

New Jersey Department of Environmental Protection
Radiological & Environmental Assessment Section
Mail Code 25-01
P. O. Box 420
Trenton, NJ 08625-0420

NJDEP VOLUNTARY PROGRAM

**INITIAL APPLICATION FOR RADON IN WATER
MITIGATION BUSINESS**

Please mail the original application to the address above. If you have any questions regarding this application, please contact the **Radiological & Environmental Assessment Section at (609) 984-5663.**

A. BUSINESS INFORMATION

1. Business Name*:

1. _____
(Business Name)

2. Mailing Address*:

2. _____
(Street)

(City) (State) (Zip)

3. Physical Address:

(County)

3. _____
(Street)

(City) (State) (Zip)

4. Primary Person in Charge:

(County) M Mrs.

4. _____
(Name) Miss Ms

Secondary Person in Charge:

(Email) (Title) M Mrs.

(Name) Miss Ms

(Email) (Title)

5. Business Telephone Number*:

5. _____
(Extension)

6. Business Fax Number:

6. _____
(Extension)

7. Business Status (check one):

- Corporation Limited Liability Corporation
 Partnership Sole Proprietorship
 Municipality, county, state, Federal, or other public agency

8. Each owner, officer, general and limited partner, director, and principal shareholder of the business:

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

9. Corporation Information:

Name of Parent Corporation:

State of Domestic Incorporation:

Principal Places of Business:

10. Branch Information*:

(Branch Name)

Physical Address (Street, city, state & zip code)

(Phone)

(Branch Name)

Physical Address (Street, city, state & zip code)

(Phone)

B. MITIGATION INFORMATION

1. List the individual(s) who will install the systems. Provide copies of certifications. Also list the experience in installing water purification devices, particularly systems designed to remove radon in water.

Name: _____

- a. Training:

Course Title _____
Hours earned _____
Date _____

Course Title _____
Hours earned _____
Date _____

Course Title _____
Hours earned _____
Date _____

- b. Professional Mitigation Experience:

Employer _____
Address _____
Telephone _____
Employment Dates _____
Mitigation Experience _____

Employer _____
Address _____
Telephone _____
Employment Dates _____
Mitigation Experience _____

Employer _____
Address _____
Telephone _____

Employment Dates _____
 Mitigation Experience _____

c. Attach Copies of licenses and/or certifications

2. **Instrumentation:** Identify all radiological instrumentation utilized by your firm. (Attach supplement if needed)

INSTRUMENT MODEL/SERIAL NO. CALIBRATION DATE

3. **Certified Laboratory:** List the lab(s) utilized by your company, which has been certified for analysis of radon in water.

LABORATORY NAME ADDRESS DEP CERT. #

4. **Mitigation Methods:** Check methods offered by business. Attach a document with complete description of instillation procedures.

Mitigation Method	Check	Attachment #
Aeration		
(a) Diffused (bubble)		
(b) Spray		
(c) Tray		
(d) Packed Tower		
(e) Other (Provide details)		
Granular Activated Carbon		
Decay Storage		
Other (Describe)		

C. ATTACHMENTS

- 1. Contract and warranty Information:** Provide a copy of customer contract including all warranty information on the reduction of the radon level, and on the proper functioning of the mitigation equipment installed.
- 2. Disclosure of all forms and information provided to clients:** Provide a copy of all information provided to clients including test results, safe operation and maintenance instructions, information on any adverse effects or added energy costs produced by the operation of the mitigation system, including recommendations for disposal of activated carbon filters, if applicable.
- 3. Reporting requirements:** A complete Monthly Mitigation Summary Report must be submitted with this application.

D. CERTIFICATION SIGNATORIES

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

(Print Name)

(Signature)

(Title)

(Date)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including the possibility of fine and/or imprisonment.

(Firm Name)

(Signature)

(Title)

(Date)

* Denotes information that will be provided to public on <https://www.nj.gov/dep/rpp/radon/>