

Application for Sanitation Facilities

Doc ID: QF 009

Issue Date: 12/12/16

Revision Date: 12/12/16

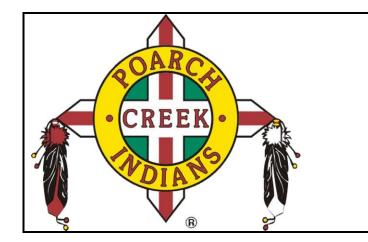
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POARCH BAND of CREEK INDIANS NASHVILLE AREA INDIAN HEALTH SERVICE (Public law 86-121)



TO MEALTH SEE	APPLICATION FOR SANITATION FACILITIES	27
APPLICANT NAME:	TRIBAL AFFILIATION: TRIBAL ROLL NO:	
	TRIBAL AFFILIATION: TRIBAL ROLL NO:	
	HOME PHONE:	_
	WORK PHONE:	 _
	CELL PHONE:	 _
	EMAIL ADDRESS:	
FACILITIES LOCATION ADDRESS: _		
_		
_		



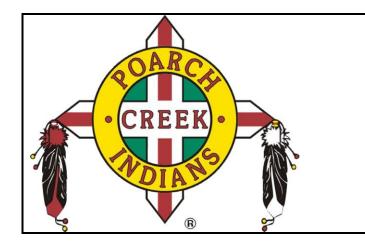
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SERVICES REQUESTED:
WATER: NEW SERVICE [] RENOVATION [] WASTEWATER: NEW SERVICE [] RENOVATION []
Has IHS or other Federal Agency provided sanitation facilities to this homesite before? YES [] NO [] If yes, during which year? If yes, under what Applicant name?
Has IHS or other Federal Agency provided sanitation facilities to this Applicant before? YES [] NO [] If yes, during which year? If yes, at what homesite address?



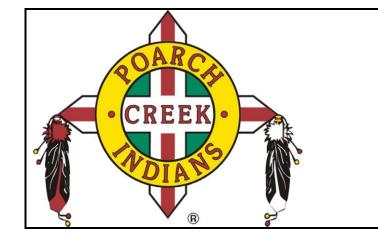
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HOME INFORMATION:			
The proposed homesite is on: TRUST LAND [] FEE PATENT LAND []			
The property is: OWNED[] LEASED[] RENTED[] AN ALLOTMENT[]			
Within the property boundaries, there are the following underground utilities (complete attached site drawing):			
None[]; Electrical Lines[]; Gas Lines[]; Water Lines[]; Sewer L	ines[]; Other		
Structure type is: MOBILE HOME [] WOOD FRAME [] OTHER			
Approximate year structure was built or moved to the site:			
Is the house currently occupied? YES[] NO[]			
If yes, since when? MONTH	YEAR YEAR		
Number of bedrooms Number of bathrooms	Number of occupants		
Ages of occupants?,,,,,, any special conditions regarding occupants? (Health problems, disabilities, elderly, etc			
Does the house have electric service: YES [] NO [] If no, when will electric service be provided? MONTH	YEAR		
EXISTING FACILITIES: WELL[] SEPTIC SYSTEM[] COMMUNIT	Y WATER [] COMMUNITY SEWER []		
Describe any problems you are having with existing facilities. If you have a well or septic tank provide specifics of when installed, who installed, well depth and date of last septic tank pump-out:			
Do you know of any archeological / historical sites on the property? YE (If yes show on site drawing)	ES[] NO[]		



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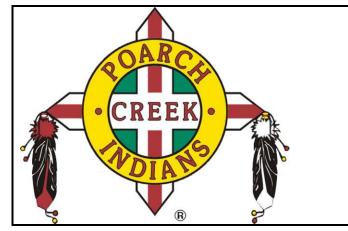
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APPLICANT COMMENTS:		
TRIBAL COORDINATOR COMMENTS:		
IHS: Date Application Received:	_ Date Tribe Signed:	_ Date of Site Review:

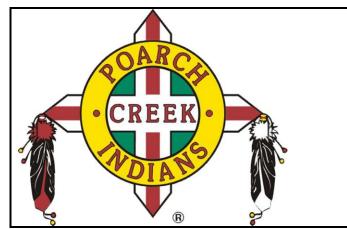


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DRAW MAP HERE OR ATTACH MAP FROM THE INTERNET				
Please provide a map showing applicable highways and roads as well as pertinent landmarks that will assist IHS personnel in finding your homesite. Written instructions, if deemed necessary, are encouraged as well.				
	3 , 1 1 1 1			,,
County:	Section:	Township:	Range:	Assessor's Parcel No.

