



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.