



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 _____

City _____ State _____ Zip _____

Email (if applicable) _____

Name of Current Property Owner

Property Address

City State Zip

Township Tax Parcel ID #

Person to Contact for Appointment

Contact Person's Phone Number

PROPERTY INFORMATION:

Is the property currently Occupied? Yes _____ No _____ If vacant, how long? _____

If the property is vacant, please complete a Hold Harmless Agreement Form.

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.