

Application for Water / Wastewater Services - Checklist

APPLICANT SECTION:

Name (Last, First) _____ Census No. _____

Spouse (Last, First) _____ Census No. _____

Mailing Address _____

Telephone No. Home: _____ Work: _____ Cell: _____

Email Address: _____

Requesting the following services? () Interior Plumbing () Water () Sewer [Septic Tank/Drainfield] () Cistern System [Medical Referral Only]

Housing - Type of Structure: () Mobile () Hogan () Frame () Other

Color of House: _____ Color of Roof: _____

Chapter: _____ County: _____

Land Type: () Trust () Tribal () Allotted () Private or () Other

Grazing Permit Holder(s) Name: _____

Land Use Holder(s) Name: _____

Is the house in good structural condition? () Yes () No

Do you have a home site lease? () Yes () No

Is this house continuously occupied year round? () Yes () No

If available, please provide a copy

If no, service will NOT be provided!

How many people live in this house? _____ Note: provide maximum number of occupants at any time

Any house occupants with a medical condition requiring immediate water service? () Yes () No

If yes, provide medical referral documentation signed by medical doctor

Bathroom Addition needed () Yes () No

Note: IHS does NOT provide bathroom additions. Please contact your chapter.

Electrical Power needed () Yes () No

Note: IHS does NOT provide electrical powerline. Please contact local NTUA office.

Draw a map that shows how to get to your house from the chapter house or other well known point. Show other houses that are near yours.
(Please draw as carefully as you can. If we cannot find your house, we cannot include you in a project.)

NORTH

WEST

EAST

SOUTH

NOTE: If you move your house, you must submit a new application. We will obtain Right-of-Way and Archeological Clearance for this location and they will NOT be valid for another.

NOTE: If you need an addition to your home to provide space for plumbing, you must arrange for the addition to be built before plumbing work begins on your project or we will NOT be able to install complete plumbing for you. **IHS does NOT provide bathroom additions. Please contact your chapter for information on assistance with a bathroom addition.**

AGREEMENT TO PARTICIPATE IN IHS PROJECT:

BY SIGNING BELOW, I CERTIFY THAT I UNDERSTAND THE FOLLOWING CONDITIONS OF PARTICIPATING IN A PROJECT AND THAT I WILL CARRY OUT MY RESPONSIBILITIES UPON RECEIPT OF THE FACILITIES PROVIDED:

- ◆ I will make water payments and sewer payments (if sewer connection is provided) to NTUA.
- ◆ IHS will provide a one-year warranty on facilities installed. If the facilities are tampered with, the warranty will be voided.
- ◆ I will be responsible for maintaining all the plumbing fixtures and pipes inside my house.
- ◆ I will be responsible for maintaining the waterline from the water meter to my house.
- ◆ I will be responsible for maintaining the sewer connection line or the septic tank and drainfield.
- ◆ I understand that the septic tank must be inspected yearly and pumped when necessary usually every 2 to 5 years at a cost of \$300 - \$400. I must arrange for and pay for pumping the septic tank. If the septic tank is not pumped when needed, the drainfield will fail and I will have no wastewater service.
- ◆ I will attend Homeowner Training about how to operate and maintain the plumbing, waterline and sewerline or septic system in good working order. If I do NOT attend the training, NTUA can refuse to connect my water service.
- ◆ When plumbing is installed in my home as part of an IHS project, I will sign a receipt for the fixtures installed. Until I sign a receipt, I will accept the records of the installers as to what was installed.

NOTICE ON ELIGIBILITY: The applicant must be a member of a federally recognized tribe. IHS criteria states that only existing homes may be served with water and/or sewer facilities. Homes are served on a first come/first served basis. IHS is a federal agency that has restrictions on the types of homes it can provide services to. If a home has been built using Housing and Urban Development (HUD) funds or a HUD funded program or Tribal Housing Entity (For example: NHA, HUD, SWIF, NAHASDA) it is possible that the home may NOT be eligible for service from IHS. A home built by HUD funds cannot receive IHS services due to IHS regulations. The homeowner should be aware of what program, if any is responsible for building their home in lieu of the above restriction. For more information, please contact Many Farms OEH&E office at 928-781-3817

COMMENTS/QUESTIONS: (Please, provide further description regarding your request for assistance)

SIGNATURE

DATE

FOR IHS SECRETARY USE ONLY:

First Service () Yes () No Note: If no, provide old project number, arch report number, and individual as-built drawing

Old Project No. _____ Arch Report No. _____ As-Built Drawing Available: () Yes () No

This application requires the following information before it can be considered:

() Homesite Lease () Medical Referral () Other: _____

() This application is complete.

HITS Service Request No. _____ HITS Resident ID: _____

HITS Home ID: _____

Note: All above numbers are automatically generated by HITS

Application Received By: _____

Date Entered in HITS Database: _____

FOR IHS TECHNICIAN USE ONLY:

How far is nearest waterline (if applicable)? _____ Closest Waterline is: () 2" PVC () 4" PVC () 6" PVC or () Other

How far is nearest sewerline (if applicable)? _____ Closest Sewerline is: () Clay Pipe () PVC or () Other

How far is nearest electrical powerline (if applicable)? _____

Possible connection to (Name of closest Community Water System): _____

Degrees Minutes Seconds

Latitude (N): _____ Longitude (W): _____ Elevation (ft): _____

Water Heater Option: () Propane () Natural Gas () Electrical

Is Plumbing complete? () Yes () No

Is Cistern System complete? () Yes () No

Is Septic Tank/Drainfield complete? () Yes () No

How deep is the Hardpan or Bedrock (ft)? _____ Possible candidate for: () Drainfield () Individual Lagoon () Other

Is there enough room for septic tank and drainfield? () Yes () No

Grazing Permit Holder(s) Name: _____

Grazing Permit No. _____

Land Use Holder(s) Name: _____

Land Use Permit No. _____

Draw a map of existing structures and proposed sanitation facilities.

Additional Notes:

Technician's Name: _____

Date: _____

FOR IHS ENGINEER/MANAGER USE ONLY:

SDS Project Name and No. _____

Project Map House No. _____

PDS Project Name and No. _____

Project Map House No. _____

Preliminary Project Assignment in HITS: () SH-Scattered Housing () SR-Scattered Regular () MR-Medical Referral () FDF-Failed Drainfield () NHA () SDS

Individual Agreement Form (Signed): () Yes () No

Reviewed By: _____

Date: _____