# 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 Drinking Water Well

Applicant name: **MARY POPOVICH**

Address: **7756 VIA DEL SOGNO** City: **FORT WAYNE** State: **IN** Zip: **46818**

**Email Address (required):** **maryindiana@comcast.net**

Home phone #: _____ Cell #:**260-413-0225** Fax #:_____

Property owner: **MARY POPOVICH** Phone #:**260-413-0225**

Address: **7756 VIA DEL SOGNO** City: **FORT WAYNE** State: **IN** Zip: **46818**

Site address: **1/4 MILE WEST OF 400 WEST ON NORTH SIDE OF 800 NORTH** City: **MIC CITY** Zip: **46360**

Subdivision: _____ Lot#: _____

**Parcel Identification number:** **46-02-20-400-008.000-062**

Township: **SPRINGFIELD** T: **38** North R: **3** West Sec: **20**

Single family: **X** Multiple families: _____ Commercial: _____

New construction: **X** 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: **9-6-22**

PRINT name: **John J. McQuestion, CPSS**

**Please check one of the following: Owner: _____ Builder/contractor: _____ Agent: X**

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."*

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## Application for Residential On-Site Sewage System

Applicant name: MARY POPOVICH

Address: 7756 VIA DEL SOGNO City: FORT WAYNE State: IN Zip: 46818

**Email Address (required):** maryindiana@comcast.net

Home phone #: _____ Cell #: 260-413-0225 Fax #: _____

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Property owner: MARY POPOVICH Phone #: 260-413-0225

Address: 7756 VIA DEL SOGNO City: FORT WAYNE State: IN Zip: 46818

Site address: 1/4 MILE WEST OF 400 WEST ON NORTH SIDE OF 800 NORTH City: M CITY Zip: 46360

Subdivision: _____ Lot#: _____

**Parcel ID number (required)** 46-02-20-400-008.000-062

Township: SPRINGFIELD T: 38 North R: 3 West Sec: 20

**Number of bedrooms:** 3 Single family: X Multiple family: _____

**New (Construction):** X

**Repair Existing System:** _____ **CHECK ONE (repairs only):** Failure: _____

Upgrade: _____ Tank Only: _____ OR Tie-IN to existing system: _____

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Whirlpool tub> 125 gallons: NO Garbage disposal: NO
Water softener: YES Rental property: NO
**Water Supply:** **Private Well:** X **City Water:** _____

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*I hereby certify that the information above is accurate and true to the best of my knowledge. I agree to construct the house according to the number of bedrooms and to accommodate the placement of the septic system.*

SIGNED: _____ DATE: 9-6-22

PRINT name: John J. McQuestion, CPSS

**Please check one of the following: Owner:** _____ **Builder/contractor:** _____ **Agent:** X

**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."*

PROJECT #27-5C(22) 9-6-22
MARY POPOVICH
1/4 MILE WEST OF 400 WEST ON THE NORTH SIDE OF 800 NORTH
MICHIGAN CITY, INDIANA 46360

# SOIL SOLUTIONS

A SOIL AND ENVIRONMENTAL CONSULTING COMPANY


**JOHN J. McQUESTION**
CERTIFIED PROFESSIONAL SOIL SCIENTIST
CERTIFICATION NUMBER: 04287

**Tim Monaghan**
CERTIFIED PROFESSIONAL SOIL SCIENTIST
CERTIFICATION NUMBER: 15238

**Evan Troutman**
ASSOCIATE PROFESSIONAL SOIL SCIENTIST
CERTIFICATION NUMBER: 497541

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

**PROJECT NUMBER:** 27-5C(22) **DATE:** 9-6-22

**CLIENT/PROJECT**

NAMES: MARY POPOVICH

MAILING ADDRESS: 7756 VIA DEL SOGNO

CITY: FORT WAYNE STATE: IN ZIP CODE: 46818

PHONE NUMBER: 260-413-0225 EMAIL ADDRESS: maryindiana@comcast.net

**PROPERTY OWNERS/DEVELOPER**

NAMES: MARY POPOVICH

MAILING ADDRESS: 7756 VIA DEL SOGNO

CITY: FORT WAYNE STATE: IN ZIP CODE: 46818

PHONE NUMBER: 260-413-0225 EMAIL ADDRESS: maryindiana@comcast.net

**PROJECT LOCATION**

COUNTY: LAPORTE TOWNSHIP: SPRINGFIELD
SITE ADDRESS: 1/4 MILE WEST OF 400 WEST ON THE NORTH SIDE OF 800 NORTH
CITY: MCHIGAN CITY STATE: IN ZIP CODE: 46360
LEGAL DESCRIPTION: PART OF SW 1/4 OF SE 1/4 OF SEC 20 T38N R3W
PARCEL ID NUMBER: 46-02-20-400-008.000-062

