

## LA PORTE COUNTY HEALTH DEPARTMENT

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La Porte Office

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www.laporteco.in.gov

## **Application for Residential On-Site Sewage System**

Applicant name:				Name Date: Refer
Address:	City:	State:	Zip:	Name:  Date:  Referer
Email Address (required):		@		
Home phone #:	Cell #:	Fax #:		Name: Date: Reference/Parcel#
				146
Property owner:		Phone #:		
Address:	City:	State:	Zip:	
Site address:	City:		Zip:	
Subdivision:		Lot#: _		-
Parcel ID number (required)				
Township:	T:North R:	West Sec:		
Number of bedrooms:	Single family:	Multiple fan	nily:	
New (Construction):				
Repair Existing System:	CHECK ONE (repairs o	nly): Failure:		
Upgrade: Tank Only:	OR Tie-IN to existing	system:		
Whirlpool tub> 125 gallons: Y / N Water softener: Y / N Water Supply: Private Well:	Rental property: Y/N			
I hereby certify that the information ab house according to the number of bed	ove is accurate and true to the	best of my knowledg		struct the
SIGNED:		DATE:		
PRINT name:	Owner: Builder/contrac	ctor: Agent: _	_	