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 the Warm Springs Indian Tribe verification needs to be signed off by the Tribal Chairman or Authorizing Official at the:

Confederated Tribes of the Warm Springs Indian Reservation
Public Utilities Branch
1233 Veterans St PO Box C
Warm Springs, OR 97761 (541) 553-3452

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.
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  □ 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/Manufatured

□ 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:

Owner: __________________

Acres owned: _________

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:**

Make comments regarding the condition of facilities.

- □ Well ➔
- □ Water Pressure System ➔
- □ Septic Tank ➔
- □ Drainfield System ➔
- □ Community Water Service ➔
- □ 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.
IMPORTANT!!! Please provide a sketch of your homesite. IMPORTANT !!!
Include the following attributes: Property boundaries; House; Outbuildings; Large immobile objects (playsets, old autos, debris pile, etc.); Environmental features (large trees; ponds; canals, etc.); Existing facilities (well, pressure system, septic tank, drainfield, water/sewer stub-outs, etc.)
PART II

TRIBAL ENDORSEMENT

Please Submit this section to: Warm Springs Public Utilities Branch (541)-553-3452
1233 Veterans St PO Box C
Warm Springs, OR 97761
Travis Wells, General Manager

TO BE COMPLETED BY WARM SPRINGS 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: ________________________

Warm Springs 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.

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.

C.______ To obtain all easements and permits necessary for the requested sanitation facilities.

D.______ To accept ownership upon completion of the requested sanitation facilities and to operate and maintain them in a satisfactory manner.

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.

F.______ I have communicated with IHS if I’ve been served with sanitation facilities in the past.

G.______ IHS has a funding cost cap per homesite. Service is contingent on available funding.

H.______ I have read the Project Participant Information Packet that was provided with my IHS application.

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 NORTHUP ST. SUITE 800
PORTLAND, OR 97209
TELEPHONE: (503) 414-7777

Application Received: ______________________________________________________

OEH&E Representative    (Date)

Revised Jan. 2020
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 drainfield 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:_________________________________________________