



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

Office Use Only

Sample Date	Paid	Rcpt #	Check # or Cash

Receipt# _____ Date: _____ Paid by Check# _____ Cash [ ]
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**Water Supply**

Private Water Sample [ ] \$60.00	Daycare/Fostercare [ ] \$60.00	New Well Sample [ ] Paid w/ permit	Well Resample [ ] \$60.00
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**Payment Due at Time of Inspection**

Township: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot # \_\_\_\_\_

Phone: \_\_\_\_\_ Work#: \_\_\_\_\_

Fax: \_\_\_\_\_

If a New Well, Permit #: \_\_\_\_\_

Paid by: \_\_\_\_\_ Date: \_\_\_\_\_

Sample/Inspection: \_\_\_\_\_

Description of Property/House: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_