

Sandra Deausy, M.D.
Health Officer
Amanda J. Lahners, REHS/RS
Administrator



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: ____