**PROJECT SPECIFICATION:**

PROPOSED THREE BEDROOM HOME, NO TUBS OVER 125 GALLONS.

# Soil Solutions
# Soil Description Report

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**PROJECT NUMBER:** 27-5C(22) **DATE:** 9-6-22

**SITE CHARACTERISTICS:**

Purpose for Assistance:

☒ Residential
- ☒ New Construction
- ☐ Repair

☐ Commercial
- ☐ New Construction
- ☐ Repair

Water Source: ☒ Proposed Well ☐ Existing Well ☐ City Water

Were Property Lines Clearly Marked / Surveyed At Time Of Testing? ☒ Yes ☐ No

| | |
|---|---|
| Persons at Site | JOHN MCQUESTION, JOHN SAYLOR, MARY POPOVICH |
| Slope and Aspect | 0-2% - NORTH |
| Landscape Position | LAKE PLAIN |
| Soil Map Sheet Number | WEB SOIL SURVEY |
| Soil Map Sheet Units | MuuA |
| Wetlands Present at Site | POTENTIAL WETLANDS, SEE BELOW |
| Present Land Use | WOODED LOT |
| Vegetative Cover | TREES/SHRUBS |
| Parent Materials | GLACIAL OUTWASH |
| Seasonal Water Table | YES |
| Perched or Fluctuating Water Table | FLUCTUATING |
| Depth to Free Water In Unlined Bore Hole | NONE OBSERVED |
| Dense Basal Till | NONE OBSERVED |
| Does Site Flood or Pond Water | YES |
| Medium or Coarse Sands | NONE OBSERVED |

OTHER LIMITING CONDITIONS: The area where the soil tests were completed is not wetland, north and south of this area there are wetlands. We recommend a wetland delineation be completed prior to development of the parcel.

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# Soil Description Report

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**PROJECT NUMBER:** 27-5C(22) **DATE:** 9-6-22

## Soil Profile Description

Classification: COARSE LOAMY MIXED MESIC AQUIC HAPLUDALFS
Parent Material: GLACIAL OUTWASH
Depth To Seasonal Water Table: #1- 12" #2- 14" #3- 14" #4- 12"
Depth To Dense Basal Till: #1- >60" #2- >60" #3- >60" #4- >60"
Lot / Parcel Number: 1/4 MILE WEST OF 400 WEST ON THE NORTH SIDE OF 800 NORTH

| | | | 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 % |
| 0-9 | A | LS | 10yr4/3 | | | 1 | FINE | GR | V. FRI | | | 0-2% | |
| 9-12 | Bw | LS | 10yr5/4 | | | 1 | MED | SBK | V. FRI | | | 0-2% | |
| 12-30 | Bg | f-sand | 10yr6/2 | 6/1-6/6 | FMD | | | S.G. | LOOSE | | | 2-5% | F-50 |
| 30-43 | Btg | SCL | 10yr6/1 | 5/2-4/6 | CMD | 2 | M/CO | SBK | FRI | | | 2-5% | |
| 43-54 | Bg1 | SL | 10yr5/2 | 6/1 | FFD | 2 | CO | SBK | FRI | | | 2-5% | |
| 54-60 | Bg2 | f-sand | 10yr6/2 | 6/6 | CFD | | | S.G. | LOOSE | | | 2-5% | F-50 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**SOIL PROFILE DESCRIPTION CODES**

