

INDIAN HEALTH SERVICE - APPLICATION FOR SANITATION FACILITIES



RESERVATION:

APPLICANT NAME (please print):

ENROLLMENT NO.:

CURRENT HOME ADDRESS:

CITY:

STATE:

ZIP:

CURRENT MAILING ADDRESS:

P.O. BOX:

CITY:

STATE:

ZIP:

☐ CHECK BOX IF SAME AS HOME ADDRESS

ADDRESS OF NEW HOME (if applicable):

CITY:

STATE:

ZIP:

CELL OR HOME PHONE:

WORK PHONE:

EMAIL (email will only be used by IHS to correspond with you regarding your application and proposed facilities):

SERVICES REQUESTED:

WATER:

Individual ☐

Community ☐

☐ NEW SERVICE

☐ RENOVATION

SEWER:

Individual ☐

Community ☐

☐ NEW SERVICE

☐ RENOVATION

HAVE YOU EVER BEEN SERVED BY THE INDIAN HEALTH SERVICE BEFORE?

☐ YES

☐ NO

IF YES, WHAT YEAR WERE YOU SERVED? _____

HAS THE SITE BEEN SERVED BY THE INDIAN HEALTH SERVICE BEFORE?

☐ YES

☐ NO

IF YES, SERVED UNDER WHOSE NAME? _____

HOME/SITE INFORMATION:

WHAT IS THE LAND STATUS OF THE HOME SITE?

☐ TRUST LAND

OR

☐ TAXABLE LAND

WHAT IS YOUR OWNERSHIP STATUS OF THE HOME?

☐ OWN

☐ LEASE

☐ RENT

WHAT IS THE HOUSE CONSTRUCTION TYPE?

☐ STICK BUILT

☐ MOBILE

☐ MODULAR OR MANUFACTURED

WHAT TYPE OF FOUNDATION DOES THE HOME HAVE?

☐ BASEMENT

☐ SLAB

☐ CRAWL SPACE

WHAT YEAR WAS THE HOME CONSTRUCTED OR INSTALLED ONSITE? _____

ARE YOU AWARE OF ANY ARCHAEOLOGICAL RESOURCES ON THE PROPERTY?

☐ YES

☐ NO

DOES THE HOME HAVE ELECTRICAL SERVICE?

☐ YES

☐ NO

ARE YOU CURRENTLY RESIDING IN THE HOME?

☐ YES

☐ NO

IF YES, HOW LONG HAVE YOU BEEN IN THE HOME? _____

IF NO, WHAT IS THE PROPOSED OCCUPANCY DATE? _____

OF BEDROOMS: _____

OF BATHROOMS: _____

OF PEOPLE IN THE HOME: _____

IF AN EXISTING HOME, PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR WELL AND/OR SEPTIC SYSTEM:

NOTE TO APPLICANT: PLEASE ATTACH A MAP SHOWING THE LOCATION OF YOUR HOME. IF AVAILABLE, PLEASE PROVIDE A SURVEY MAP OF YOUR HOME SITE SHOWING LOT LINES.

INDIAN HEALTH SERVICE - SANITATION FACILITIES CONSTRUCTION PROGRAM

INFORMATION FOR THE APPLICANT

Public law 86-121 allows the Indian Health Service to assist members of Federally recognized Native Tribes in obtaining a potable drinking water supply and a safe means of disposing of waste water for their home use, provided that funds are available and that the homes meet basic standard of living requirements (well insulated, have electricity, indoor plumbing, etc.).

Applications received late in the year, especially for those sites that require mound-type septic systems, may not allow sufficient time for service during the current construction season.

APPLICANT'S RESPONSIBILITIES AND CONDITIONS FOR SERVICE

(READ CAREFULLY, THIS IS A LEGAL DOCUMENT)

- 1 This is an application for service. The provision of sanitation facilities is dependent on Indian Health Service (IHS) site review, verification of home construction, improvements, and availability of funds.
- 2 No services can be provided without a completed and signed application for sanitation facilities form.
- 3 This application must be submitted to the Tribe associated with the service area that contains the homesite property. The Tribe will forward the application to IHS.
- 4 Applicant must provide proof of a legal claim to the land (e.g. copy of a lease or deed). Attach a copy of the lease or deed to this application and return to the Tribal representative.
- 5 The homesite must be the primary residence of the applicant. No services can be provided to other than primary residences.
- 6 Applicant agrees to grant access to the IHS, Tribe, and contractor(s) to enter onto the premises as needed to complete inspections and the construction of the proposed sanitation facilities.
- 7 Prior to the initial site visit from an IHS representative, the applicant must locate property corners and the proposed house location (new homes only).
- 8 The home must meet current housing codes, be in sound condition with fully operable plumbing (including provisions against freezing in the winter, i.e. mobile homes must be skirted), and have 230v electrical power.
- 9 For homes with slabs, the applicant will provide cut outs for the water/sewer connections at the locations required for services; for homes with basements, provide sleeves for water/sewer service connections at the locations/elevations required for the services. If cut-outs/sleeves are not provided, the Contractor will stop five (5) feet outside of the building and the owner will be responsible for the connections to the interior plumbing.
- 10 Under public law 86-121, IHS cannot own, operate, or maintain the installed sanitation facilities. All facilities will be transferred to the applicant when construction is completed and the applicant will be responsible for proper operation and maintenance. For connections to community facilities, the applicant's responsibility is mandated by the applicable utility authority.
- 11 Well water quality will be tested for certain parameters to ensure that it does not pose a health threat in accordance with applicable codes and ordinances. In the event that the water quality is found to pose a health risk, the applicant agrees to allow a water treatment system to be installed to provide a safe water source.
- 12 Applicant is responsible for any construction costs that exceed the IHS cost cap. If costs to install a water and/or sewer facility are anticipated to exceed the current IHS cost cap (\$66,200.00 for water and sewer or \$44,100.00 for one service only, water or sewer), IHS will consult with the applicant and Tribe prior to construction start.
- 13 IHS will provide written approval to the Tribe for construction to proceed once the environmental review is completed, all appropriate permits are obtained and the availability of project funding is verified. Work completed prior to the IHS approval will not be reimbursed.

It is strongly recommended that development of new sites not occur until availability of water and sewer service has been determined. It is further recommended that occupancy of new homes not occur prior to receipt of sanitation facilities.

I understand the applicant's responsibilities and conditions for service as described, and I agree to the IHS verifying information provided on this application.

APPLICANT SIGNATURE:

DATE:

TRIBAL REPRESENTATIVE SIGNATURE:

DATE: