Paul

Pella Mid-Atlantic, Inc.
12100 Baltimore Avenue, Suite 1
Beltsville, MD 20705
301-957-7070
MHIC136537
VA 2705170176

Pella

Windows and Doors

INSTALLATION COMPLETION REPORT

Customer Name [redacted] (b) (6)
Address
Phone Day
Night
Cell:

Installation Date: 9/17/21
Order#: 717N448BN
Crew: D&M 2
Delivery: ☑ 7-10am
Install Pick-up: ☐
Custom Stain or Paint: ☐

☑ **C.O.D. Payment Schedule:**

Delivery Payment (due before installatio [redacted] (b) (6) Checks P/F

Completion Payment:

If paying by check – text picture & customer name to payments@pellamidatlantic.com

If paying by card – call into (301) 957-7008

(Visa, Master Card, Discover & American Express)

☐ **Finance: Please sign below to authorize that financing can be ran:**

Customer _____

Complete the following after walk through with crew leader.

List Any Deficiencies:

Item#	Specific Problem

Customer Comments: -

Customer Signature: [redacted] (b) (6) Date:

Crew Leader Signatu [redacted] Date: 9/17/2021

Paint Test Kit Record Keeping

Windows and Doors

Inc.
12100 Baltimore Avenue
Beltsville, MD 20705
PH 301-957-7070
FAX 301-419-2301
877-24-PELLA

PROPERTY OWNER INFORMATION

NAME OF OWNER: (b) (6)
ADDRESS:
CITY: CONTACT #: (___) _____
E-MAIL:

RENOVATOR INFORMATION

Fill out the following information that is available about the Property Owner, Firm, and Certified Renovator

RENOVATION ADDRESS: (b) (6) UNIT #:
CITY: CONTACT #: (___) _____

CERTIFIED FIRM NAME: Estate Construction
ADDRESS: 12100 Baltimore Ave.
CITY: Beltsville STATE: MD ZIP: 20705 CONTACT #: (301) 957-7070
E-MAIL:
CERTIFIED RENOVATORS NAME: (b) (6) DATE CERTIFIED: 5/1/20

TEST KIT INFORMATION

Use the following blanks to identify the test kit or test kits used in testing components

TEST KIT #1
MANUFACTURE: ESCA Tech Inc MANUFACTURE DATE: 6/5/20
MODEL: D Lead SERIAL #: 20320
EXPIRATION DATE: 8/5/21

TEST KIT #2
MANUFACTURE: MANUFACTURE DATE: ___/___/___
MODEL: SERIAL #:
EXPIRATION DATE: ___/___/___

TEST KIT #3
MANUFACTURE: MANUFACTURE DATE: ___/___/___
MODEL: SERIAL #:
EXPIRATION DATE: ___/___/___

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OCCUPANT NAME: _____ (b) (6) _____
RENOVATION SITE ADDRESS: _____ UNIT #: _____
CITY: _____ ZIP: _____

TEST LOCATION #: 20 , 25 DATE OF TEST: 7/8/21 Lot : A or B
DESCRIPTION OF TEST LOCATION: _____
RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED ☐ LOW LEAD (LEAD PRESENT - BELOW US EPA REGULATED LEAD) ☒ POSITIVE FOR LEAD

TEST LOCATION #: _____ DATE OF TEST: _____ Lot : A or B
DESCRIPTION OF TEST LOCATION: _____
RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED ☐ LOW LEAD (LEAD PRESENT - BELOW US EPA REGULATED LEAD) ☐ POSITIVE FOR LEAD

TEST LOCATION #: _____ DATE OF TEST: _____ Lot : A or B
DESCRIPTION OF TEST LOCATION: _____
RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED ☐ LOW LEAD (LEAD PRESENT - BELOW US EPA REGULATED LEAD) ☐ POSITIVE FOR LEAD

TEST LOCATION #: _____ DATE OF TEST: _____ Lot : A or B
DESCRIPTION OF TEST LOCATION: _____
RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED ☐ LOW LEAD (LEAD PRESENT - BELOW US EPA REGULATED LEAD) ☐ POSITIVE FOR LEAD

TEST LOCATION #: _____ DATE OF TEST: _____ Lot : A or B
DESCRIPTION OF TEST LOCATION: _____
RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED ☐ LOW LEAD (LEAD PRESENT - BELOW US EPA REGULATED LEAD) ☐ POSITIVE FOR LEAD

TEST LOCATION #: _____ DATE OF TEST: _____ Lot : A or B
DESCRIPTION OF TEST LOCATION: _____
RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED ☐ LOW LEAD (LEAD PRESENT - BELOW US EPA REGULATED LEAD) ☐ POSITIVE FOR LEAD

Project Acceptance Form

Customer: (b) (6)
Install At:

Day phone:
Cell phone:
Email:

Branch Name: Beltsville Office
Branch Address: 12100 Baltimore Ave
Beltsville, MD 20705
Branch Phone: 301-957-7000

Sub-Contracted Installation Company:
(b) (6)(b) (6) - D&M Renovations Crew 2
Customer Event #: 17783146
Order Number: 717N448BN
Installation Date: September 17,2021
Install Duration: 1 DAY
Arrival Time: 08:00 am

Sales Consultant: Owens, Mr. Troy
Project Coordinator: Zeigler, Paul
PC Phone:

Special Customer Requests or Product Notes:

28-Jun-2021 12:00 AM-Morning-set up OV

Installer Payout:

PQM Line #	Description	Quantity	Payout $ Amount
25	RIW246 - Entry Door - Single Door w/ 2 Sidelights	1	(b) (6)
25	RIW259 - Entry Door - Lock and Deadbolt Installation	1	(b) (6)
30	RIWLSF10 - Lead Safe Removal Full Tear Out Installation per opening	1	(b) (6)
35	RIW269 - Opening Modification less than 3"	1	(b) (6)
40	RPSET203 - INSTALL for 1000+	1	(b) (6)
45	RIW269 - Opening Modification less than 3"	2	(b) (6)
		Total Installer Payout:	

Lead-Based Work:

X Lead-Based Testing is required in accordance with EPA and applicable regulations. Test results will determine if Lead-Based Work Practices will or will not be required

Rivera, Jose - D&M Renovations Crew 2 agrees to install the above referenced products for the amount specified above and to follow the specifications and terms listed above and abide by all the terms of the Subcontractor Agreement for Expert Installers. Sub-Contractor agrees that all persons on jobsite will follow industry best practice, use appropriate installation methodology, and have appropriate background checks.

Accepted by: ZEIGLERP - **Acceptance Date:** 09/14/2021 10:32:33 am

Ref # 14243588 Customer Initial: (b) (6) [redacted]

ATTACHMENT 6: (EPA PRE-RENOVATION FORM)

Occupant Confirmation
Pamphlet Receipt
☐ I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

(b) (6) [redacted] _____

6/24/2021
Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)
Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

☐ **Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

☐ **Unavailable for signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

_____ _____
Printed Name of Person Certifying Delivery Attempted Delivery Date

_____
Signature of Person Certifying Lead Pamphlet Delivery

_____

_____

_____
Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.