

Dear Indian Health Service DSFC applicant,

Thank you for your interest in the Scattered Sites Program. Indian Health Service provides water and sewer services to eligible homes; we strive to meet the unique needs of each home we serve.

Cost Cap

If you are requesting both water and sewer services, please be aware that our program comes with a cost cap. Depending on the cost of the systems needed, we may only be able to provide you with one service.

Septic, Community Sewer, and/or Community Water Service

A complete application signed by you and the Tribe, and all required support documents are required to move forward. Support documents include, but are not limited to: your tribal ID, deed, purchase and sale agreement, and loan closure. Once all required documentation is received, we will conduct a site visit to your home to determine eligibility.

Well Service

If you are seeking a new well, you will need all required documents discussed above except for your loan closure. For this request we only require a home loan pre-approval. Once all required documentation is received, we will conduct a site visit to your home to determine eligibility.

Well drilling services can be unpredictable. If you are eligible, a test well will be drilled to determine if water can be reached and at what depth. If well drilling is successful, work will stop until you submit your final loan closure and the home is substantially complete. Next, depending on the well depth and the cost already expended to drill, I H S may approve funding to finish the new water system to serve your home.

Timeline

The process through I H S program typically takes four months from start to finish, but may take longer if any complications arise. Once all documents have been submitted, a preliminary site visit has been conducted, and you have been deemed eligible for services, we can move forward with designers and contractors depending on the services requested.

Home Construction

IHS will not install water or sewer services until the home is substantially complete, meaning plumbing and electricity have been installed and the home is protected from all of the elements. We are unable to provide temporary water or electricity during the construction of your home.

Thank you for reaching out, and please let me know if you have any questions.

Darcey Jones

IHS Program Manager

Office of Environmental Health & Engineering (OEHE)

Indian Health Service- Scattered Sites 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 deed or lease of land in the applicant's name. (Trust owners can get from BIA or Realty)
- Copy of Loan approval from lending institution in the applicant's name.
- Fill out entire OEH&E application, sign and return

Part II, Coquille Indian Tribe verification needs to be signed off by the Tribal Chairman or Authorizing Official at the:

Coquille Indian Tribe
2678 Mexeye Loop
Coos Bay, OR 97420
(541) 888-6501

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

- OEH&E 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 your homesite qualifies you will be notified in writing of the proposed service.

Points to consider:

- Replacement of well pumps, pressure tanks and components are considered homeowner maintenance and not eligible for IHS funding, including routine septic tank pumping.
- Homeowner is responsible for all permit fees that are not directly related to sanitation construction.
- A participant **may** be eligible while the site **may not** qualify. This is determined by a site visit.
- IHS has a cost cap per homesite. The requested facilities are dependent on funding availability. Facilities requested over \$35K may require a contribution from the applicant.
- Water and/or sewer services can take up to four months, and in some cases beyond from completion of application to end of construction.



APPLICATION
FOR
INDIVIDUAL SITE SANITATION FACILITIES

PORTLAND AREA INDIAN HEALTH
SERVICE





WESTERN OREGON DISTRICT OFFICE

**1414 NW Northrup St. Suite 800
Portland, OR 97209
503-414-7777**

PART I HOMEOWNER (PLEASE TYPE OR PRINT LEGIBLY WITH DARK INK)

Name and Age: _____ Tribe and Roll #: _____

Contact phone number: _____ E-mail Address: _____

Mailing Address: _____ Site Address: _____

County: _____

Directions to the home site to be served: _____

DESCRIPTION OF THE HOME TO BE SERVED:

Home is: Existing
(Check one) Proposed (new)

Years at location: _____
Number of Bedrooms: _____
Number of Bathrooms: _____
Number of Occupants: _____

Home type & Approximate year built: _____

(Check one) Wood/Stick Built Masonry/Brick Mobile/Manufactured

Other: _____

Condition of the Home:

(Check one) Excellent/New Good Fair Poor

Have you been previously served with sanitation facilities in the past, if so when? _____

Has the home been previously served with sanitation facilities in the past? If so, when? _____

Occupancy:

(Check one) Is the home to be served the primary home? (lived in year round) Yes No

Is the home currently on site? Yes No If "NO," date of delivery? _____

Is power available at the site? Yes No



Include with this application the following: Copy of Title, Bill of Sale, Contract for Purchase of home, and Boundary Survey

