



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



Awarded 2022

Office Use Only			
Sample Date	Paid	Receipt #	Check # or Cash

Office Use Only	
Receipt # _____	Date: _____
Paid By: _____	Total: _____

Real Estate Sale Application

*Notice: Once a written request has been made for this service, the fee is **non-transferable** and **non-refundable**.
Inspection reports are valid for 1 year of inspection.*

Inspection Request:

- ☐ Sewage System Evaluation \$240.00
☐ Water Well Evaluation \$60.00
☐ Both \$275.00
☐ Water Well Flow Test \$70.00

- ☐ Trip Fee \$35.00*
*for pre-submitted applications only

Access to be provided by:

Name: _____

Phone: _____

Address of property to be evaluated:

Owner's name: _____

Property address: _____

City: _____ Zip: _____

Township: _____

Tax Parcel ID # _____

Results to be sent:

Name: _____

Address: _____

City: _____ Zip: _____

-or-

Email: _____

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 repaired/alteration to well or septic: _____

Instructions:

- Do not have the system pumped prior to inspection.
- All septic tank(s) must be located and their lids removed by the owner/owner's representative.
- Please return this completed application along with the appropriate fee(s) to:
Columbiana County Health District, P.O. Box 309, Lisbon, Ohio 44432
- Inspections are scheduled upon receipt of this application and appropriate fee, in the order they are received.
- Inspections are only conducted Monday, Tuesday, and Wednesdays. Every effort is made to schedule inspections within 14 days of receipt.