



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH  
RADON PROGRAM  
SCHOOL RADON RE-EVALUATION REPORT FORM

Jan 2011

The following form must be submitted to the Connecticut Department of Public Health Radon Program within ten (10) business days of providing a final written report of radon measurement activities to school personnel. Submit this signed form by mail OR fax to the Radon Program at the address listed below:

CT Department of Public Health Radon Program  
410 Capitol Avenue, MS #51 RAD  
Hartford, CT 06134-0308  
OR  
Fax: 860-509-7378

**Name of School:** Cider Mill Elementary School

**Address:** Wilton Schools  
(Street, town, zip code) 240 School Road  
Wilton, CT 06897

**Measurement Company:** Cardno ATC

*Please provide the following summary information:*

**Testing Dates:** 11/5-11/7/13

**Total # of Rooms Tested:** 13

**Total # of Rooms Requiring Re-Testing:** 1

**Total # of Rooms Where Average Results were at or above 4.0 pCi/L:** 1

Radon measurement activities were performed at the location above in accordance with United States Environmental Protection Agency protocols and the Connecticut Department of Public Health Radon Program's *School Radon Testing Guidance*.

Doug Thoads 5550017  
Measurement Professional / NEHA/NRSB #

[Signature]  
Signature

11-22-2013  
Date

John Murphy, Facilities Supervisor  
School Designee / Title

John Murphy  
Signature

11/25/13  
Date



Phone: (860) 509-7367  
Telephone Device for the Deaf (860) 509-7191  
450 Capitol Avenue - MS # 51RAD  
P.O. Box 340308 Hartford, CT 06134  
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