



LA PORTE COUNTY HEALTH DEPARTMENT

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Application for Commercial On-Site Sewage System

Applicant name: _____

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

Phone: _____ Cell: _____ Fax: _____

Email Address is required _____

Property Owner: _____ Phone: _____

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

Site address: _____ City: _____ Zip: _____

Parcel ID number (required): _____

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

Number of Employees: _____

New (construction): _____

CHECK ONE (repairs only) Repair (existing): _____ Tank only: _____ Tie in: _____

Upgrade _____ Failure _____ Pump & Haul _____ Operating: _____

Water supply: Private well: _____ or Public Water: _____

Please Read:

I hereby certify that the information above is accurate and true to the best of my knowledge. I agree to construct the business according to state specifications and to accommodate the placement of the septic system.

SIGNED: _____ DATE: _____

PRINT name: _____

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

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

Mission Statement:

"To engage and partner in a collaborative and responsive effort with the community and local organizations with respect to the diversity of the community to better serve present and future generations."