 2017 per your request indoor air quality clearance testing was performed at 2601 South Broadway #44, LaPorte, TX 77571. Asbestos & Mold Services collected an indoor air quality air sample and performed a visual inspection of the work areas for signs of fungal contamination. No visible signs of fungal contamination were observed and AMS proceeded to perform air testing within the property.

Total mold counts within the property were determined to be within the acceptable range of normal environment conditions. No elevated levels of mold were found. These results indicate cleaning was successful.

Please find enclosed the laboratory analysis report/chain of custody forms of our sampling. We have enjoyed working with you on this matter. If you have questions concerning the information submitted, or if we may be of further service to you, please contact our office at (713-890-2003).

Sincerely,



David V Heyser
Mold Consultant License # MAC1129 Expiration 07-22-2019

CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number 2018-2601 Date of Issuance 05 JAN 2018

Name WESTMAN, JOSEPH H.

Mailing Address 2601 S. Broadway St. #44

City La Porte State TX Zip 77571

Property Description:

Number 2601 Street S. Broadway St. #44 Lot 3 Block 10

Addition or Tract WOODS ON THE BAY City County HARRIS
T/M SEC 2 R/P La Porte

Mold Assessment Consultant License Holder Certification

- 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 Assessment Consultant License Holder Signature	Department of State Health Services License No. and Expiration Date	Date

Mold Remediation Contractor License Holder Certification

- 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.

<u>Melissa Stark</u>	<u>MRC 1429 5/8/18</u>	<u>05 JAN 2018</u>
Mold Remediation Contractor License Holder Signature	Department of State Health Services License No. and Expiration Date	Date of Completion

OR

Mold Assessment Consultant or Adjustor License Holder Certification

- 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.

_____	_____	_____
Mold Assessment Consultant / Adjustor License Holder Signature	Department of State Health Services License No. and Expiration Date	Date

CHAIN OF CUSTODY

94475



Your Name: <u>David Heyser</u>	Bill to: <u>Same</u>
Company: <u>Asbestos & Mold Services</u>	Address: _____
Address: <u>62 Regency Point</u>	_____
City/State: <u>Montgomery, TX</u> Zip: <u>77356</u>	City/State: _____ Zip: _____
	PO #: _____

Project Information

Project #/Name: 260/SOOTY BROADWAY E-Mail: davidheyser@yahoo.com

Results To: David Heyser #44 LAPORT Tel: _____

Report Options: Verbal E-Mail Fax: _____

Requested Turnaround Time

Emergency* 1 Day 2 Day 3 Day 5 Day

Media and Methodology

TEM - AIR <input type="checkbox"/> AHERA <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> Level II	TEM - BULK <input type="checkbox"/> Qualitative +/- <input type="checkbox"/> NOB 198.4 / Chatfield <input type="checkbox"/> Gravimetric Reduction	PLM - BULK <input type="checkbox"/> EPA 600/R-93/116 <input type="checkbox"/> Point Count (400) <input type="checkbox"/> NOB 198.6 <input type="checkbox"/> Gravimetric Reduction	MOLD - AIR <input checked="" type="checkbox"/> Spore Traps: Non-Viable (Air-O-Cell / Allergenco) <input type="checkbox"/> Culture Plates: Viable <input type="checkbox"/> Total Coliforms / E. Coli (Presence/Absence)	LEAD - FAA <input type="checkbox"/> Paint (EPA 7420) <input type="checkbox"/> Dust/Wipes <input type="checkbox"/> Air (NIOSH 7082) <input type="checkbox"/> TCLP (EPA 1311)
TEM - WATER <input type="checkbox"/> Drinking Water 100.2 / 198.2 <input type="checkbox"/> Wastewater	TEM - DUST (ASTM 5756) <input type="checkbox"/> Micro-Vac Quantitative <input type="checkbox"/> Micro-Vac Qualitative	PCM - AIR <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> OSHA: TWA	MOLD - BULK <input type="checkbox"/> Tape Lift/Bulk: ID Only <input type="checkbox"/> Culture Plates: ID Only	LEAD - GFAA <input type="checkbox"/> Water (EPA 7421) <input type="checkbox"/> Effluent <input type="checkbox"/> Air

Sample Information

SAMPLE NUMBER	SAMPLE LOCATION / MATERIAL	VOLUME
1	OUTSIDE	7.5
2	OFFICE COINTAMENT	7.5
3	KITCHEN II	7.5

Total Number of Samples Submitted: _____ Positive Stop: YES NO

Relinquished By: [Signature] Date: 12/29/11 Time: _____

Received By: [Signature] Date: 12/29/11 Time: 12:31 pm

Relinquished By: _____ Date: _____ Time: _____

Received By: _____ Date: _____ Time: _____

* Emergency TAT requires prior lab notification. All samples analyzed outside normal business hours are charged at Emergency rate.