



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
 Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
 www.scphoh.org

WATER QUALITY REQUEST FOR SERVICES

Submit this form with the total fee due for all services requested. Please note that the services listed below do not meet the requirements for Summit County Public Health's real estate transfer evaluation.

Applicant's Information:

Name: _____ Phone #: _____

Property Address: _____

City: _____ Zip: _____ Parcel ID: _____

Email Address: _____

Mailing Address: _____
 (if different) _____ City _____ State _____ Zip Code _____

Services Requested:

Drinking Water Services <i>Includes sample collection and analysis</i>	Fee	Fee Due
<input type="checkbox"/> Bacteria <input type="checkbox"/> PWS Permit Re-Sampling	\$ 70.00	\$
<input type="checkbox"/> Lead <input type="checkbox"/> Arsenic included free of charge, if requested	\$ 73.00	\$
<input type="checkbox"/> Nitrate only	\$ 68.00	\$
<input type="checkbox"/> Both Lead and Nitrate <input type="checkbox"/> Arsenic included free of charge, if requested	\$ 93.00	\$
<input type="checkbox"/> Processing and filing of water sample results for Private Water Systems (PWS) that have annual reporting requirements	\$ 30.00	\$
Home Sewage Treatment System (HSTS) Services	Fee	Fee Due
<input type="checkbox"/> HSTS Inspection	\$ 90.00	\$
<input type="checkbox"/> HSTS Non-NPDES Effluent Sampling (includes sample collection and bacteria analysis)	\$ 75.00	\$
Foster Homes / Mentor Homes Services	Fee	Fee Due
<input type="checkbox"/> HSTS Inspection	\$ 90.00	\$
<input type="checkbox"/> PWS Compliance Sampling (includes sample collection and bacteria analysis)	\$ 70.00	\$
Total Fee Due:		\$ _____

Received by: _____
Date: _____
Amount Paid: \$ _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Credit card
<input type="checkbox"/> Check #: _____