



Form #: 005

CDBG CERTIFICATION OF COMPLETED RADON MITIGATION (CCR)

SECTION 1: Project Information						
1. Grantee			2. State Project Identifier	3.	Date of Review	
1. Grantee		ļ	2. State i roject identie.		Date of Henew	
4. Responsible Entity Name (ER Preparer/Contact)	5. Responsible Entity Email			6. Responsible Entity Phone #		
1						
7. Project Location Street Address	•	8. Project I	ocation City	9. State	e 10. Zip Code	
11. Description of Completed Activities						
SECTION 2: Conformity with Mitigation	Dlan					
					te Mitigation Complete	
12. Description of Mitigation Errorts implemented, including	LOCATION OF IVERLIBA	ition System	(іт арріісаріе)	15. Dat	:e Mitigation complete	
				14. Dat	te of Post-Mitigation Test	
				15. Rac	15. Radon Levels (pCi/L)	
				16. Loc	cation/Placement of Test(s)	
				17 Tes	sting Method	
17. Testing Metho				tilig Metriou		
15.117.0.1.1.17.13		1 40 1	: -1 (f (P1.1.)	100		
18. Who Conducted the Test?		18. Inspec	ctor Name (if applicable)	19.	. Inspector License #	
HOMEOWNER LICENSED INSP	ECTOR					
If licensed inspector, inspector complete 18 – 21.		20. Inspec	ctor Firm/Agency		21. Date	
If homeowner did testing, skip 18 – 21.						
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SECTION 3: Certification						
	lon must he cc	nsidered i	n the toxic substances	radioactiv	e materials and	
Grantee understands and acknowledges that radon must be considered in the toxic substances, radioactive materials, and hazardous chemicals analysis required pursuant to CPD-23-103 and 24 CFR §58.5(i)(2)(i)(ii). Grantee acknowledges pre-						
implementation testing revealed radon levels were at/above 4 pCi/L and mitigation was required. Grantee affirms that						
appropriate mitigation measures have been implemented and radon levels are now below 4 pCi/L. Grantee further affirms it will						
ensure ongoing compliance with the identified mitigation plan.						
12. Chief Elected Official Printed Name	13. Chief Ele	13. Chief Elected Official Signature			14. Date	

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