



STATE OF CONNECTICUT

Nov 2010

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

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:

Isaac Indistat School

Address:

(Street, town, zip code)

190 Governor Winthrop Blvd
New London, CT 06320

Measurement Company Name:

Environmental Transactions, Inc

Please provide the following summary information:

Testing Dates:

12/11/17 - 12/13/17

Total # of Rooms Tested:

6

Total # of Rooms Requiring Re-Testing:

0

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

0

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.

LOUIS ESPOSITO 5550001

Measurement Professional / NEHA/NRSB #

Louis Esposito

Signature

12/21/17

Date

DR. NICHOLAS J. SPERA, EXECUTIVE DIRECTOR

School Designee / Title

Signature

7/28/22

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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