



# APPLICATION

For

## Individual Site Sanitation Facilities Portland Area Indian Health Service SEATTLE DISTRICT OFFICE

### HOMEOWNER INFORMATION

1. Name(s): \_\_\_\_\_
2. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### HOMESITE INFORMATION

4. Site Address: \_\_\_\_\_  
\_\_\_\_\_
5. Directions to/location of home to be served: *(from Seattle)* \_\_\_\_\_  
\_\_\_\_\_
6. Best time of day for IHS to do site evaluation during normal working hours : *(Please make site accessible, vehicles and heavy equipment moved, and animals confined if necessary)* \_\_\_\_\_ am \_\_\_\_\_ pm
7. Type of Home: Wood \_\_\_\_\_ Frame \_\_\_\_\_ Masonry \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_
8. Number of years at location: \_\_\_\_\_
9. Number of bedrooms: \_\_\_\_\_
9. Number of occupants, including yourself: \_\_\_\_\_
10. Home is or will be primary residence: Yes: \_\_\_\_\_ No: \_\_\_\_\_
11. Mobile/Modular Homes ONLY: Home on site? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If not, submit *Bill of Sale Contract*
12. Date Mobile/Modular home will be on site: \_\_\_\_\_
13. Electrical power available at site: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If not, when: \_\_\_\_\_
14. Existing Water Facilities currently at site:
 

	YES	NO
Individual Well Pressure System	_____	_____
Community Water Connection	_____	_____
None (New Homesite)	_____	_____
Other (Describe) _____	_____	_____
Did the Indian Health Service develop it?	_____	_____

15. Existing Sewer Facilities currently at site:

YES NO

Septic Tank/Drainfield System \_\_\_\_\_  
Community Sewer Connection \_\_\_\_\_  
None (New Homesite) \_\_\_\_\_  
Other(Describe) \_\_\_\_\_  
Did the Indian Health Service develop it? \_\_\_\_\_

16. Likely Water Facilities Requested:

\_\_\_\_\_ Individual Well & Pressure System  
\_\_\_\_\_ Community Water Connection  
\_\_\_\_\_ Other (Describe) \_\_\_\_\_  
\_\_\_\_\_ None

17. Likely Sewer Facilities Requested:

\_\_\_\_\_ Individual Septic Tank and Drianfield System  
\_\_\_\_\_ Community Sewer Connection  
\_\_\_\_\_ Other (Describe) \_\_\_\_\_  
\_\_\_\_\_ None

18. Reason(s) for Requested Service: \_\_\_\_\_ Service to new home \_\_\_\_\_ Service to renovated home  
\_\_\_\_\_ Replacement of failed facilities \_\_\_\_\_ Other (describe) \_\_\_\_\_

19. Land Status (*Submittal of Deed Required*):

Legal Description (an official legal description is required for submittal, if not on Deed):  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

20. Deed Type (**Very Important**):

\_\_\_\_\_ Trust (On Indian Reservation) \_\_\_\_\_ Non-Trust (Off Indian Reservation)  
\_\_\_\_\_ Other (Describe) \_\_\_\_\_

If Non-Trust, what County is property located in? \_\_\_\_\_  
If leased, Number of years: \_\_\_\_\_

If possible, a submittal of an illustrative legal survey of your plot of land (depicting exact Lot Dimensions and Lot Bearings) would be appreciated (but not required). This may speed up the application process by giving the IHS a better idea of the scope of work for your individual homesite.

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Comments:

# INDIVIDUAL SITE GUIDELINES

I hereby certify that the information in this Application is true and accurate to the best of my knowledge. I hereby agree:

1. To allow IHS or it's authorized representatives to enter upon my property to evaluate the site and to construct or inspect facilities in this Application.
2. To obtain all easements and permits necessary for the requested sanitation facilities.
3. To accept ownership upon completion of the requested sanitation facilities, and to operate and maintain them in a satisfactory manner.

I understand that these facilities will be provided only if funding is available and if this application meets IHS qualification requirements.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

## TRIBE-PART II

### 19. Zoning:

- a) The propose housing site is     , is not      in conformance with zoning regulations
- b) No applicable zoning regulations     . This site is     , is not      acceptable for housing.

Remarks: \_\_\_\_\_  
\_\_\_\_\_

### 20. Land Status Certification:

We have reviewed the applicant's land status as reported above by applicant and hereby certify that information is     , is not      current and accurate.

(If not) Actual Status: \_\_\_\_\_

### 21. Tribal Eligibility and Endorsement:

This application has been reviewed by the \_\_\_\_\_ Tribe.  
The applicant is a member of a Federal Recognized Tribe and the application is eligible, therefore; applicant(s) are recommended for services.

22. The \_\_\_\_\_ Tribe appoints \_\_\_\_\_  
as liaison to coordinate Tribal participation in serving this applicant.

Liaison Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Liaison Mailing Address: \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

\_\_\_\_\_  
Tribal Chairperson

\_\_\_\_\_  
Date

**Note: INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION**

## INDIAN HEALTH SERVICE – PART III

### 23. Application Received:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sanitation Facilities Construction Section