

Carolina Homechek, Inc.

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Non-Interference Radon Survey Agreement REQUIRED TEST CONDITIONS

Radon and radon decay products concentrations in a dwelling fluctuate from hour, from day to day and from season to season. The following test recommendations were developed by the EPA to provide standardized conditions under which a short-term radon survey is to be performed in order to reduce the variation in radon levels in a dwelling. These conditions will tend to maximize the radon measurement in order to determine if a dwelling has the "potential" to have an elevated radon level. If the result is elevated, the EPA recommends further testing to determine better the yearly average concentration. If the test conditions below are not adhered to, the test results may be deemed invalid.

The following conditions must be read, understood and followed:

All exterior windows must be kept closed. All exterior doors (including basement) must be kept closed except for normal, momentary entering and exiting.

The radon detector cannot be moved, covered or altered in any way. Heating, air conditioning, dryers, range hoods, bathroom fans and attic ventilators can be operated normally. If any heating, air conditioning or ventilating equipment has a built in outdoor air supply that is manually controlled, it shall be turned off or the inlet closed. Fireplaces or wood stoves shall not be operated, unless they are a primary heat source. Whole house fans shall not be operated. Window fans shall be removed or sealed shut.

These test conditions shall be maintained for 12 hours prior to the start of the radon detector being exposed, unless the test is longer than four days in duration.

If there are any questions, or the test conditions are not met, please contact Carolina Homechek, Inc. at 704-619-2451.

I/We the responsible individual or building custodian understand and will inform all occupants of this dwelling of the above conditions of the test. I/we agree to maintain these conditions during the test period.

Property Address: _____

Detector Type: Continuous electronic Test Locations: _____

Technician: _____ Signed: _____ Date: _____

Responsible Person: _____ Signed: _____ Date: _____

Real Estate Agent: _____ Signed: _____ Date: _____

Installed: Date: _____ Time: _____

Retrieved: Date: _____ Time: _____

Comments: _____