

Application for Individual Site Sanitation Facilities
Portland Area Indian Health Service

PART 1 - HOMEOWNER

1. Name: _____
(Tribal Member)
2. Telephone: Home _____
Work/Message _____
3. Site/House Address: _____

4. Current Mailing Address: _____

5. Directions to, or location of, home/site to be served: _____

6. Home Information: NEW No. yrs. at present location? _____. Age of house _____ yrs.
House existing _____ or proposed _____? (check one)
Type: Wood _____ Frame _____ Masonry _____ Mobile Home _____ Manufactured Home _____ Other _____
7. Number of Bedrooms: _____ Number of Bathrooms: _____ Number of: bathtubs _____ showers _____
8. Plumbing Fixtures (No. in use): Sinks _____ Toilets _____ Washer _____ Garbage Disposal _____ Dish Washer _____
9. Names & Ages of Occupants: _____
10. Home will be: Primary _____ Secondary _____
11. Mobile/Manufactured Homes ONLY: Home on Site? Yes _____ No _____ (If not, attach Bill of Sale)
12. If mobile/manufactured home is to be purchased, when will it be moved on-site? _____
(Date)
13. Electric Power available at site? Yes _____ No _____
14. Existing Water and Sewage Facilities at site:
Well _____ Water Pressure System _____ Community water service _____
Septic Tank _____ Drainfield/Pit _____ Community sewer service _____
15. Facilities requested: Well _____ Water Pressure System _____ Septic Tank and Drainfield _____
Community Water Service Connection _____ Community Sewer Service Connection _____
16. Reason for requesting service: Service to new home _____ Service to rehabilitated home _____
Replacement of failed facilities _____
17. Land Status:
Legal Description: Township _____ Range _____ Section _____ $\frac{1}{4}$ of _____ $\frac{1}{4}$ of _____ $\frac{1}{4}$ of _____
Tax Lot No. _____ Tax Acct. No: _____ Deed is: Trust _____ Non-Trust _____ Other _____
Allotment or parcel number(s): _____
If leased, length of lease: _____ yrs. (10-year minimum required)

(PLEASE ATTACH COPY OF DEED, LEASE, OR OTHER DOCUMENTATION SHOWING YOUR OWNERSHIP OR CONTROL OF THE PROPERTY.
ALSO PLEASE INCLUDE A TAX LOT PLAT OF THE PROPERTY, AVAILABLE FROM THE COUNTY ASSESSOR'S OFFICE)

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 requested 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 and my home site meet IHS qualification requirements.

Signature of Tribal Member

Date

PART 2 - TRIBE

18. Tribal Eligibility and Endorsement:

This application has been reviewed by the *Confederated Tribes of Warm Springs*.

The applicant is considered eligible and is hereby recommended for services.

19. The Tribe appoints *Travis Wells, GM – Public Utilities Branch* as liaison to coordinate Tribal participation in serving this applicant.

Recommended by: _____

(Tribal Chairperson or Designee)

Date

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.

PART 3 - INDIAN HEALTH SERVICE

Application Received:

By: _____

Div. of Sanitation Facilities Construction

Date