***Mottles***

**Q-Quantity**
F-Few 2% or Less
C- Common – 2-20%
M-Many-20% or More

**S-Size**
F-Fine 5mm or less
M-Medium 5-15mm
C-Common (15mm or More)

***Structure***

**C-Contrast**
F-Faint
D-Distinct
P-Prominent

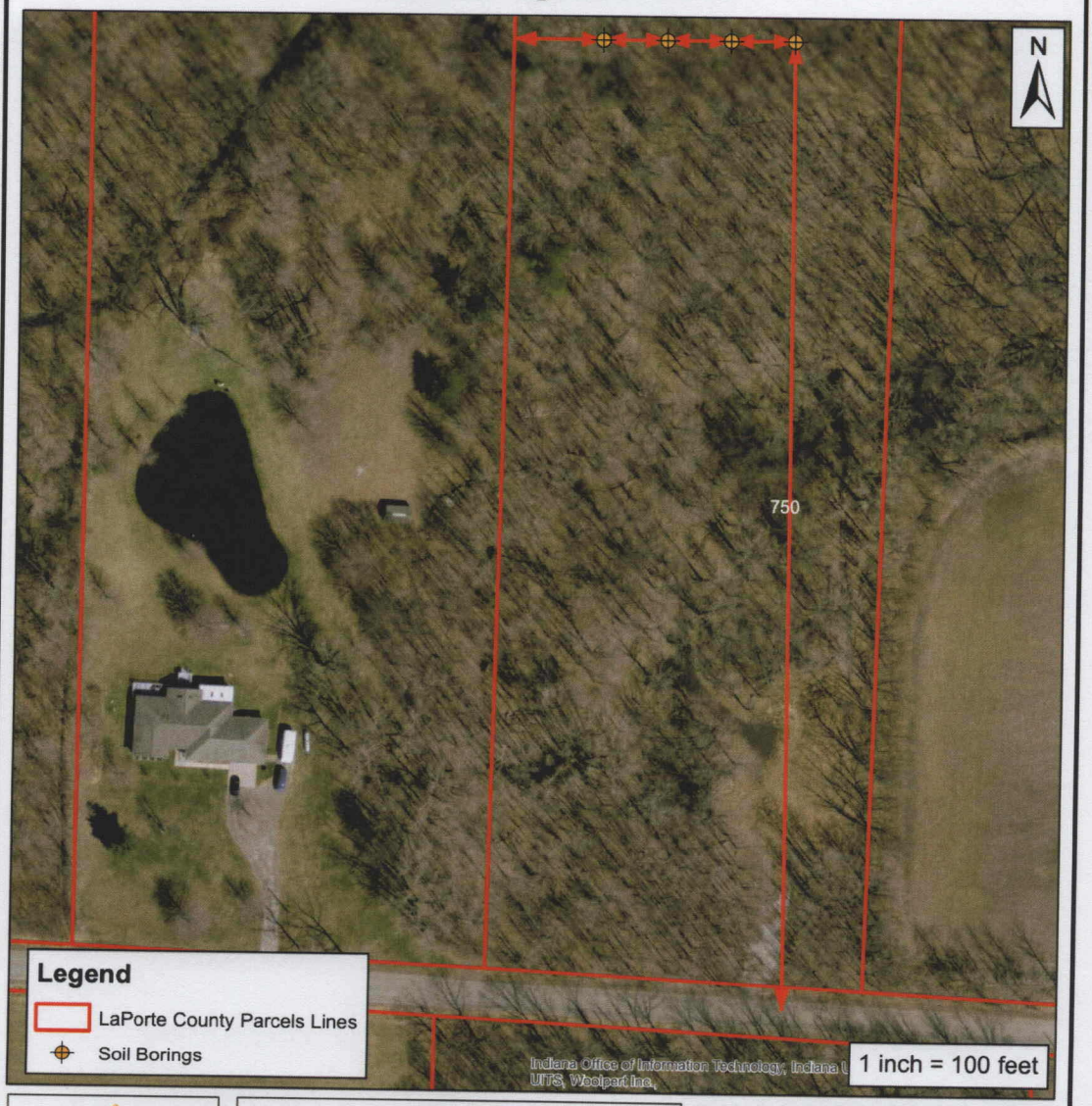
***Additional Features***

**Grade**
1- Weak
2- Moderate
3- Strong

**Kind**
FeMn – Iron & Manganese
CaCO3- Calcium Carbonate Coating
C.F. – Clay Films / Clay Skins

*All colors have a Hue of 10YR unless otherwise indicated.

