

NJDEP VOLUNTARY PROGRAM

**RADON IN WATER
MITIGATION FIRM MONTHLY REPORT**

1. Business Name: _____ 2. Address: _____ City: _____ Zip: _____

County: _____ Telephone: _____

(_____) _____

3. RADON IN WATER MITIGATION SYSTEMS
INSTALLED DURING MONTH OF: _____ YEAR: _____

4. Owner Name, Address, Zip, County, Municipality, Telephone Number	5. Bldg. Type	6. Mitigation Method	7. Date Installed	8. Mod-ification	9. Name of Installer

Building Type: R = Residential
NR = Non-Residential
S = School
D = Daycare Center

Mitigation Method: AD = Aeration Diffused (bubble)
AS = Aeration Spray
AT = Aeration Tray
APT = Aeration Packed Tower
GAC = Granular Activated Carbon
DS = Decay Storage
Other = Description

10. **Report Submission Date:** _____

