

Radon Mitigation Report

Name: _____

Firm Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Email: _____ Phone # _____

Year: _____

Period: January-June July-December
 (report due 30 days following end of the semi-annual period)

Zip Code (Required)	Town or City	County (Required)	Number of Mitigations (Required)	Initial Radon Activity (pCi/L)	Type of Building or house*	Type of Mitigation System Installed**	Date of the Mitigation	Post Mitigation Radon activity (pCi/L)

* EXAMPLE: **Residential** (ranch, 2 story colonial, etc) or **Commercial** (school, apartment building, etc)

** EXAMPLE: Active subslab depressurization (**ASD**) / radon resistant new construction (**RRNC**) / crawl space depressurization (**CSD**) / depressurization / air to air heat exchanger (**HRV**) / block wall depressurization (**BWD**) / submembrane depressurization (**SMD**)