# Soil Boring Locations

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P.O. Box 229
Valparaiso, IN 46384
Phone: 219-465-5885
www.soilsolutions-inc.com

**Client:** Mary Popovich

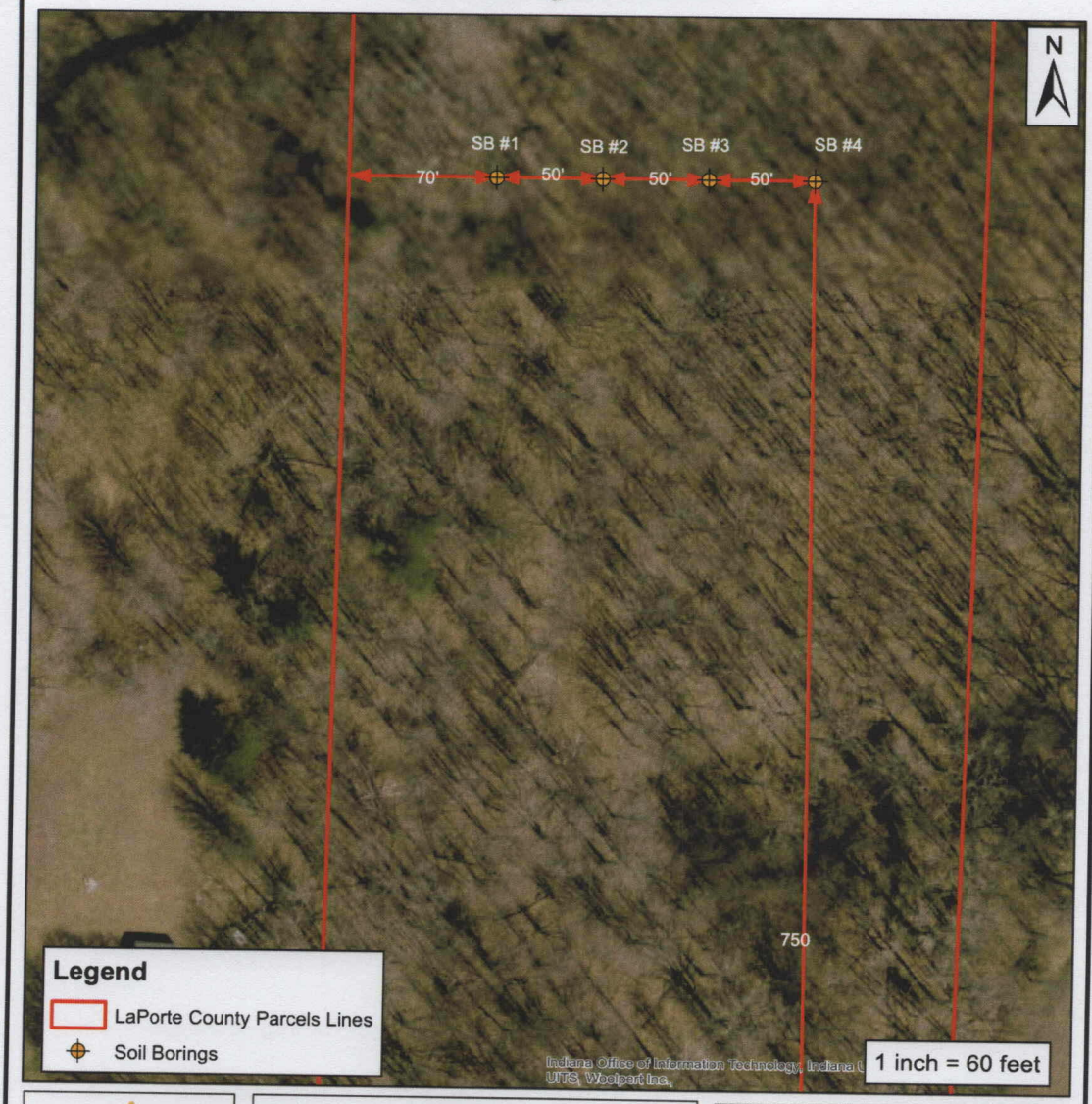
**Site Address:**

1/4 Mile West of 400 West on the
North Side of 800 North
Michigan City, Indiana 46360

SSI Project Number: 27-5C(22)

Map Date: September 6, 2022

# Soil Boring Locations

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