

APPLICATION FOR SANITATION FACILITIES (Public Law 86-121)

APPLICANT NAME: _____ TRIBE & ENROLLMENT NO: _____

MAILING ADDRESS: _____ FACILITIES LOCATION ADDRESS: _____

PHONE #: _____

SERVICES REQUESTED:

WATER: NEW SERVICE [] RENOVATION [] WASTEWATER: NEW SERVICE [] RENOVATION []

Has IHS or other Federal Agency provided sanitation facilities to this homesite before? YES [] NO []

If yes, during which year? _____
If yes, under what Applicant name? _____

Has IHS or other Federal Agency provided sanitation facilities to this Applicant before? YES [] NO []

If yes, during which year? _____
If yes, at what homesite address? _____

HOME INFORMATION:

The proposed homesite is on: TRUST LAND [] FEE PATENT LAND []

The property is: OWNED [] LEASED [] RENTED [] AN ALLOTMENT []

Within the property boundaries, there are the following underground utilities (complete attached site drawing):
None []; Electrical Lines []; Gas Lines []; Water Lines []; Sewer Lines []; Other _____

Structure type is: MOBILE HOME [] WOOD FRAME [] OTHER _____

Approximate year structure was built or moved to the site: _____

Is the house currently occupied? YES [] NO []

If yes, since when? MONTH _____ YEAR _____
If no, proposed occupancy date: _____ YEAR _____

Number of bedrooms _____ Number of bathrooms _____ Number of occupants _____

Ages of occupants? __, __, __, __, __, __, __, __, __, any special conditions regarding occupants?
(Health problems, disabilities, elderly, etc.) _____

Does the house have electric service: YES [] NO []

If no, when will electric service be provided? MONTH _____ YEAR _____

Have there been any recent bedroom or bathroom additions to the house? YES [] NO []

If yes, describe improvements during the last three years? _____

Completion date of improvements: _____

EXISTING FACILITIES: WELL [] SEPTIC SYSTEM [] COMMUNITY WATER [] COMMUNITY SEWER []

Describe any problems you are having with existing facilities: _____

Do you know of any archeological / historical sites on the property? YES [] NO []

(If yes show on site drawing)

THIS SECTION FOR IHS USE : Date Application Received: _____ Date Tribe Signed: _____

DRAW MAP HERE

Please provide a map showing applicable highways and roads as well as pertinent landmarks that will assist IHS personnel in finding your homesite. Written instructions, if deemed necessary, are encouraged as well.

County: Section: Township: Range: Assessor's Parcel No.

SITE DRAWING

Please show rough locations of property corners, proposed or existing house location, proposed or existing access road/driveway, buried utilities (gas, electric, water, sewer, etc.), etc.

APPLICANT'S RESPONSIBILITIES: 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. Application must be given to the Tribe associated with the service area that contains the homesite property. The Tribe will forward the Application to IHS. Applicants without Tribal representation will forward the Application directly to the IHS.
4. Applicant must provide proof of a legal claim to the land (e.g., copy of allotment, lease, or deed) as part of this application. The homesite must be a primary residence of the Applicant. No services can be provided to other than primary residences.
5. An IHS representative will visit the homesite to determine site suitability. Prior to this visit, the Applicant must locate property corners, underground utilities, and the proposed house location (new homes). See Site Drawing.
6. By way of the Applicant's signature, IHS representatives are granted permission to enter upon the land for the purpose of carrying out the site approved work. This work may include, but is not limited to, digging soil test pits, conducting percolation tests, and drilling test wells. The Applicant agrees to waive all claims which may arise from such entry and testing except those claims which may be recognized under the General Tort Claims Act. If the Applicant is not the landowner, the landowner must co-sign this application.
7. It is important that the Applicant understand that under Public Law 86-121, IHS cannot own, operate, or maintain the Applicant's completed facilities. All construction facilities will be transferred to the Applicant when construction is completed. For community facilities, the Applicant's responsibility is for individual facilities such as water service lines from the house to the curb stop or meter and sewer service lines from the house to the property line.
8. The IHS does not provide inside plumbing. Plumbing must be inside the house with a protruding stub 5-foot beyond the foundation to connect to outside plumbing.
9. The Applicant/Homeowner agrees to be present at the applicant's residence during planning, site investigation and construction activities.
10. The Applicant/Homeowner will need to ensure a safe working environment at the applicant's residence for IHS staff and for IHS or tribal contractors during planning, site investigation and construction activities.
11. If the Applicant/Homeowner is unable to be present during all planning, site investigation and construction activities, or is unable to provide a safe working environment during planning, site investigation or construction activities, the IHS will stop all said activities and the applicant will need to reapply for services.

