



Long-Term Radon Test Kit Order Form



To receive your radon test kit, please fill out the information below and **mail this form** to:

NC Radiation Protection Section
Radon Test Kit Request
1645 Mail Service Center
Raleigh, NC 27699-1645

Name: _____

Address: _____

Phone: (_____) _____

Date: _____

How old is your home? _____ (years)

Does the home have: Basement _____ Crawl space _____ Slab foundation _____

Reasons for testing: Health Concerned _____ Want to sell my house _____ Other _____

Have you tested your home for radon before: No _____ Yes _____

If yes, when _____ What was the test result: _____

Location you will place the radon test kit: 1st floor _____ Basement _____ Other: _____

Type of water supplied to home: Private Well _____ Community water _____ City/County water _____

If you are on well water and your home tests above 4 pCi/L, would you be willing

to participate in a radon in water study? Yes _____ No _____

Are there smokers in the home? Yes _____ No _____

Are there children that live in the home on a permanent basis? Yes _____ No _____