



Application Form for Radon in Drinking Water Measurement

(Please Use Block Capitals)

Name:.....

Address:.....

.....

Tel. Number:.....

Have you previously measured radon in air in your home?.....Y/N

If yes, please give the reference number quoted with your results.....

I enclose a cheque/postal order for €79.95. Please supply a sampling kit for the measurement of radon in drinking water. **Cheques should be made payable to the EPA, Office of Radiological Protection.**

Please allow **28** days for receipt of sampling kit

Signed:.....

Date:.....

Please return payment and completed form to:

**Radiation Monitoring Laboratory
EPA
Office of Radiological Protection
3 Clonskeagh Square
Clonskeagh Road
Dublin 14**

NOTE: surface water supplies usually do not have elevated radon concentrations because radon is released from water on contact with the atmosphere.

FOR INTERNAL USE ONLY:

Received on:	Reference No:	Received in lab:	Sampling kit sent: