

# 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**)

