

# GREAT PLAINS AREA INDIAN HEALTH SERVICE APPLICATION FOR INDIVIDUAL SITE SANITATION FACILITIES

## PART I. - HOMEOWNER

NAME (HEAD OF HOUSEHOLD)		TELEPHONE NUMBER(S) (H) (W) (Other)	
SITE ADDRESS (attach a copy of the deed)		CURRENT MAILING ADDRESS (IF DIFFERENT FROM SITE)	
LEGAL ADDRESS: _____ 1/4, _____ 1/4, _____ 1/4, _____ 1/4, in sec. _____, T. _____ N, R. _____ E/W of the _____ th PM			
DIRECTIONS TO HOME TO BE SERVED: _____ _____ _____			
HOME TO BE SERVED:      Wood Frame                  Masonry                  Mobile Home                  Other _____			
Number of bedrooms _____      Number of bathrooms _____      Number of bathtubs/showers _____			
Washing machine      _____ Yes      _____ No      Will there be a basement w/bathroom?      _____ Yes      _____ No			
NUMBER OF OCCUPANTS: _____			
IS THERE ELECTRICAL POWER AT THE SITE?      _____ Yes      _____ No			
IS THERE AN ADEQUATE ACCESS ROAD TO THE SITE?      _____ Yes      _____ No			
IDENTIFY THE EXISTING FACILITIES AT THE SITE (CHECK ALL THAT APPLY):			
Well      _____ Yes      _____ No		Community Water Service      _____ Yes      _____ No	
Water System      _____ Yes      _____ No		Community Sewer Service      _____ Yes      _____ No	
Septic System      _____ Yes      _____ No		Other (Explain)      _____ Yes      _____ No	
IDENTIFY THE FACILITIES YOU ARE REQUESTING (CHECK ALL THAT APPLY):			
Well      _____ Yes      _____ No		Community Water Service      _____ Yes      _____ No	
Water System      _____ Yes      _____ No		Community Sewer Service      _____ Yes      _____ No	
Septic System      _____ Yes      _____ No		Other (Explain)      _____ Yes      _____ No	
REASON FOR REQUESTING SANITATION FACILITIES		BRIEF DESCRIPTION OF PROBLEM(S):	
Replacement of Failing Facilities      _____		_____	
Facilities Needed for New Home      _____		_____	
Facilities for Renovated Home      _____		_____	
SERVICE REQUEST NUMBER _____		APPLICATION RECEIVED _____	
HITS HOME NUMBER _____			

**PART 1. - CONTINUED**

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

- 1 To allow IHS and its representatives to enter upon my property to evaluate the site and to construct or inspect the facilities requested in this Application.
- 2 To obtain all easements and permits needed to install the required facilities.
- 3 To accept ownership of the facilities upon completion and to operate and maintain the facilities in a satisfactory manner.

I understand that these facilities will be provided only if funding is available and if this Application meets IHS Qualitication Criteria.

\_\_\_\_\_  
Date

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

**PART II. - TRIBE TO COMPLETE THIS SECTION**

**13. ZONING INFORMATION (CHECK APPLICABLE RESPONSE)**

\_\_\_\_\_ The proposed homesite IS in conformance with zoning regulations.

\_\_\_\_\_ The proposed homesite IS NOT in conformance with zoning regulations.

\_\_\_\_\_ There are no applicable zoning regulations.

\_\_\_\_\_ This site IS acceptable for housing.

\_\_\_\_\_ This site IS NOT acceptable for housing.

**14. LAND STATUS CERTIFICATION**

We have reviewed the Applicant's land status as reported above and certify that it (IS) (IS NOT) current and accurate.

**15. TRIBAL ENDORSEMENT AND ELIGIBILITY**

This Application has been reviewed by the \_\_\_\_\_ Tribe. The Application is considered eligible and is recommended for service.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tribal Chairperson

**PART III. - INDIAN HEALTH SERVICE TO COMPLETE THE SECTION**

**16. Application received and acknowledged**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of IHS Project Engineer