Columbiana County Health District

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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

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Expanded Potable Water Sampling Application- 2026

The Expanded Potable Water Sampling Program has been developed to sample private drinking water wells in order to monitor drinking water quality in Columbiana County. Sampling is at no cost to the resident and acts as a supplement to the ongoing response and sampling efforts in East Palestine.

Private drinking water wells sampled under this program must meet the following:

- Is located in Columbiana County, outside of the priority zones.
- Is functional and capable of drawing water from the ground to a spigot.

All applications are screened, and owners will be contacted in the method indicated below if they have met the program requirements for sampling.

Applications for sampling in 2026 must be completed in-full and received by January 31st.

Date: _____ Property Owner Name: _____

Phone: _____ E-mail: _____

Address Location: _____

Is this structure currently occupied? □ Yes □ No

Type of Water Source to be sampled: □ Water well □ City water □ Unknown

Is the water well currently operational? □ Yes □ No

Is the water well known to run dry? □ Yes □ No

Has the well been sampled by Columbiana County Health District in the past? □ Yes □ No

How old is the water well? _____

Is a person residing in the home categorized as medically high risk? □ Yes □ No
If yes, please provide documentation from a physician

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MEMORANDUM OF AGREEMENT GRANTING ACCESS TO REAL PROPERTY FOR POTABLE WATER TESTING

I, _____ ("Owner"), hereby authorize the Columbiana County Health Department, its employees, agents, or contractors (hereafter "CCHD") to access my property at _____ _____("Property") for the purpose of conducting potable water sampling. Owner represents that he/she/they are the current legal owner of the Property. Owner agrees to notify CCHD immediately in the event a change of ownership of the Property occurs prior to the sampling.

Owner understands that Owner's participation in the potable water testing is voluntary and Owner shall not be charged any fee for the sampling and water analysis.

Owner shall be present at the Property during the sampling. The sampling will take approximately 30 minutes. Owner further agrees to cooperate with CCHD by answering questions and providing access to the closest water entry point to the water source (usually a tap on the exterior of a home or other structure).

Owner further understands that the sampling will be conducted on weekdays between the hours of 9:00 a.m. and 4:00 p.m. at a date and time mutually agreed upon between Owner and CCHD. Sampling will be conducted according to a standard work plan (a copy of the work plan is available from CCHD upon request). CCHD shall make the results of the water analysis available to Owner using the preferred method of communication as indicated below.

Except as otherwise provided herein, CCHD shall have no further access to or use of the Property unless otherwise agreed by the Parties.

Owner:

_____
Owner Signature

_____
Owner Printed Name

Date: _____

Owner's Phone Number: _____

Owner's E-mail: _____

CCHD:

_____
Signature

_____
Printed Name and Title

Owner's Preferred Method of Receiving Results (*select one*):

☐ E-mail

☐ Regular Mail

Address for results (*if different from Property address*): _____