



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](http://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 either **Bristol** or **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 Bristol or Burlington, CT.

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

Name of Applicant: \_\_\_\_\_

Address to be tested: \_\_\_\_\_ Bristol or 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](mailto: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#: \_\_\_\_\_