Radon in Water Test Kit Order Form

To receive your radon in water test kit, please fill out the information below and **mail this form with a check for $4.00** made out to the NC Radiation Protection Section:

 NC Radiation Protection Section

 Radon Test Kit Request

 1645 Mail Service Center

|  |
| --- |
| **Name: Date:**  |
| **Physical Testing Address (No PO BOX):** | **Shipping Address: (if different)** |
| **Address:** |  |
| **Address:** |  |
| **City, Zip:**  |  |
| **Telephone: ( )**  |

 Raleigh, NC 27699-1645

How many test kits are you purchasing? (Limit two per household) One❑ Two❑

 Check or Money Order Amount enclosed? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of water supplied to home: Private Well ❑ Community well ❑

How deep is the well? \_\_\_\_\_\_\_\_\_\_ What is the license # on your well (optional)? \_\_\_\_\_\_\_\_\_\_\_

 Are there smokers in the home? Yes ❑ No ❑

Are there children in the home, living there on a permanent basis? Yes ❑ No ❑