

APPLICATION FOR SANITATION FACILITIES

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RESERVATION:	DISTRICT/COMMUNITY:
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APPLICANT/HOMEOWNER NAME (please print):	Date:
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PHYSICAL ADDRESS FOR SERVICES REQUESTED: _____

ON RESERVATION OFF RESERVATION

CITY:	COUNTY:	STATE:	ZIP:
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CURRENT MAILING ADDRESS: <input type="checkbox"/> SAME AS PHYSICAL	CITY:	STATE:	ZIP:
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CELL OR HOME PHONE:	WORK PHONE:
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EMAIL (email will only be used to correspond with you regarding your application and proposed facilities): _____

SERVICES REQUESTED:

WATER: NEW SERVICE OR RENOVATION/REPAIR

SEWER: NEW SERVICE OR RENOVATION/REPAIR

HAVE YOU EVER RECEIVED WATER OR SEWER FACILITIES FROM IHS? YES NO

IF YES, WHAT YEAR DID YOU RECEIVED THE WATER AND/OR SEWER FACILITIES? _____

HAS THE SITE BEEN SERVED BY THE INDIAN HEALTH SERVICE BEFORE? YES NO

IF YES, SERVED UNDER WHOSE NAME? _____

HOME/SITE INFORMATION:

WHAT IS THE LAND STATUS OF YOUR HOME SITE? TAXABLE/FEE LAND OR TRUST/TRIBAL LAND LAKESHORE

WHAT IS THE ACREAGE OF YOUR HOME SITE? _____ (A minimum of 1.25 acres of property is required for new septic systems)

WHAT YEAR WAS YOUR HOME BUILT?: _____ WHEN WAS YOUR HOME WAS PURCHASED (MM/YY)?: _____

WHAT IS YOUR OWNERSHIP STATUS OF THE HOME? OWN RENT/LEASE

IF OWNED, IS THE LOAN: CONVENTIONAL HUD OTHER: _____

IS THIS YOUR PRIMARY RESIDENCE? YES NO

DO YOU CURRENTLY RESIDE IN THE HOME? YES NO

IF NO, WHAT IS THE PROPOSED OCCUPANCY DATE? _____ (It is your responsibility to keep your local office updated on the status of your occupancy to remain on the priority list.)

WHAT IS THE HOUSE CONSTRUCTION TYPE? STICK BUILT MOBILE MODULAR OR MANUFACTURED

IF A MOBILE HOME, IS IT BLOCKED/LEVELED WITH SKIRTING? YES NO

WHAT TYPE OF FOUNDATION DOES THE HOME HAVE? BASEMENT SLAB CRAWL SPACE

DOES THE HOME HAVE ELECTRICAL SERVICE? YES NO, WHEN WILL IT? _____

DOES THE HOME HAVE PERMANENT HEATING? YES NO TYPE OF HEATING: _____

DOES THE HOME HAVE INTERIOR PLUMBING? YES NO

DOES THE HOME HAVE A DRAINTILE INSTALLED? YES NO DAYLIGHTS TO: _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ # OF PEOPLE IN THE HOME: _____

FOR EXISTING HOMES, HAS PLUMBING BEEN RENOVATED RECENTLY? YES NO

FOR EXISTING HOMES, HAVE ADDITIONAL ROOMS BE ADDED RECENTLY? YES NO # ADDED: _____

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INDIVIDUAL SEPTIC RENOVATION:

NA

ARE DRAWINGS OR PERMITS AVAILABLE FOR YOUR EXISTING SYSTEM?

YES

NO

PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR SEPTIC SYSTEM INCLUDING ANY PREVIOUS TROUBLE SHOOTING AND WORK:

INDIVIDUAL WELL RENOVATION:

NA

ARE WELL RECORDS AVAILABLE FOR YOUR EXISTING WELL?

YES

NO

IS THERE A WATER SOFTENER OR OTHER WATER TREATMENT IN THE HOME?

YES

NO

PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR WELL INCLUDING ANY PREVIOUS TROUBLE SHOOTING AND WORK:

COMMUNITY SEWER SERVICE LINE RENOVATION:

NA

PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR SEWER SERVICE LINE INCLUDING ANY PREVIOUS TROUBLE SHOOTING AND WORK:

COMMUNITY WATER SERVICE LINE RENOVATION:

NA

PLEASE DESCRIBE THE CURRENT ISSUES WITH YOUR WATER SERVICE LINE INCLUDING ANY PREVIOUS TROUBLE SHOOTING AND WORK:

NOTE TO APPLICANT: PREVIOUS WORK CANNOT BE REIMBURSED BY IHS. THE WORK IS USED TO HELP IDENTIFY THE SOLUTIONS FOR REPAIR OF A FAILING OR FAILED SYSTEM.

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DRAW MAP OF HOME SITE BELOW:

PLEASE SHOW DISTANCES AND DIRECTIONS FROM NAMED PAVED ROADS AND A DESCRIPTION OF YOUR HOME INCLUDING COLOR AND SIZE (ie 2-bdrm, 2-story).

