



# Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432  
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## Water Supply

OFFICE USE ONLY			
Receipt# _____			
Date: _____			
Paid by Check # _____ Cash ( )			
Sample Date	Paid	Receipt#	Check# or Cash

Private Water Sample [ ] \$60.00	Daycare/Fostercare [ ] \$60.00	New Well Sample [ ] Paid with Permit	Well Resample [ ] \$60.00
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### PAYMENT DUE PRIOR TO INSPECTION

TOWNSHIP: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ LOT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

FAX: \_\_\_\_\_

IF NEW WELL - PERMIT #: \_\_\_\_\_

PAID BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SAMPLE/INSPECTION: \_\_\_\_\_

DESCRIPTION OF PROPERTY/HOUSE: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Our Vision: "A safe community of healthy people"