

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 302 West 8th Street, Suite 4 Michigan City, Indiana 46360 Phone: 219-809-0515 www.laporteco.in.gov

Application for Residential On-Site Sewage System

Applicant name: TIM ANDERSON	Office Name Date: Refer
Address: P.O. BOX 1728 City: LAPORTE State: IN Zip: 46352	Office us Name: Date: Referen
Email Address (required): tim.anderson@scvwllc.com	Office use only Name: Date: Reference/Parcel#
Home phone #: Cell #: <u>847-275-7979</u> Fax #:	rcel#
Property owner: RSE PARTNERS LLC Phone #:	
Address: <u>2961 LAKE SHORE DR</u> City: <u>LONG BEACH</u> State: <u>IN</u> Zip: <u>46360</u>	
Site address: 3999 SOUTH 800 EAST City: WALKERTON Zip: 46574	
Subdivision: N/A Lot#: N/A	
Parcel ID number (required) 46-12-21-300-009.000-055	
Township: <u>LINCOLN</u> T: <u>36</u> North R: <u>1</u> West Sec: <u>21</u>	
Number of bedrooms: TWO (2) Single family: YES Multiple family:	
New (Construction): YES	
Repair Existing System: CHECK ONE (repairs only): Failure:	
Upgrade: Tank Only: OR Tie-IN to existing system:	
Whirlpool tub> 125 gallons: NO Water softener: YES Garbage disposal: NO Rental property: NO	
Water Supply: Private Well: YES City Water:	
I hereby certify that the information above is accurate and true to the best of my knowledge. I agree to cons house according to the number of bedrooms and to accommodate the placement of the septic system.	truct the
SIGNED: DATE: 9-25-23	
PRINT name: John J. McQuestion, CPSS	
Please check one of the following: Owner: Builder/contractor: Agent: X	

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Application for Drinking Water Well

Applicant name: <u>TIM ANDERSON</u>	<u>Date:</u> Refere	<u> </u>					
Address: P.O. BOX 1728 City: LAPORTE State: IN Zip: 46352							
Address: P.O. BOX 1728 City: LAPORTE State: IN Zip: 46352 Email Address (required): tim.anderson@scvwllc.com Home phone #: Cell #:847-275-7979 Fax #:							
Home phone #: Cell #:847-275-7979 Fax #:							
Property owner: RSE PARTNERS LLC Phone #:							
Address: 2961 LAKE SHORE DR City: LONG BEACH State: IN Zip: 46360							
Site address: 3999 SOUTH 800 EAST City: WALKERTON Zip: 46574							
Subdivision: <u>N/A</u> Lot#: <u>N/A</u>							
Parcel Identification number: 46-12-21-300-009.000-055							
Township: <u>LINCOLN</u> T: <u>36N</u> R: <u>1W</u> Sec: <u>21</u>							
Single family: <u>YES</u> Multiple families: Commercial:							
New construction: YES Repair (existing): Pump Only:							
PWS: Public water supply if more than 15 service connections, services more than 25 people, or redays a year. Requires IDEM approval before a LPCHD permit can be issued.	nore that 6	0					
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 <u>does not</u> run with the land). Bacteria and Nitrate results must be received before final inspection.							
SIGNED: DATE: 9-25-23							
PRINT name: John J. McQuestion, CPSS							
Please check one of the following: Owner: Builder/contractor: Agent: \underline{X}							
Mission Statement:							



