

# 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 Loan approval from lending institution in the applicant's name.
- ❑ Copy of deed or lease of land in the applicant's name. (Trust owner's can get from BIA or Realty)  
Applicant must provide acres owned (minimum of 1 acre or more to qualify)
- ❑ Fill out entire OEH&E application

Applicant is responsible for obtaining signatures from BIA Realty, Yellowhawk Tribal Health Center and CTUIR Water Resources (Only applicable if applying for water well facilities)

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

- OEH&E and CTUIR, Environmental Health Officer 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 site is approved you will be assigned to a IHS project to secure funding.

Points to consider:

- The facilities requested must be beyond normal homeowner maintenance. IHS does not replace individual water well pumps and pump existing septic tanks. These are considered homeowner maintenance.
- This is an application process; therefore your application will be reviewed and processed accordingly.
- A participant **may** be eligible while the site **may not** qualify.
- IHS has a cost cap per homesite. The requested facilities are dependent on funding availability.
- Most importantly... Water and/or sewer services can take up to three months, and in some cases beyond from completion of application to end of construction.

## **Portland Area Indian Health Services**

### **Scattered Site Construction Cost Agreement**

1. The cost of each constructed facility will be assessed for sufficient funding to proceed to the next requested facility. If funding is near the IHS cost cap no other facilities may be installed due to the inability to construct a complete and operational facility.
2. I acknowledge that the Indian Health Services (IHS) has a \$24,000 per site cost cap for installing sanitation facilities. IHS estimates that the cost to provide facilities for my site may be in excess of \$24,000. I am aware that I am responsible to complete sanitation facilities at my expense after IHS one-time cost cap is exhausted.
3. Upon request IHS can provide an estimate of the proposed facilities. The estimate can be provided to your lending institution for securing additional funding to complete sanitation facilities.

The terms of the Scattered Site Construction Cost Agreement have been explained to me as indicated by my signature below.

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Homeowner Print & Sign

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Date

# APPLICATION SUPPLEMENT

**This page to accompany application for replacement of existing facilities.**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State & zip: \_\_\_\_\_

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## SEPTIC TANK PUMPING REPORT (If requesting new septic and drainfield)

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: \_\_\_\_\_

Signed: \_\_\_\_\_

Company: \_\_\_\_\_

License No: \_\_\_\_\_

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## WELL AND PRESSURE SYSTEM REPORT (If requesting new well)

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: \_\_\_\_\_

Signed: \_\_\_\_\_

Company: \_\_\_\_\_

License No: \_\_\_\_\_