

Office of Environmental Health & Engineering

Application Guide

These are documents you will need to have with your application before IHS, OEH&E can accept your application as complete.

- Copy of bill of sale for home in the applicant's name.
- Copy of deed or lease of land in the applicant's name. (Trust owners can get from BIA or Reality)
- Copy of Loan approval from lending institution in the applicant's name.
- Fill out entire OEH&E application

Part II, Confederated Tribes of Siletz Indians verification needs to be signed off by the Tribal Chairman or Authorizing Official at the:

Siletz Tribal Housing Department
PO Box 549
Siletz, OR 97380
(541) 444-8318

What you can expect after your application is accepted as complete:

- OEH&E will do a site visit to make sure home qualifies. What we will be looking at:
 - Condition of roof, windows, doors, surrounding area around home, abandoned cars, debris, etc.
- If your homesite qualifies you will be notified in writing of the proposed service.

Points to consider:

- Replacement of well pumps, pressure tanks and components are considered homeowner maintenance and not eligible for IHS funding, including routine septic tank pumping.
- Homeowner is responsible for all permit fees that are not directly related to sanitation construction.
- A participant **may** be eligible while the site **may not** qualify. This is determined by a site visit.
- IHS has a cost cap per homesite. The requested facilities are dependent on funding availability.
- Water and/or sewer services can take up to four months, and in some cases beyond from completion of application to end of construction.



APPLICATION
FOR
INDIVIDUAL SITE SANITATION FACILITIES

PORTLAND AREA INDIAN HEALTH
SERVICE





WESTERN OREGON DISTRICT OFFICE

**1414 NW Northrup St. Suite 800
Portland, OR 97209
503-414-7777**

PART I HOMEOWNER (PLEASE TYPE OR PRINT LEGIBLY WITH DARK INK)

Name and Age: _____ Tribe and Roll #: _____

Contact phone number: _____ E-mail Address: _____

Mailing Address: _____ Site Address: _____

County: _____

Directions to the home site to be served: _____

DESCRIPTION OF THE HOME TO BE SERVED:

Home is: Existing
(Check one) Proposed (new)

Years at location: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Number of Occupants: _____

Home type & Approximate year built: _____

(Check one) Wood/Stick Built Masonry/Brick Mobile/Manufactured

Other: _____

Condition of the Home:

(Check one) Excellent/New Good Fair Poor

Have you been previously served with sanitation facilities in the past, if so when? _____

Has the home been previously served with sanitation facilities in the past? If so, when? _____

Occupancy:

(Check one) Is the home to be served the primary home? (lived in year round) Yes No

Is the home currently on site? Yes No If "NO," date of delivery? _____

Is power available at the site? Yes No

Include with this application the following: Copy of Title, Bill of Sale, Contract for Purchase of home, and Boundary Survey



DESCRIPTION OF LAND & HOME OWNERSHIP

Land Ownership: Owned by Applicant → **Include copy of Deed with application**

Leased by Applicant → **Include copy of Lease with application**

Provide information below:

Acres owned: _____ Owner: _____
 Years on Lease: _____

Legal Description: Township _____ Range _____ Section _____

Deed is: Trust with Allotment Number: _____

Non-Trust (Fee) with Parcel Number: _____

Home Ownership: Owned by Applicant → **Provide proof of ownership in applicant name**

Leased by Applicant → **Provide long term lease in applicant name**

DESCRIPTION OF SANITATION FACILITIES

Existing Facilities at Site:
(Check all that apply)

Make comments regarding the condition of facilities.

<input type="checkbox"/> Well →	
<input type="checkbox"/> Water Pressure System →	
<input type="checkbox"/> Septic Tank →	
<input type="checkbox"/> Drainfield System →	
<input type="checkbox"/> Community Water Service →	
<input type="checkbox"/> Community Sewer Service →	



**New Facilities Requested:
(check all that apply)**

- Well

- Water Pressure System

- Septic Tank & Drainfield System

- Community Water Service, if available

- Community Sewer Service, if available

**Reason for Requesting Service:
(Check only one)**

- Service to new home

- Service to rehabilitated home

- Replacement of failed facilities

Application Supplement Form - Must accompany application. Located at the back of this application.

The Indian Health Service (IHS) will only provide service from any new facilities installed by the IHS to within five feet from the home. The Homeowner is responsible for all plumbing within the home.



PART II

TRIBAL ENDORSEMENT

Please Submit this section to:

Confederated Tribes of Siletz Indians
Siletz Tribal Housing Department
PO Box 549
Siletz, OR 97380
Robert Smith
Development and Modernization
Coordinator

(541)-444-8318

TO BE COMPLETED BY SILETZ TRIBE PERSONNEL ONLY

Tribal Eligibility and Endorsement:

This application, together with the required attachments, has been reviewed by the Tribal Chairman. All applicable zoning regulations have been met and the land status information is found to be current. The applicant is considered eligible and is hereby recommended for services.

Applicant approved for services by:

Siletz Tribal Chairman

Date

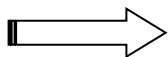


Part III

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

- A. _____ I understand that this is a process. Water and sewer can take up to four months and in some cases beyond from completion of application to beginning construction.
(Initials)
- B. _____ To allow IHS or its authorized representatives to enter upon my property to evaluate the site and to construct or inspect facilities requested in this application.
(Initials)
- C. _____ To obtain all easements and permits necessary for the requested sanitation facilities.
(Initials)
- D. _____ To accept ownership upon completion of the requested sanitation facilities and to operate and maintain them in a satisfactory manner.
(Initials)
- E. _____ To assume responsibility for minor site cleanup (e.g., settlement around installed facilities) after the system installation is complete and equipment has been removed from the site.
(Initials)
- F. _____ I have communicated with IHS if I've been served with sanitation facilities in the past.
(Initials)
- G. _____ IHS has a funding cost cap per homesite. Service is contingent on available funding.
(Initials)
- H. _____ I have read the Project Participant Information Packet that was provided with my IHS application.
(Initials)

I certify that all of the answers given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith.



Signature of Applicant

Date

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

RETURN APPLICATION TO: INDIAN HEALTH SERVICE, OEH&E
WESTERN OREGON DISTRICT OFFICE
1414 NW NORTHRUP ST. SUITE 800
PORTLAND, OR 97209
TELEPHONE: (503) 414-7777

Application Received: _____
OEH&E Representative (Date)



APPLICATION SUPPLEMENT FORM

This page to accompany application for replacement of existing facilities. IHS requests the status of existing water and sewer facilities. Replacement of well pumps, pressure tanks and components are considered homeowner maintenance and are not eligible. IHS has no funding for routine pumping for septic tanks.

Applicant: _____

Address: _____

City: _____

State & zip: _____

SEPTIC TANK PUMPING REPORT & PUMPING HISTORY

Note: Inspection is to be performed and this section is to be completed by a licensed septic tank pumper/ waste pumper/ waste hauler.

The septic tank at the above address was pumped on (date): _____

My evaluation of the septic tank and drainfiled is: _____

Company & License No: _____

Signed: _____

WELL AND PRESSURE SYSTEM REPORT

Note: Inspection is to be performed and this section is to be completed by a licensed pump installer.

The water system at the above address was inspected on (date): _____

My evaluation of the well, pump and pressure system is: _____

Company and License No: _____

Signed: _____