SOIL SOLUTIONS

A SOIL AND ENVIRONMENTAL CONSULTING COMPANY

JOHN J. McQUESTION

CERTIFIED PROFESSIONAL SCIENTIST

CERTIFICATION NUMBER 2. Q CONSTITUTE OF MOLIAN STATE OF

Tim Monaghan

CERTIFIED PROFESSIONAL SCIENTIST

CERTIFICATION NUMBER: 1151 PROFESSIONAL SCIENTIST

CERTIFICATION NUMBER: 1151 PROFESSIONAL SCIENTIST

AND CORRECT PROFESSIONAL SCIENTIST PROFESSIONAL SCIENTIS

Evan Troutman

ASSOCIATE PROFESSIONAL SOIL SCIENTIST CERTIFICATION NUMBER: 49/5418

No. 145

STATE OF

ADJANA
SOLL SOLL SOLL

No. 85

STATE OF

Soil Solutions, Inc. P. O. Box 229 Valparaiso, IN 46384 P.O. Box 1091 Granger, IN 46530 (219)465-5885 or 800-947-2444

Soil Solutions Soil Description Report

John J. McQuestion Certified Professional Soil Scientist Tim Monaghan Certified Professional Soil Scientist Evan Troutman Associate Professional Soil Scientist ARCPACS Certification # - 04287 ARCPACS Certification # - 15238 ARCPACS Certification # - 497641 jmcquestion@soilsolutions-inc.com tmonaghan@soilsolutions-inc.com etroutman@soilsolutions-inc.com

PROJECT NUMBER: 2-29C(23) DATE: 9-25-23 CLIENT/PROJECT

NAMES: TIM ANDERSON

MAILING ADDRESS: P.O. BOX 1728

CITY: LAPORTE STATE: IN ZIP CODE: 46352

PHONE NUMBER: 847-275-7979 EMAIL ADDRESS: tim.anderson@scvwllc.com

PROPERTY OWNERS/DEVELOPER

NAMES: RSE PARRTNERS LLC

MAILING ADDRESS: 2961 LAKE SHORE DRIVE

CITY: LONG BEACH STATE: IN ZIP CODE: 46360

PHONE NUMBER: EMAIL ADDRESS:

PROJECT LOCATION

COUNTY: LAPORTE TOWNSHIP: LINCOLN

SITE ADDRESS: 3999 SOUTH 800 EAST

CITY: WALKERTON STATE: IN ZIP CODE: 46574

LEGAL DESCRIPTION: PART OF SW 1/4 OF SW 1/4 OF SEC 21 T36N R1W

PARCEL ID NUMBER: 46-12-21-300-009.000-055

PROJECT SPECIFICATION:

PROPOSED TWO BEDROOM HOME, NO TUBS OVER 125 GALLONS.

Soil Solutions – A Soil and Environmental Consulting Company

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jmcquestion@soilsolutions-inc.com tmonaghan@soilsolutions-inc.com etroutman@soilsolutions-inc.com

PROJECT NUMBER: 2-29C(23	DATE: 9-25-23
SITE CHARACTERISTICS:	
Purpose for Assistance:	_
☐ Residential	Commercial
New Construction New Construction	n New Construction
Repair	Repair
Water Source: Proposed Well	Existing Well City Water
_	ed / Surveyed At Time Of Testing? Yes No
Persons at Site	EVAN TROUTMAN, TIM ANDERSON
Slope and Aspect	0-2% - NORTH
Landscape Position	OUTWASH PLAIN
Soil Map Sheet Number	WEB SOIL SURVEY
Soil Map Sheet Units	Qu - QUINN, Gf - GILFORD
Wetlands Present at Site	NOT AT SOIL BORING LOCATIONS
Present Land Use	FORMER HOMESITE
Vegetative Cover	CORN
Parent Materials	GLACIAL OUTWASH
Seasonal Water Table	YES
Perched or Fluctuating Water	FLUCTUATING
Table	
Depth to Free Water In Unlined	NONE OBSERVED
Bore Hole	
Dense Basal Till	NONE OBSERVED
Does Site Flood or Pond Water	NONE OBSERVED
Medium or Coarse Sands	NONE OBSERVED

OTHER LIMITING CONDITIONS: FLOODPLAIN ELEVATION INFO NEEDED.

