

STATE OF MAINE REPORTING FORM FOR RADON MITIGATORS

COMPANY NAME: _____ CONTACT PERSONS NAME: _____

COMPANY MAINE RADON REGISTRATION NUMBER: ME _____

REPORT FOR _____ / _____ PAGE _____ OF _____
 (MONTH) (YEAR)

TYPE OF MITIGATION (PLEASE CIRCLE ONE): AIR WATER

CLASSIFICATION TYPE:

AIR:

- | | | | |
|----------------------|--|--------------------|-------|
| ACTIVE SUB SLAB | = ASD | HEAT RECOVERY VENT | = HRV |
| ACTIVE SUB MEMBRANE | = ASM | AIR EXCHANGER | = AIR |
| PASSIVE SUB SLAB | = PSD | OTHER VENT. SYSTEM | = OVS |
| PASSIVE SUB MEMBRANE | = PSM | | |
| SEALING/CAULKING | = SC (Note: can never be a stand-alone method) | | |

WATER:

- | | | | |
|----------|-------|---------------|-------|
| AERATION | = AER | CARBON FILTER | = GAC |
|----------|-------|---------------|-------|

ZIP CODE	CLASS TYPE (see above)	STREET ADDRESS OF BUILDING (Not Mailing Address)	TOWN	POST MITIGATION RESULTS *	NOTES

*** IN PCI/L. MITIGATION INSTALLATION IS CONSIDERED COMPLETE ONCE THE POST MITIGATION TESTING HAS BEEN DONE.**
Address information MUST use standard Post Office abbreviations.

MAIL TO: **RADON REGISTRATION REPORTS**
MAINE RADIATION CONTROL PROGRAM
11 STATE HOUSE STATION
HHE 881 (4/2012) AUGUSTA, ME 04333-0011

OR EMAIL TO: RADON.DHHS@MAINE.GOV
 OR FAX TO (ONLY IF 6 PAGES OR LESS): **207-287-3059**
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