



# 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	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	\$ 20.00	\$
<input type="checkbox"/> Nitrate	\$ 20.00	\$
<input type="checkbox"/> Nitrite	\$ 20.00	\$
<input type="checkbox"/> Lead	\$ 20.00	\$
<input type="checkbox"/> Copper	\$ 20.00	\$
<b>Home Sewage Treatment System (HSTS) Services</b>		
<input type="checkbox"/> HSTS Inspection	\$ 90.00	\$
<input type="checkbox"/> HSTS Non-NPDES Effluent Sampling (includes sample collection and bacteria analysis)	\$ 75.00	\$
<b>Foster Homes / Mentor Homes Services</b>		
<input type="checkbox"/> HSTS Inspection	\$ 90.00	\$
<input type="checkbox"/> PWS Compliance Sampling (includes sample collection and bacteria analysis)	\$ 70.00	\$
<b>Total Fee Due:</b>		\$ _____

Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Amount Paid: \$ \_\_\_\_\_  
 Cash  
 Credit card  
 Check #: \_\_\_\_\_  
 Invoice No: \_\_\_\_\_



## **Submitting Your Completed Application**

**Please select one of the following methods to submit your application and payment:**

*In person:* Bring the application to 1867 W. Market St. (You will need to come into Building A to have your temperature checked and you will be escorted back to the Environmental Health Division office).

*Drop box:* Bring the application to 1867 W. Market St, drive around to Building C, there is a drop box outside to the right when facing the building marked door #7 in red (please do not leave cash in the drop box).

*By mail:* Mail the application along with a check or money order to: Summit County Public Health, Attn: EH, 1867 W. Market St., Akron, OH 44313. Checks or money orders can be made payable to SCPH.

*By email:* Email the application to [ehpayments@schd.org](mailto:ehpayments@schd.org) wait 10 to 15 minutes and call 330-926-5600 to give your credit card information (there is a 2.5% fee to pay with a credit or debit card by phone or in person).

If you have additional questions, please contact our office at 330-926-5600.