Soil Solutions Soil Description Report

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PROJECT NUMBER: 2-29C(23) **DATE:** 9-25-23

Soil Profile Description

Classification: COARSE LOAMY MIXE MESIC TYPIC ENDOAQUALFS

Parent Material: GLACIAL OUTWASH

Depth To Seasonal Water Table: #1 - 8" #2 - 8" #3 - 8" #4 - 8"

Depth To Dense Basal Till: NONE OBSERVED

Lot / Parcel Number: 3999 SOUTH 800 EAST, WALKERTON

Munsell Color (Moist)				Structure			Additional Features						
Depth Inches	Horizon	Texture	Matrix	Mottles	Q,S,C	Grade	Size	Shape	Consistence (moist)	Kind	Color	Co. Frag% 2mm-3"	Sand %
0-8	Apl	SL	10yr4/2			2	FINE	GR	FRI			0-2%	
8-14	Ap2	SL	10yr4/2	4/1-4/6	CFD	2	FINE	GR	FRI			0-2%	
14-26	Bt	L	10yr5/4	5/2-5/6	CMD	2	MED	SBK	FRI			0-2%	
26-36	Btg	SCL	10yr5/2	5/1-5/8	MCP	2	MED	SBK	FRI			2-5%	
36-44	Bg	SL	10yr5/3	6/1-5/8	MCD	2	MED	SBK	FRI			2-5%	
44-51	Bg2	LS	10yr5/2	5/6,6/8	CMD	1	CO	SBK	V. FRI			0-2%	
51-65	Bg3	f-sand	10yr6/2	5/2-6/8	CMD			S.G.	LOOSE			0-2%	F-50

