



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432
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Email: cchd@columbiana-health.org **Web:** www.columbiana-health.org



Private Water Well Sample

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

Private Water Sample []	Daycare/Foster care []	New Well Sample []	Well Resample []
\$60.00	\$60.00	Paid with Permit	\$60.00
[] Other: _____, please speak to the office about current pricing.			

Payment is due prior to sampling.

Property owner: _____

Phone: _____

E-mail: _____

Property address: _____

Township: _____

Access to be provided by: _____ Phone: _____

Results to be sent: E-mail Regular Mail Other: _____

<p>Please initial on the line provided to indicate that you understand after submitting this request the fee is non-transferable and non-refundable.</p> <p>Initial: <input type="text"/></p>

Notice: Public (Community/City) drinking water sources can not be sampled by this department.

Our Vision: "A safe community of healthy people"