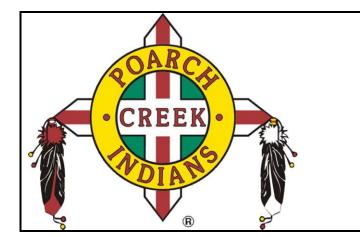


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SITE DRAWING			
Please show rough locations of property corners, proposed or existing house location, proposed or existing access road/driveway, buried utilities (gas, electric, water, sewer, etc.), etc.			



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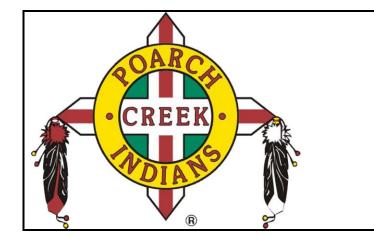
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APPLICANT'S RESPONSIBLITIES: READ CAREFULLY, THIS IS A LEGAL DOCUMENT.

- 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, and availability of funds.
- 2. No services can be provided without a completed and signed Application for Sanitation Facilities Form.
- Application must be given to the Tribe associated with the service area that contains the homesite property. The
 Tribe will forward the Application to IHS. Applicants without Tribal representation will forward the Application directly
 to the IHS.
- 4. Applicant must provide proof of a legal claim to the land (e.g., copy of allotment, lease, or deed) as part of this application. The homesite must be a primary residence of the Applicant. No services can be provided to other than primary residences.
- 5. An IHS representative will visit the homesite to determine site suitability. Prior to this visit, the Applicant must locate property corners, underground utilities, and the proposed house location (new homes). See Site Drawing.
- 6. By way of the Applicant's signature, IHS representatives are granted permission to enter upon the land for the purpose of carrying out the site approved work. This work may include, but is not limited to, digging soil test pits, conducting percolation tests, and drilling test wells. The Applicant agrees to waive all claims which may arise from such entry and testing except those claims which may be recognized under the General Tort Claims Act. If the Applicant is not the landowner, the landowner must co-sign this application.
- 7. It is important that the Applicant understand that under Public Law 86-121, IHS cannot own, operate, or maintain the Applicant's completed facilities. All construction facilities will be transferred to the Applicant when construction is completed. For community facilities, the Applicant's responsibility is for individual facilities such as water service lines from the house to the curb stop or meter and sewer service lines from the house to the property line.
- 8. The IHS does not provide inside plumbing. Plumbing must be inside the house with a protruding stub 5-foot beyond the foundation to connect to outside plumbing.

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 HOUSES NOT OCCUR PRIOR TO RECEIPT OF SANITATION FACILITIES.



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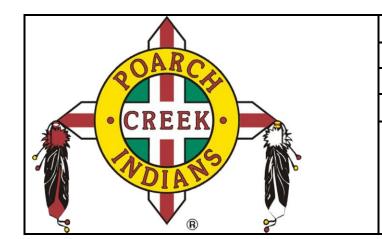
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_ANDOWNER (IF NOT APPLICANT):	DATE:	
APPLICANT:	DATE:	
TRIBAL REPRESENTATIVE:	DATE:	
APPLICANT: IN ORDER TO PROCESS THIS APLLICATION SUCE ENTIRETY OF THIS APPLICATION IS COMPLETE. INCOMPLETE FOLLOWED BY A REJECTION NOTICE. ONCE THIS APPLICATION THE TRIBAL REPRESENTATIVE MR. BARNIE WHITE.	E APPLICATION WILL BE SUBJECT	TO DISMISSA
Poarch Band of Creek Indians Attention: Mr. Barnie White, Environmental Health Specialist 5811 Jack Spring Rd. Atmore, AL. 36502 Wk: 251.368.9136 ext: 2316		
*********************Please Read Careful	lly**********	****
agree to operate, maintain, and keep the installed facili nitial installation. IHS will provide, upon my request, app maintenance of the installed facilities. I further agree that ransferred outside the family (listed on page 1) within a facilities, I will repay the U.S. Government (via Tribal Acc	propriate training in the proper of it if my ownership of property is 10 year period following install	peration and sold or ation of these alue of the



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COPY OF TRIBAL AFFILLATION & ROLL NO.



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APPLICANTS PROOF OF LEGAL CLAIM OF LAND (e.g., copy of allotment, lease, or deed)