



P.O. Box 309 • 7360 State Route 45 • Lisbon, Ohio 44432 • (330) 424-0272
 FAX (330) 424-1733

Sample Date	Paid	Rept #	Check # or Cash

Office Use Only

Receipt # _____ Date: _____

Pa Received On: _____

Application for Evaluation of Private Water System

NOTICE: ONCE A WRITTEN REQUEST HAS BEEN MADE FOR THIS SERVICE, THE FEE IS NON-REFUNDABLE.

Request:

Basic \$ 210.00

Moderate \$ 505.00

Complete \$755.00

Mail Report To:

Name _____

Address _____

City _____ State _____ Zip _____

 Name of Current Property Owner

 Property Address

 City _____ State _____ Zip _____

 Township

Person to Contact for Appointment _____

Contact Person's Phone Number _____

PROPERTY INFORMATION:

Is the property currently Occupied? Yes _____ No _____ **If Vacant How Long?** _____

Year Built/Water Source Installed: _____ Source: well spring pond cistern

Year Repair/Alteration to Water Source _____ holding tank

Original Homeowner/Built By: _____

DO NOT FAX REQUEST

Please return this completed application along with the appropriate fee(s) to:
Columbiana County Health Department at P.O. Box 309, Lisbon, Ohio 44432
 Make check or money order payable to: Columbiana County Health Department.
Do Not Run Water System At Least Six Hours Prior to Inspection

Inspections are conducted on Mondays, Tuesdays and Wednesday only.
 Every effort is made to schedule inspections within 14 days of receipt.
 Well evaluations including sampling results take approximately 30 days to complete.