

**Application for Individual Site Sanitation Facilities- Trust Property  
Confederated Tribes of the Umatilla Indian Reservation**

**Part I- Homeowner**

Property Owner: \_\_\_\_\_

Applicant (if different from owner): \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Site Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tribe: \_\_\_\_\_ Enrollment # \_\_\_\_\_

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**Part II – Property Information**

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Allotment: \_\_\_\_\_

Size: \_\_\_\_\_ Zone: \_\_\_\_\_ Subdivision/PUD (if applicable): \_\_\_\_\_

Own: \_\_\_\_ Lease: \_\_\_\_ If Lease, from whom: \_\_\_\_\_ Term(yrs): \_\_\_\_\_

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**Part III – Application For:** (check all that apply)

Permit

- Site Evaluation
- Permit to Construct
- Permit to Repair
- Permit for alteration
- Existing System Evaluation
- Plan Review
- Other (Specify) \_\_\_\_\_

Authorization Notice

- Connect to an existing System
  - Replace a home with another
  - Addition of one or more bedrooms/bathrooms
  - Personal Hardship
  - Temporary Housing
  - Other (specify) \_\_\_\_\_
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**Part IV – Basic Home Info:**

New Home: \_\_\_\_ Existing Home: \_\_\_\_ > Number of years at existing home: \_\_\_\_\_

Single Family Residence: Yes \_\_\_\_ No \_\_\_\_ (if no specify) \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Public Water Supply: \_\_\_\_ Private Water Supply: \_\_\_\_ >well permit number: \_\_\_\_\_

Dwelling Type: Wood Frame: \_\_\_\_ Masonry: \_\_\_\_ Manufactured: \_\_\_\_\_

Other: \_\_\_\_\_

Number of Plumbing Fixtures: Sink: \_\_\_\_\_ Toilet: \_\_\_\_\_ Bathtub/shower: \_\_\_\_\_

Garbage Disposal: \_\_\_\_\_ Dishwasher: \_\_\_\_\_ Washer: \_\_\_\_\_

Home use is: Primary (year round) Yes: \_\_\_\_ No: \_\_\_\_\_

Name and age of occupants:

_____	_____
_____	_____
_____	_____
_____	_____

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**Part V: Facilities**

Facilities Existing:

- \_\_\_\_\_ Well
- \_\_\_\_\_ Water Pressure System
- \_\_\_\_\_ Community Water Service
- \_\_\_\_\_ Electrical Power at Site
- \_\_\_\_\_ Septic Tank
- \_\_\_\_\_ Drain field

Facilities Requested:

- \_\_\_\_\_ Well
- \_\_\_\_\_ Water Pressure System
- \_\_\_\_\_ Community Water Service
- \_\_\_\_\_ Septic Tank
- \_\_\_\_\_ Drain field
- \_\_\_\_\_ Community Sewer Service

Reason for requesting services

- \_\_\_\_\_ Service to a new existing home
- \_\_\_\_\_ Service to an existing home
- \_\_\_\_\_ Replacement to an existing home site
- \_\_\_\_\_ Technical assistance

Has Indian Health Services (IHS) previously provided water and sewer facilities for the applicant? Yes \_\_\_\_ No \_\_\_\_ If yes, year facilities were installed: \_\_\_\_\_

What facilities were installed? \_\_\_\_\_

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1. I hereby certify that the information in this application is true and accurate to the best of my knowledge.
  2. I hereby agree to allow IHS, CTUIR or its authorized representatives to enter upon my property to evaluate the site and to inspect the facilities requested in this application.
  3. To obtain all easements and permits necessary for the requested sanitation facilities.
  4. To accept ownership upon completion of the requested sanitation facilities, and to operate and maintain them in a satisfactory manner.
  5. I understand that these facilities will be provided if funding is available and if this application meets IHS qualification.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I am the (circle one): Owner / Owner's authorized representative (If authorized representative please attach letter signed by owner)

Applicant is responsible for obtaining signatures from BIA, Yellowhawk & Water Resources

**Land Status Certification** (To be completed by BIA Realty Office):

Legal Description: \_\_\_\_ 1/4 \_\_\_\_ 1/4 \_\_\_\_ 1/4 of Section: \_\_\_\_ Township: \_\_\_\_ Range: \_\_\_\_

Allotment Number: \_\_\_\_\_ Owner(s): \_\_\_\_\_

The applicant's land status as described is hereby certified by:

\_\_\_\_\_  
BIA Realty Officer Date

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**Yellowhawk Tribal Health Center Review:**

Applicant is eligible for: Direct Care \_\_\_\_ Contract Care \_\_\_\_ Non- eligible \_\_\_\_

Tribal Affiliation: \_\_\_\_\_

\_\_\_\_\_  
YTHC Authorizing Official Date

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**CTUIR Water Resources Review** (only applicable if applying for well facilities):

Well permit number: \_\_\_\_\_ Is the site suitable for a domestic well? Yes \_\_\_\_ No \_\_\_\_

Nearest well dept \_\_\_\_ (ft) gallons/minute \_\_\_\_ month and year drilled \_\_\_\_

\_\_\_\_\_  
Water Resources Authorizing Official Date

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**Tribal Eligibility and Endorsement:**

This application has been reviewed by the Confederated Tribes of the Umatilla Indian Reservation. The application is considered eligible and hereby recommended for services.

\_\_\_\_\_  
Environmental Health Officer Date

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**Tribal Land Use Status:**

Zoning Designation \_\_\_\_\_

Is the property a legal lot of record? Yes \_\_\_\_ No \_\_\_\_

Is the proposed site in within the 100 year Flood plain? Yes \_\_\_\_ No \_\_\_\_

Is the Proposed housing site is in conformance with the CTUIR Land Development Code? Yes \_\_\_\_ No \_\_\_\_

Is the proposed site acceptable for housing? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Tribal Planning Official Date

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Application Received:

\_\_\_\_\_  
Yakima Sanitation Facilities Construction Section Date