



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.scph.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	Fee	Fee Due
<input type="checkbox"/> Collection Fee *Collection fee is required for all water samples*	\$ 50.00	\$
<input type="checkbox"/> Total Coliform/E.coli	\$ 30.00	\$
<input type="checkbox"/> Nitrate	\$ 30.00	\$
<input type="checkbox"/> Nitrite	\$ 30.00	\$
<input type="checkbox"/> Lead	\$ 30.00	\$
<input type="checkbox"/> Copper	\$ 30.00	\$
<input type="checkbox"/> Arsenic	\$ 30.00	\$
Home Sewage Treatment System (HSTS) Services	Fee	Fee Due
<input type="checkbox"/> HSTS Inspection	\$ 125.00	\$
<input type="checkbox"/> HSTS Non-NPDES Effluent Sampling (includes sample collection and bacteria analysis)	\$ 110.00	\$
PWS Compliance Sampling (includes sample collection and bacteria analysis)	Fee	Fee Due
<input type="checkbox"/> PWS Permit Re-sample	\$ 80.00	\$
<input type="checkbox"/> Foster or Mentor Home Sample	\$ 80.00	\$
Total Fee Due:		\$ _____

Received by: _____

Date: _____

Amount Paid: \$ _____

Cash

Credit card

Check #: _____

Invoice No: _____