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 HOUSES NOT OCCUR PRIOR TO RECEIPT OF SANITATION FACILITIES.

TRIBAL – AUTHORITY SIGNATURE REPRESENTS REQUEST FOR FACILITIES FOR THIS APPLICANT

I understand the Applicant's Responsibilities as described, and I agree to the IHS verifying information provided on this application.

LANDOWNER (IF NOT APPLICANT): _____ DATE: _____

APPLICANT: _____ DATE: _____

TRIBAL REPRESENTATIVE: _____ DATE: _____

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR SANITATION FACILITIES

This instruction is to aid the individual Applicant requesting sanitation facilities and accompanies the Application for Sanitation Facilities Form. Call IHS if you have any further questions concerning the application.

APPLICANT NAME: Name of the person for whom the facilities will be constructed and to whom the facilities will be transferred

TRIBE & ENROLLMENT NO.: Federally recognized Tribe and Enrollment Number of the Applicant. If Applicant is unable to provide enrollment information, belongs to a federally un-recognized Tribe, or is not enrolled, attach information to verify Native American heritage and Tribe name. (An example of verification would be a letter from Applicant's Tribe, Applicant's name on the BIA California census rolls of 1928, Applicant's name on the 1950 or 1972 payment rolls, or proof that Applicant is a descendent of a person who appears on those rolls.)

MAILING ADDRESS: Current mailing address of Applicant.

FACILITIES LOCATION ADDRESS: Address or description of home where facilities will be constructed. Use space provided to draw map, if necessary.

PHONE NUMBERS: Applicant's home phone and a phone number where IHS can talk to Applicant or leave a message for Applicant during the day.

SERVICES REQUESTED: Check space for desired services and provide information on past participation.

HOME INFORMATION: Applicant must complete all questions to the best of his or her ability. Use "approx." if unsure of dates. Construction of facilities is dependent upon information provided by Applicant.

MAP: Attach an assessor's parcel map from plat book, or a surveyor's drawing showing dimensions of home and lot, if possible. If hand drawing a map, include dimensions, distances, directions, street and/or road names, color of house, or any other information pertinent to locating area for facilities construction.

APPLICANT RESPONSIBILITY: This section outlines the responsibility of the Applicant and the disposition and transfer of the completed facilities.

SIGNATURES: Applicant's signature (and landowner's signature, if different from Applicant's) will indicate Applicant accepts the responsibilities and provisions of the application. Signature of Tribal Representative indicates Tribal Government is in accordance with Applicant's request for sanitation facilities.

QUESTIONS: If you have any questions regarding this application, please contact any of the offices listed below. We are here to serve you. Mail your application to the office that serves your particular county:

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| Butte, Glenn, Shasta, Tehama <u>Modoc, Lassen or Plumas</u> Indian Health Service Redding District Office 1900 Churn Creek Road, Suite 210 Redding, CA 96002 (530) 246-5339 FAX: (530) 246-5210 | Amador, Butte, Calaveras, <u>Colusa, Placer or Yolo</u> Indian Health Service Sacramento District Office 650 Capitol Mall, Suite 7-100 Sacramento, CA 95814 (916) 930-3960 FAX: (916) 930-3954 | Madera, Mariposa, Kings, Tulare, <u>Fresno or Tuolumne</u> Indian Health Service Clovis Field Office 613 Harvard Ave., Suite 101 Clovis, CA 93612-1868 (559) 322-7448 FAX: (559) 322-7445 |
| Humboldt, Del Norte <u>Siskiyou or Trinity</u> Indian Health Service Arcata Field Office 1125 16 th Street, Suite 100 Arcata, CA 95521 (707) 822-1688 FAX: (707) 822-1692 | Marin, Sonoma <u>Mendocino or Lake</u> Indian Health Service Ukiah Field Office 1252 Airport Park Blvd. Ste B5 Ukiah, CA 95482 (707) 462-5314 FAX: (707) 462-6907 | Imperial, Riverside, San Diego <u>San Bernardino or Santa Barbara</u> Indian Health Service Escondido District Office 1320 West Valley Parkway, Suite 309 (760) 735-6880 FAX: (760) 735-6893 |