Columbiana County G H D
General Health District

P.O. Box 309 • 7360 State Route 45 • Lisbon, Ohio 44432 • (330) 424-0272
FAX (330) 424-1733

Office Use Only

Receipt # _____ Date: _____

Paid with: _____

Received On:

Sample Date	Paid	Rcpt #	Check # or Cash

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.**

Request: Mail

Sewage system evaluation [ ] $150.00
Well evaluation [ ] $ 60.00
Both [ ] $175.00

Report To:

_____
Name

_____
Address

_____
City State Zip

_____
Name of Current Property Owner

_____
Property Address

_____
City State Zip

Pers on to Contact for Appointment

_____
Township Contact

_____
Person's Phone Number

PROPERTY INFORMATION:
Is the property currently Occupied? Yes _____ No _____ If Vacant How Long? _____

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 Wednesday only.
Every effort is made to schedule inspections within 14 days of receipt.

"Working harder for you because we care"