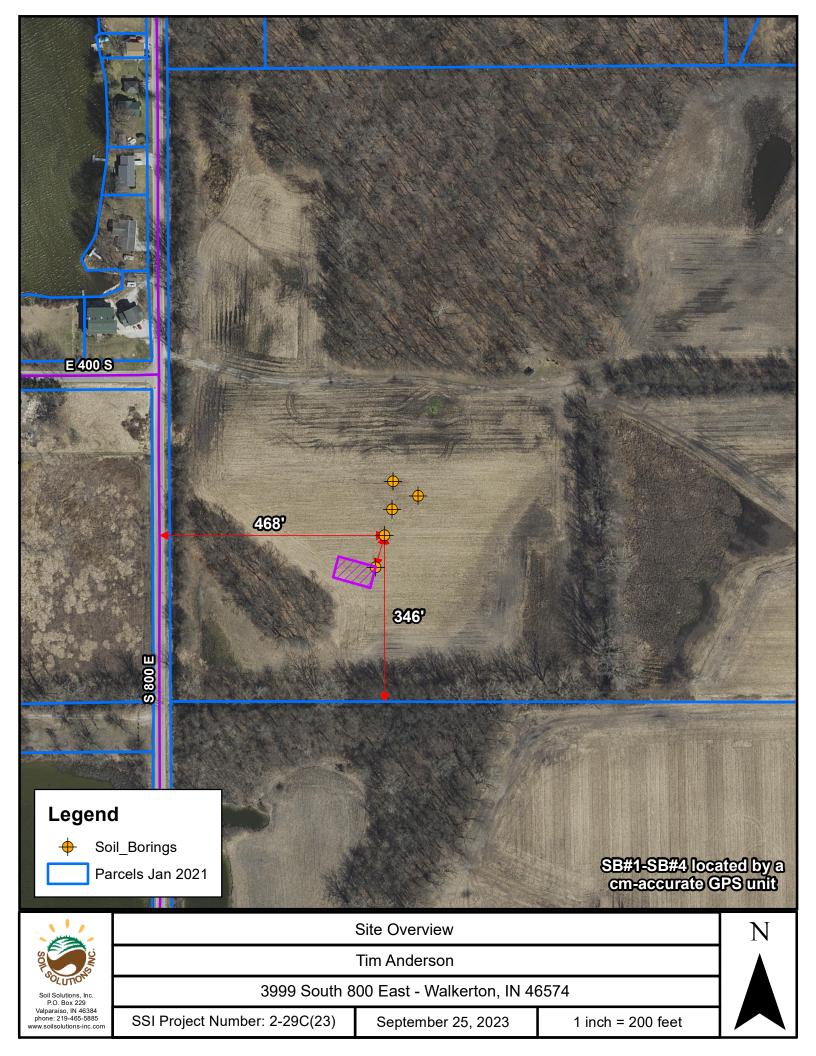
SOIL PROFILE DESCRIPTION CODES

Mottles		Structure	Additional Features	
Q-Quantity	S-Size	C-Contrast	Grade	Kind
F-Few 2% or Less	F-Fine 5mm or less	F-Faint	1- Weak	FeMn – Iron & Manganese
C- Common – 2-20%	M-Medium 5-15mm	D-Distinct	2- Moderate	CaCO3- Calcium Carbonate Coating
M-Many-20% or More	C-Common (15mm or More)	P-Prominent	3- Strong	C.F. – Clay Films / Clay Skins
*All colors have a Hue of 10YR u	nless otherwise indicated.		_	

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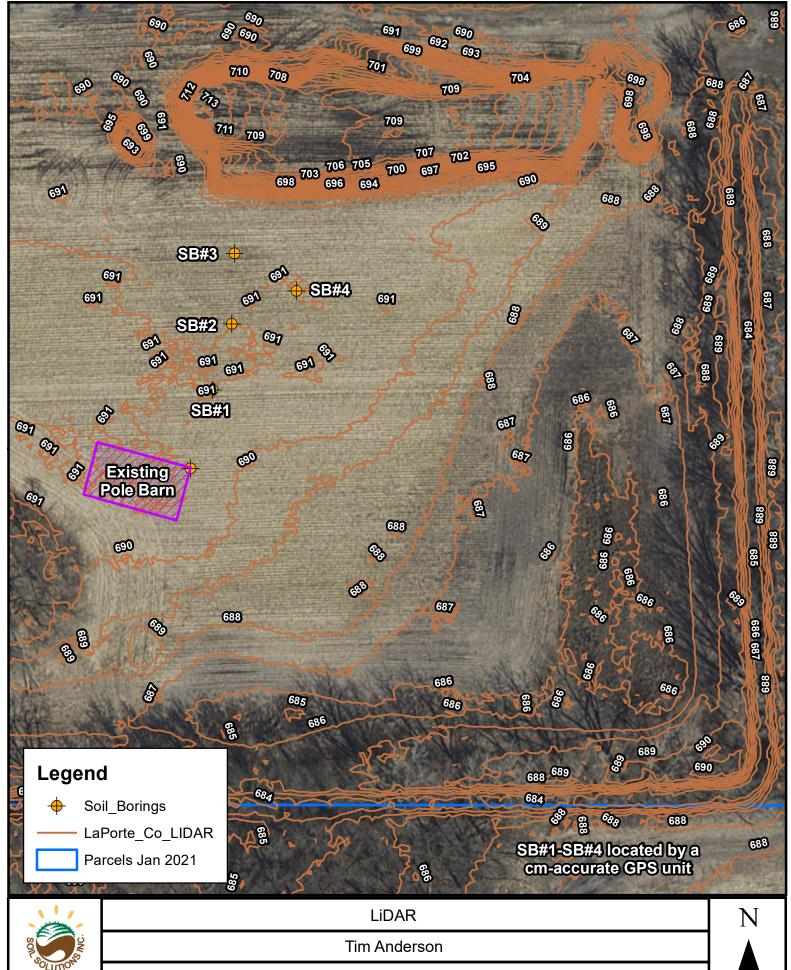
3999 South 800 East - Walkerton, IN 46574

SSI Project Number: 2-29C(23)

September 25, 2023

1 inch = 50 feet







3999 South 800 East - Walkerton, IN 46574

SSI Project Number: 2-29C(23)

September 25, 2023

1 inch = 80 feet

