

APPLICATION FOR SANITATION FACILITIES

ID No. _____

U.S. Public Health Service – Indian Health Service
Office of Environmental Health and Engineering
Division of Sanitation Facilities Construction

Please Complete All Items (incomplete applications cannot be processed)

Mail to:

Caddo Nation EPA
PO Box 487
Binger, Oklahoma 73009

GENERAL INFORMATION:

Name: _____ (Maiden): _____

Mailing Address: _____
Box or Street City State Zip

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax Phone: _____

Email: _____ Email #2: _____

TRIBE: _____ **Enrollment #:** _____ (attach copy of CDIB)

LOCATION OF HOMESITE TO BE SERVED:

Address: _____

City, State, ZIP: _____

County: _____ Section: _____ Township: _____ N S Range: _____ W E

Directions to Site: _____

STATUS OF LAND OWNERSHIP (check only one):

- _____ Own (attach copy of recorded deed)
- _____ Buying (attach copy of recorded warranty deed)
- _____ Lease (attach copy of notarized lease agreement; land must be Indian owned)
- _____ Heirship (attach statement of status)
- _____ Other (Explain): _____

HOME INFORMATION (check only one):

- _____ Mobile Home (must be on property & fully skirted, with wheels & tongue removed)
Date mobile home moved or scheduled to be moved on site: _____
- _____ HIP Renovated Home (BIA Home Improvement Program)
- _____ New Home (built within the past year)
- _____ Existing or Like New Home (home will need to be inspected & verified to be occupiable for minimum 20 years)
- _____ Other (Explain): _____

Application for Sanitation Facilities

**Note: Coordinate with OEH Office before constructing or placing the home on-site.
DHUD homes under housing authority or NAHASDA management are not eligible.**

Size of Lot: _____ acres **OR** _____ feet by _____ feet (attach copy of plat map if available)

Have you received prior OEH assistance? _____ Yes _____ No

If yes, what facilities were provided? _____

Is the home considered your primary residence? _____ Yes _____ No

Does the home have indoor plumbing? _____ Yes _____ No

Does the home have electricity? _____ Yes _____ No _____

Is 220V electricity available? _____ Yes _____ No Utility Company

What type of insulation does the home have? _____

How many bedrooms does the home have? _____

How many people live in the home? _____

What type of water supply does the home have? (well, community water, etc.) _____

Describe any problems with water supply: _____

What type of sewage disposal does the home have? (septic tank & drainfield, city sewer, etc.) _____

Describe any problems with sewage disposal: _____

SERVICE(S) REQUIRED (check required facilities):

_____ Well _____ Septic Tank _____ Drainfield or Lagoon

_____ Community Water Name of Systems/Community: _____

_____ Community Sewer Name of Systems/Community: _____

_____ Plumbing (Explain): _____

_____ Other (Explain): _____

HOMEOWNERS RESPONSIBILITIES:

1. The homeowner consents to obtain and provide copies of all easements necessary for construction, operation, and maintenance of required facilities to the Indian Health Service prior to construction.
2. The homeowner grants permission for the Indian Health Service and its representatives to enter upon or across lands of the homeowners for the purpose of carrying out the project.
3. The homeowners will assume responsibility for minor site clean-up (settlement around installed facilities) after the system installation is complete and equipment has been removed from the site.
4. The homeowner will assume responsibility for the maintenance and repair of the installed facilities after the one-year warranty has expired, so as to keep them in effective operating condition.

Application for Sanitation Facilities

APPLICANT CERTIFICATION (read carefully before signing and dating in ink)

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. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

Applicant's Signature

Date

PRIVACY ACT STATEMENT (read carefully before signing and dating in ink)

The privacy act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority (whether granted by statute or by executive order) which authorizes the solicitation of the information and whether the disclosure of such information is mandatory or voluntary;
- B. The principle purpose(s) for which the information is intended to be used;
- C. The routine uses which may be made of the information, as published pursuant to CFR 25, Chapter I, Subchapter X, Part 261;
- D. The effects on him or her, if any, not providing all or any part of the requested information.

The Indian Health Service Sanitation Facilities Construction Program operates under the general authority of P.L. 86-121. In accordance with the accountability required for the administration of the fund appropriated for the program and in order to provide services to recipients and to determine eligibility, certain information is required of applicants. The attached forms solicit the required information. The disclosure of such information on the part of the applicant is voluntary. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintain this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining sanitation facilities under this program.

I have read the above statement and agree to provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

Applicant's Signature

Date