



# Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432  
**Phone:** 330-424-0272 - **General Fax:** 330-424-1733 - **Nursing Fax:** 330-424-1843  
**Email:** cchd@columbiana-health.org **Web:** www.columbiana-health.org

Sample Date	Paid	Receipt #	Check # or Cash

Office Use Only

Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Paid with: \_\_\_\_\_

Received On: \_\_\_\_\_

## Application for Evaluation of Home Sewage System and/or Water Supply

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

**(Inspections must be completed within 1 year receipt of completed application. Inspection certificates are valid from 1 year of inspection.)**

**Request:**

- Sewage system evaluation [ ] \$240.00
- Well evaluation [ ] \$ 60.00
- Both [ ] \$275.00
- Flow Test [ ] \$ 70.00

**Mail Report To:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Current Property Owner

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Person to Contact for Appointment

\_\_\_\_\_  
Township Tax Parcel ID #

\_\_\_\_\_  
Contact Person's Phone Number

**PROPERTY INFORMATION:**

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

**Year Built/Septic Installed:** \_\_\_\_\_ **Year Repair/Alteration to Well or Septic:** \_\_\_\_\_

**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 Have Sewage System Pumped Prior To Inspection**

**Septic Tank(s) *must* be opened for inspection and inspection port lids removed.**

Real estate inspections are conducted on Mondays, Tuesdays and Wednesdays only. Every effort is made to schedule inspections within 14 days of receipt.