



TEXAS DEPARTMENT OF INSURANCE

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CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number _____ Date of Issuance 10/1/17

Name Juan Vega & Raquel Casias

Mailing Address 5434 Faircreek Lane

City Katy State Texas Zip 77450

Property Description:

Number 5434 Street Faircreek Lane Lot _____ Block _____

Addition or Tract _____ City Katy County Fort Bend

SIGN APPROPRIATE CERTIFICATION

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.

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.

[Signature]
Mold Assessment Consultant/Adjustor License Holder Signature

MAC 0143 exp 2/16/18
Department of State Health Services License No. and Expiration Date

10/1/17
Date



LOFLIN ENVIRONMENTAL SERVICES, INC.

September 25, 2017

5434 Faircreek Lane
Katy, TX 77450

Attention: Ms. Raquel Casais

**Subject: Report of Post Flood Mold Assessment
5434 Faircreek Lane – Katy, TX
Loflin Environmental Services Project No. 100-17-146**

Dear Ms. Casais,

Loflin Environmental Services, Inc. (**LOFLIN**) has completed a limited mold assessment at the above referenced residence. The purpose of this work was to assess mold growth within the ground floor of the house affected by flooding from Hurricane Harvey. This work was performed on September 23, 2017.

The house was visually inspected to identify suspect mold contamination due to flooding. It was reported that approximately 6 inches of water had entered the house. At the time of the assessment, water damaged wallboard had been removed to an elevation of 2 feet. Carpeting and wood components including cabinets and shelving had also been removed. Visual inspection revealed no mold growth on exposed wood framing or remaining wallboard.

Moisture readings were taken at exposed wood studs and sill plates. No wood framing with elevated moisture content was identified.

Based on visual inspection and moisture testing, there was no identified mold growth or conditions leading to future mold growth related to the flooding event.

Attached please find the Certificate of Mold Damage Remediation.

Loflin Environmental Services, Inc. appreciates this opportunity to provide these testing services. Should you have any further questions regarding this matter, please do not hesitate to contact us.

Sincerely,
Loflin Environmental Services, Inc.



James Murray, CIH, CSP
MAC0143