DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Miami OEH&E
R2301 E. Steve Owens Blvd
Miami, OK 74354
918-399-5186

Before you fill out application, please take time to read this letter

Dear Applicant,

Under the authority of Public Law 86-121, the Indian Health Service (IHS), Office of Environmental Health & Engineering (OEH&E) assists Indian families with construction of sanitation facilities, which include water supply and sewage disposal.

Your completed application and supporting documents will allow our office to evaluate your eligibility for assistance and in determining the type of project you may qualify for.

General Eligibility:

- You must be a member of a federally recognized Indian Tribe, band or group.
- The person owning the property must possess a CDIB card. If you are renting, then you must obtain a notarized lease agreement (minimum 5 years) and a copy of the landowner's CDIB and deed/title.

Other Requirements:

- **Proof of Indian Ancestry:** A Copy of Certificate of Degree of Indian Blood (CDIB)
- **Land Status:** A Copy of Deed, Title, notarized lease agreement, Will, BIA Letter, etc
- **Mobile Homes:** Must be permanently placed on site, blocked, leveled, tied down, skirted, and tongue removed.
- **Access to Site:** A key must be provided to allow access to property.

Homes, which received service, will be covered by a 12-month warranty, from the date of installation, on materials and workmanship. After such time, all repairs are the responsibility of the homeowner. The IHS will do a gross clean-up of excavation while equipment is on-site. Minor clean-up of the site is the homeowner's responsibility.

The time needed to plan and construct sanitation facilities is variable and depends on the current workload, project funds, and site conditions. All applicants should be prepared to wait 3 to 6 months from the notification of a complete application received to installation of facilities if project funds are available. Under some circumstances, it may take a year or longer to receive services.

For further information or assistance, please contact Erik Somers, Construction Inspector at 918-399-5186.

Sincerely,

Ted Schlueter, P.E.
Miami Field Engineer
918-759-8573

Why does it take so long to get Water and Sewer Facilities?

The construction project process involves the following sequential steps:

1. Obtain completed applications and all supporting documents & review for accuracy: (CDIB, Deed, Lease Agreement, Easements, etc)
   [1 week]

2. Conduct site assessments, design facilities, and estimate costs.
   [3 to 6 weeks]

3. Completed internal forms and secure signatures (Tribal Officials, Project Engineer, IHS Area Office)
   [2 weeks to 3 weeks]

4. Initiate the bid process and procure funds from the Area Office in OKC.
   [4 to 6 weeks]

5. Obtain permits and authorizations from other parties: water districts, municipalities, county commissioners, archaeological studies, Tribal, State, and/or Federal Offices.
   [if needed this process can take several months]

6. Schedule construction with contractors and suppliers.
   [1 week]

7. Install facilities.
   [1 to 8 weeks]

Total process time from receiving a COMPLETE application to installation of facilities typically takes 3 to 6 months. In special situations including water line extensions, the process may take a year or longer.

APPLICATION FOR SANITATION FACILITIES **SR 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: Erik Somers
Construction Inspector
Indian Health Service
Miami OEH&E
P.O. Box 510
Miami, Oklahoma 74355-0510

I. GENERAL INFORMATION

NAME: _____(Maiden): _____

MAILING ADDRESS: _____
Box or Street City State Zip Code

Home Phone:_____ Business Phone: _____

Cell Phone : _____ Fax Phone: _____

Email: _____ Email #2: _____

Enrollment # _____

TRIBE: _____(attach copy of Certificate of Degree of Indian Blood)

II. LOCATION OF HOMESITE TO BE SERVED

ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY: _____

SECTION:____TOWNSHIP:_____ N S RANGE:_____ W E - or –

SUBDIVISION:_____ LOT(S)_____ BLOCK_____

DIRECTIONS TO SITE: _____

_____

_____

III. STATUS OF LAND OWNERSHIP (check one only)

_____ 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: _____

IV. HOME INFORMATION (check one only)

_____ MOBILE HOME (must be on property and fully skirted, with wheels and 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/LIKE NEW HOME

(Home will need to be inspected and verified to be occupiable for minimum 20 years)

_____ OTHER, Explain: _____

Notes: 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 (*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 _____
Utility Company

IS 220V ELECTRICITY AVAILABLE? _____ Yes _____ No

WHAT TYPE OF HEATING DOES THE HOME HAVE? _____

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 NOW HAVE? (e.g., well, community water, etc.) _____

DESCRIBE ANY PROBLEMS WITH WATER SUPPLY: _____

_____

WHAT TYPE OF SEWAGE DISPOSAL DOES THE HOME NOW HAVE? (e.g. septic tank and drainfield, city sewer, etc.) _____

DESCRIBE ANY PROBLEMS WITH SEWAGE DISPOSAL: _____

_____

V. SERVICES REQUIRED (check required facilities)

_____ WELL _____ SEPTIC TANK _____ DRAINFIELD OR LAGOON

_____ COMMUNITY WATER Name of System/Community: _____

_____ COMMUNITY SEWER Name of System/Community: _____

_____ PLUMBING Explain: _____

_____ OTHER Explain: _____

VI. HOMEOWNER RESPONSIBILITIES

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.

The homeowner grants permission for the Indian Health Service and its representatives to enter upon or across lands of the homeowner for the purpose of carrying out the project.

The homeowner will assume responsibility for minor site clean-up (e.g., settlement around installed facilities) after the system installation is complete and equipment has been removed from the site.

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.

VII. 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

VIII. 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 or purposes 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, of 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 funds 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 maintaining 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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

INDIVIDUAL AGREEMENT

SR#_____

Between Head of Household and U.S. Public Health Service
Under Public Law 86-121

Head of Household:

I hereby authorize the Indian Health Service and its representatives to enter upon and across my property for the purpose of evaluation the sanitation facilities needs of my home, to perform test to determine the feasibility; to provide adequate and safe sanitation facilities, and to construct and/or install sanitation facilities to serve my home.

I understand that the Indian Health Service will warrant the provided faculties for a period of 12 months commencing on the date of completion of the construction/installation of those facilities as noted on the work orders, contractor payment invoices, and/or Indian Health Service inspector's notes. Warranty will cover failure of the systems or components due to normal, fare ware and tear and do not cover failure as a result of negligence, lack of preventive maintenance, abuse or acts of nature.

I hereby agree to accept upon completion of installation the following described facilities to be installed on the premise located herein on land occupied by me. I also agree to operate, maintain and keep the facilities in good repair at my own expense.

***Participant may be required to perform minor landscaping on site after completion of construction.**

Facilities:

_____
_____
_____
_____
_____
_____

Premise Location:

_____

_____	_____	_____
(Date)	(Head of Household- Printed)	(Signature of Head of Household)

I certify that the above described facilities have been installed.

_____	_____
(Date)	(Signature of Construction Inspector)

Distribution: Original Homeowner File
xc. Homeowner