



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: _____