FOR OFFICE USE ONLY:

LAT/LONG: _____ TWNP/RNG/SEC: _____

ATTACHMENTS CHECKLIST:

- MAPS ATTACHED
- COPY OF LEASE/OWNERSHIP ATTACHED
- ENROLLMENT VERIFIED

DATE VERIFIED INITIALS

SITE CHECKLIST:

- BUILDINGS OLDER THAN 50 YRS ON SITE? _____
- ANY KNOWN ARCHEOLOGICAL CONCERNS AT THE SITE? _____
- HAS TRIBAL PERMITTING BEEN CLEARED? _____
- ARE THERE CONCERNS OF AN SSTS FITTING ON SITE? _____

TRIBAL REPRESENTATIVE SIGNATURE:

DATE:

INFORMATION ON THE INDIAN HEALTH SERVICE SANITATION FACILITIES CONSTRUCTION PROGRAM

INFORMATION FOR THE APPLICANT

Public law 86-121 allows Indian Health Service to assist members of Federally recognized Native Tribes in obtaining a potable drinking water supply and a safe means of disposing of waste water for their home use, provided that funds are available and that the homes meet basic standard of living requirements (well insulated, have electricity, indoor plumbing, etc.).

Applications received after July 1st, especially for those sites that require mound-type septic systems, may not be received in sufficient time to receive service in the same year requested and may be scheduled for the following construction season.

APPLICANT'S RESPONSIBILITIES AND CONDITIONS FOR SERVICE

(PLEASE READ CAREFULLY)

- 1 This is an application for service. The provision of sanitation facilities is dependent on Indian Health Service (IHS) site review, verification of home construction, improvements, type of system(s) required, and availability of funds.
2 Services cannot be provided without a completed and signed application for sanitation facilities form.
3 This application must be submitted to the Tribe associated with the service area that contains the homesite property. The Tribe will forward the application to IHS.
4 Applicant must include proof of a legal claim to the land with a copy of the land lease, deed, or property taxes.
5 The homesite must be the primary residence of the applicant.
6 Applicant agrees to grant access to the IHS, Tribe, and contractor(s) to enter onto the premises as needed to complete inspections and the construction of the proposed sanitation facilities.
7 Prior to the initial site visit from an IHS representative, the applicant must have property corners and the proposed house location staked out. Land Office (218) 335-7416 may assist you with staking if property is leased from the Tribe.
8 The home must meet current housing codes, be in sound condition with fully operable plumbing (including provisions against freezing in the winter, i.e. mobile homes must be skirted), and have 230v electrical power.
9 Under public law 86-121, IHS cannot own, operate, or maintain the installed sanitation facilities. All facilities will be transferred to the applicant when construction is completed and the applicant will be responsible for proper operation and maintenance. For connections to community facilities, the applicant's responsibility is mandated by the applicable utility authority. Applicant must provide proper operation and maintenance of installed facilities to ensure 1-year warranty coverage from the date of Final Inspection.
10 Well water quality will be tested for certain parameters to ensure that it does not pose a health threat in accordance with applicable codes and ordinances. Do not drink or cook with well water until a copy of the Drinking Water Notice and your water quality results have been provided to you. In the event that the water quality is found to pose a health risk, the applicant may be eligible for a water treatment system to be installed to provide a safe water source.
11 Applicant is responsible for any construction costs that exceed the IHS cost cap. If costs are anticipated to exceed the current IHS cost cap, IHS will consult with the applicant and Tribe prior to construction start.
2022 HPS Cost Caps: Water & Sewer Services - \$57,472.50 Water or Sewer Services - \$39,500.00
12 IHS will provide written approval to the Tribe for construction to proceed once the environmental review is completed, all appropriate permits are obtained, and the availability of project funding is verified. Any work completed prior to the IHS written approval will not be reimbursed.
13 This office will keep your application on file and active for 24 months. If the homesite is not ready for construction after 24 months, the applicant will need to reapply for services. The applicant is responsible for keeping Leech Lake Well & Septic office updated on the progress and construction status of the homesite.

It is strongly recommended that development of new sites not occur until availability of water and sewer service has been determined. It is further recommended that occupancy of new homes not occur prior to receipt of sanitation facilities.

I understand the applicant's responsibilities and conditions for service as described, and I agree to the IHS verifying information provided on this application.

Table with 2 columns: Signature/Date and Date. Rows for APPLICANT SIGNATURE, TRIBAL REPRESENTATIVE SIGNATURE.

NOTE TO APPLICANT: FOR FURTHER REQUIREMENTS REGARDING HOMEOWNER AND HOME ELIGIBILITY, THE IHS 2003 DIVISION OF SANITATION FACILITIES CONSTRUCTION CRITERIA DOCUMENT IS AVAILABLE ONLINE AT https://www.ihs.gov/dsfc/resources/