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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Well Pressure System</td>
<td></td>
</tr>
<tr>
<td>Community Water Connection</td>
<td></td>
</tr>
<tr>
<td>None (New Homsite)</td>
<td></td>
</tr>
<tr>
<td>Other (Describe)</td>
<td></td>
</tr>
</tbody>
</table>

Did the Indian Health Service develop it? _____
15. Existing **Sewer** Facilities currently at site: 

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Tank/Drainfield System</td>
<td></td>
</tr>
<tr>
<td>Community Sewer Connection</td>
<td></td>
</tr>
<tr>
<td>None (New Homsite)</td>
<td></td>
</tr>
<tr>
<td>Other (Describe)</td>
<td></td>
</tr>
<tr>
<td>Did the Indian Health Service develop it?</td>
<td></td>
</tr>
</tbody>
</table>

16. Likely **Water** Facilities Requested:
- Individual Well & Pressure System
- Community Water Connection
- Other (Describe)
- None

17. Likely **Sewer** Facilities Requested:
- Individual Septic Tank and Drainfield 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 (**Submital 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 homsite.

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 its 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