



LA PORTE COUNTY HEALTH DEPARTMENT

Sandra Deausy, M.D., Health Officer

Amanda Lahners, REHS/RS, Administrator

La Porte Office
809 State Street, Suite 401 A
La Porte, Indiana 46350-3385
Phone: 219-325-5563
lphealth@laporteco.in.gov

Michigan City Office
300 Washington ST, Suite 106
Michigan City, Indiana 46360
Phone: 219-809-0515
www.laporteco.in.gov

Application for Drinking Water Well

Applicant name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address (required): _____ @ _____

Home phone #: _____ Cell #: _____ Fax #: _____

Property owner: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Site address: _____ City: _____ Zip: _____

Subdivision: _____ Lot#: _____

Parcel Identification number: _____

Township: _____ T: _____ R: _____ Sec: _____

Single family: _____ Multiple families: _____ Commercial: _____ **PWS:** _____

New construction: _____ Repair (existing): _____ Pump Only: _____

Office use only
Name:
Date:
Reference/Parcel#

PWS: Public water supply if more than 15 service connections, services more than 25 people, or more that 60 days a year. Requires IDEM approval before a LPCHD permit can be issued.

I hereby certify that the information above is accurate and true to the best of my knowledge. I agree to construct the well in accordance with rule 312 IAC13-1 and La Porte County Ordinance #2015-06 Permit will be valid for a period of **one (1) year** from date of issuance. **Permit is non-transferable** (The permit **does not** run with the land). Bacteria and Nitrate results must be received before final inspection.

SIGNED: _____ DATE: _____

PRINT NAME: _____

Please check one of the following: Owner: _____ Builder/contractor: _____ Agent: _____