

**RADON DIAGNOSTIC LABORATORIES
P.O. BOX 1507, 3100 HOTEL ROAD
AUBURN, MAINE 04211-1507**

**INSTRUCTIONS FOR TAKING A WATER SAMPLE
TO BE USED TO TEST FOR RADON GAS**

The purpose of this test is to determine if the water supply contains elevated levels of Radon Gas. The following instructions include sampling procedures recommended by the Environmental Protection Agency.

The water radon test kit consists of a sample bottle, cap, a septum (gasket), a sample information sheet, which is on the reverse of this instruction form, and a pre-addressed mailing label.

The bottle should be filled with water from a tap connected to the supply being tested. Remove any aerators or sprinkler heads from the tap outlet. Water, which has been sitting in pipes and well storage tanks, can have a significantly lower radon gas content than the water in the well. Before filling the bottle, the water should be left running for at least ten minutes to empty the storage tank, thereby insuring that fresh water is collected.

Open the tap and fill the bottle gently, avoiding agitation as much as possible. Agitating the water speeds the release of radon gas. Fill the bottle completely full to overflowing, so that there is no air left in the top (no "head space"). Screw the cap on tightly. Check to make sure that there is no air or air bubbles in the bottle.

If there is any air in the sample bottle then it should be emptied and flushed out and a fresh sample collected. Care should be taken to avoid any contamination of the sample with dirt, or anything other than fresh tap water.

Fill out the sample information form. Be sure to record the exact date and time the sample was collected. This information is required for the analysis. Place the sample bottle, together with the sample information form in the shipping carton, seal it with the return label, and mail it.

The sample will be analyzed within twenty-four hours of receipt at the laboratory and the results forwarded promptly. Record and /or remember the serial number on the bottle. The serial number will help us to locate your sample results should you have any questions.

RADON DIAGNOSTIC LABORATORIES
P.O. Box 1507, 3100 Hotel Rd.
Auburn, ME 04211-1507
(207) 784-5354

* SERIAL #

REPORT TO: NAME: _____ ADDRESS: _____ CITY/TOWN: _____ STATE: _____ ZIP: _____ PHONE: _____	PROPERTY TESTED: NAME: _____ ADDRESS: _____ CITY/TOWN: _____ STATE: _____ ZIP: _____ ZIP CODE REQUIRED FOR PROCESSING
---	---

BUILDING TYPE: Residence Office Building Apartment Building Condominium Shop School Warehouse

AREA TESTED: Dug Well Drilled Well Well Point Spring Lake Private or Community

COMMENTS: _____

COLLECTION DATE: _____ **COLLECTION TIME:** _____ **AM/PM**

ALL INQUIRES REQUIRE THE TEST SERIAL #. PLEASE RECORD IT.

We consider all the results to be the property of the person or institution named in the "REPORT TO:" section of this document. Hard copies of the results will not be forwarded to any other party. Verbal results will be given out only by providing us with the serial number.

FOR LABORATORY USE ONLY

DATE RECEIVED _____

DATE COUNTED _____

TIME COUNTED _____

GROSS COUNTS _____

TEST RESULT _____

COUNTED BY _____

ENTERED BY _____

VERIFIED BY _____