



Public Health
Prevent. Promote. Protect.



"Healthy People Healthy Communities"

BRISTOL - BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814
www.bbhd.org

2019 Radon Testing Program Participant Registration /Consent Form

The Bristol-Burlington Health District (BBHD) is offering to test a limited number of homes for radon in **Burlington**, Connecticut, at no cost to the homeowner. Radon is a naturally occurring gas that is the second leading cause of lung cancer, after smoking. Since you cannot see, taste or smell radon, the only way to know your home's radon level is to test for it. So, sign up now, before the test kits are gone.

To be eligible, the dwelling to be tested must be a stand-alone single family, owner occupied home in Burlington, CT.

The Applicant must be the property owner or one of the property owners.

Name of Applicant: _____

Address to be tested: _____, Burlington

Cell/home phone and email: _____

Is the dwelling served by a private water supply well? Y or N

CONSENT

By signing below:

- I understand this is a voluntary test and that the radon test results will not be used for enforcement purposes;
- I understand that the results are accessible to the public through the Freedom of Information Act processes;
- I understand that the results may be used by BBHD and other gov't agencies for Public Health purposes;
- I agree to allow a BBHD agent to enter my residence to place the radon test kit *in the lowest habitable space of my home*;
- I agree to allow a BBHD agent to retrieve the test kit **two to seven days after** the test kit has been placed;
- I agree to contact BBHD *24 hours* in advance to schedule a date/time to pick-up the test kit;
- I understand that the placement and collection of the test kit will be during BBHD Office Hours, 8:00am to 4:00p.m., Monday – Friday;
- I understand that BBHD is not responsible for the accuracy of the radon test results;
- I understand that BBHD may provide radon mitigation information and recommendations.

Name (printed): _____

Signature: _____ Date: _____

Please return this completed form via fax: (860) 584-3814; email to: ericamikulak@bristolct.gov or drop off at Burlington Town Hall Land Use Dept. or at BBHD, 240 Stafford Ave. Bristol, CT

***** For Official Use Below*****

Dates: Placed _____ Removed: _____ Staff initials: _____ Test Kit ID#: _____