

# 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 Realty)
- 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.



APPLICATION  
FOR  
INDIVIDUAL SITE SANITATION FACILITIES

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PORTLAND AREA INDIAN HEALTH  
SERVICE

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**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:**

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:  
(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:**

Warm Springs Public Utilities Branch  
1233 Veterans St PO Box C  
Warm Springs, OR 97761  
Travis Wells, General Manager

(541)-553-3452

**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

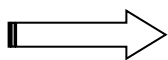


**Part III**

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.  
*(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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_