DESCRIPTION OF LAND & HOME OWNERSHIP

Land Ownership: Owned by Applicant → **Include copy of Deed with application**

Leased by Applicant → **Include copy of Lease with application**

Provide information below:

Owner: _____

Acres owned: _____

Years on Lease: _____

Legal Description: Township ____ Range ____ Section ____

Deed is: Trust with Allotment Number: _____

Non-Trust (Fee) with Parcel Number: _____

Home Ownership: Owned by Applicant →

Provide proof of ownership in applicant name

Leased by Applicant →

Provide long term lease in applicant name

DESCRIPTION OF SANITATION FACILITIES

**Existing Facilities at Site:
(Check all that apply)**

Make comments regarding the condition of facilities.

<input type="checkbox"/> Well →	
<input type="checkbox"/> Water Pressure System →	
<input type="checkbox"/> Septic Tank →	
<input type="checkbox"/> Drainfield System →	
<input type="checkbox"/> Community Water Service →	
<input type="checkbox"/> Community Sewer Service →	



**New Facilities Requested:
(check all that apply)**

- Well

- Water Pressure System

- Septic Tank & Drainfield System

- Community Water Service, if available

- Community Sewer Service, if available

**Reason for Requesting Service:
(Check only one)**

- Service to new home

- Service to rehabilitated home

- Replacement of failed facilities

Application Supplement Form - Must accompany application. Located at the back of this application.

The Indian Health Service (IHS) will only provide service from any new facilities installed by the IHS to within five feet from the home. The Homeowner is responsible for all plumbing within the home.



PART II

TRIBAL ENDORSEMENT

Please Submit this section to:

Coquille Indian Tribe
2678 Mexeye Loop
Coos Bay, OR 97420
Lyman Meade, Deputy Director
Coquille Indian Housing Authority

(541)-888-6501

TO BE COMPLETED BY COQUILLE TRIBE PERSONNEL ONLY

Tribal Eligibility and Endorsement:

This application, together with the required attachments, has been reviewed by the Tribal Chairman. All applicable zoning regulations have been met and the land status information is found to be current. The applicant is considered eligible and is hereby recommended for services.

Applicant approved for services by:

_____ Coquille Tribal Chairman

_____ Date

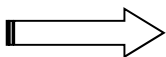


Part III

I understand that these facilities will be provided only if funding is available and if this application meets all IHS qualification requirements. I hereby understand and agree:

- A. _____ I understand that this is a process. Water and sewer can take up to four months and in some cases beyond from completion of application to beginning construction.
(Initials)
- B. _____ To allow IHS or its authorized representatives to enter upon my property to evaluate the site and to construct or inspect facilities requested in this application.
(Initials)
- C. _____ To obtain all easements and permits necessary for the requested sanitation facilities.
(Initials)
- D. _____ To accept ownership upon completion of the requested sanitation facilities and to operate and maintain them in a satisfactory manner.
(Initials)
- E. _____ To assume responsibility for minor site cleanup (e.g., settlement around installed facilities) after the system installation is complete and equipment has been removed from the site.
(Initials)
- F. _____ I have communicated with IHS if I've been served with sanitation facilities in the past.
(Initials)
- G. _____ IHS has a funding cost cap per homesite. Service is contingent on available funding.
(Initials)
- H. _____ I have read the Project Participant Information Packet that was provided with my IHS application.
(Initials)

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.



Signature of Applicant

Date

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

RETURN APPLICATION TO: COQUILLE INDIAN TRIBE
Attn: Lyman Meade
2678 MEXEYE LOOP
COOS BAY, OR 97420
TELEPHONE: (541) 888-6501

Application Received: _____
IHS, OEH&E Representative (Date)



APPLICATION SUPPLEMENT FORM

This page to accompany application for replacement of existing facilities. IHS requests the status of existing water and sewer facilities.

Replacement of well pumps, pressure tanks and components are considered homeowner maintenance and are not eligible. IHS has no funding for routine pumping for septic tanks that should be maintained every 3-5 years.

Applicant: _____

Address: _____

City: _____

State & zip: _____

SEPTIC TANK PUMPING REPORT & PUMPING HISTORY

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 drainfiled is: _____

Company & License No: _____

Signed: _____

WELL AND PRESSURE SYSTEM REPORT

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: _____

Company and License No: _____

Signed: _____