

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 Assessment Section at (609) 984-5663.**

1. DATE OF APPLICATION: _____

2. BUSINESS INFORMATION:

Name _____

Address _____

(Street)

(City)

(County)

(State)

(Zip Code)

Telephone Number (____) _____ - _____

(Extension)

3. STATUS OF BUSINESS:

- a. Individual
- Proprietorship
- Partnership
- Limited Partnership
- Corporation – State & date of incorporation _____
- Other _____

b. State Tax I.D. # _____ (Social Security # if individual) _____

c. Names and addresses of all owners, partners, officers, directors and principal shareholders (15% or more of the stock) of business. (Attach additional sheets if necessary.)

NAME

ADDRESS

TITLE

NAME	ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. The nature of any interests, financial or otherwise for persons listed in Item #3c above in radon in water measurement businesses or services: (Attach additional sheets if necessary.)

NAME

NATURE OF INTEREST IN BUSINESS

NAME	NATURE OF INTEREST IN BUSINESS
_____	_____
_____	_____
_____	_____

- e. For corporations, the state of domestic incorporation and the names and principal places of business of the parent corporation of any applicant:

STATE OF DOMESTIC INCORPORATION	NAME OF PARENT CORPORATION	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

- f. List locations and phone number of branch offices in New Jersey. (Attach additional sheets if necessary).

_____ () _____ - _____

_____ () _____ - _____

_____ () _____ - _____

4. MITIGATION PROFESSIONAL: List the individual(s) who will install(s) the systems. List all training and provide copies of certificates if available. Also list the experience in installing water purification devices, particularly systems designed to remove radon in water. List all certifications and licenses and include copies.

Name: _____

- a. Training:

Course Title _____
 Hours earned _____
 Sponsor, Date and Place _____

Course Title _____
 Hours earned _____
 Sponsor, Date and Place _____

Course Title _____
 Hours earned _____
 Sponsor, Date and Place _____

- 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 _____

Add additional sheets to list more individuals

- c. List licenses or certifications and provide copies of such.

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

INSTRUMENT	MODEL/SERIAL NO.	CALIBRATION DATE
_____	_____	_____
_____	_____	_____

6. **CERTIFIED LABORATORY:** Please lists the lab(s) utilized by your company, which has been certified for analysis of radon in water¹.

LABORATORY NAME	ADDRESS	DEP CERT. #
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. **MITIGATION METHODS:** Check the mitigation methods offered by the business and provide a complete description of the installation procedures. The description shall be labeled as an attachment and referenced on the chart below. Designs and installations should be specific and adhere to the “best available technology.” Guidance Documents are listed at the end of the application.

MITIGATION METHOD	Check	Attachment #
Aeration		
(a) Diffused (bubble)		
(b) Spray		
(c) Tray		
(d) Packed Tower		

¹ When certification of radon in water mitigation companies becomes mandatory, a post-mitigation radon in water test will be required to demonstrate effectiveness.

(e) Other (please provide details)		
Granular Activated Carbon		
Decay Storage		
Other (describe)		

8. **CONTRACT & WARRANTY INFORMATION:** Provide a copy of a customer contract including all warranty information on the reduction of the radon level, and on the proper functioning of the mitigation equipment installed.
9. **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.
10. **REPORTING REQUIREMENTS:** A completed Monthly Mitigation Summary Report must be submitted with this application. (Use attached form and instructions.)

References for radon in water mitigation systems:

American Water Works Association “Critical Assessment of Radon Removal Systems for Drinking Water Supplies”, 1998.

SAIC report presented to the U.S. Environmental Protection Agency “Technologies and Costs for the Removal of Radon from Drinking Water”, May 1999. (available at www.epa.gov/safewater/radon/techcost.pdf)

National Research Council study and report to the U.S. EPA “Risk Assessment of Radon in Drinking Water”, 1999.

11. 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)

(Notarized)

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)

CORPORATE SEAL

(Notarized)