

LAPORTE COUNTY HEALTH DEPARTMENT

Sandra Deausy M.D., Health Officer

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Tony Mancuso, Administrator

Michigan City Office
302 West 8th Street, Suite 4
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(219) 874-5611, Ext 7780
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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: _____

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

Office use only
Name: _____
Date: _____
Reference/Parcel# _____

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: _____