

# Application for Individual Site Sanitation Facilities Construction

a cooperative project between

the Colville Confederated Tribes and the Portland Area Indian Health Service

Please complete this application, permits, and land use applications required by the Colville Confederated Tribes Planning Department. When complete, submit application documents to the Planning Department for processing.

Questions on the application and permit process can be addressed to:

Stephanie "Pete" Palmer  
Land Use and Shorelines Administrator  
Planning Department  
Colville Confederated Tribes  
P.O. Box 150  
Nespelem, WA 99155  
Phone: (509) 634-2577  
Fax: (509) 634-2581  
Email: [pete.palmer@colvilletribes.com](mailto:pete.palmer@colvilletribes.com)

Questions on the Individual Site Sanitation Facilities Construction Program can be addressed to:

Lewis Adolph, Jr.  
Engineer Technician  
Public Works & Utilities Department  
Colville Confederated Tribes  
P.O. Box 150  
Nespelem, WA 99155  
Phone: (509) 634-2817  
Fax: (509) 634-2813  
Email: [lewis.adolph@colvilletribes.com](mailto:lewis.adolph@colvilletribes.com)

## Section 1: Applicant Information

1. Name: \_\_\_\_\_  
(Last) (First) (M.I.)
2. Physical Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ 5. Work Phone: \_\_\_\_\_
6. Tribe: \_\_\_\_\_ 7. Enrollment #: \_\_\_\_\_
8. \* You must attach a copy of your enrollment card.

## Section 2: Home Information

9. Is the home the primary residence?  Yes  No
10. Directions to the home from the Agency Campus: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Number of people in home (including applicant): \_\_\_\_\_
12. Number of bedrooms: \_\_\_\_\_ 13. Number of bathrooms: \_\_\_\_\_
14. Home has a:  Wash Machine  Dishwasher  Garbage Disposal
15. Is power available?  Yes  No 16. If no, when will it be available? \_\_\_\_\_
17. Home is:  New  Existing  
 Wood Frame  Mobile Home  Other \_\_\_\_\_

If home is new construction:

18. When will home construction be complete? \_\_\_\_\_

19. Source of financing:  Private Finance (Tribal Credit, bank loan, cash, Section 184 Indian Home Loan Guarantee)

Native American Housing Assistance & Self Determination Act (NAHASDA) Loan Guarantee

Other \_\_\_\_\_

If home is existing:

20. Year Built: \_\_\_\_\_ 21. Date occupied by applicant: \_\_\_\_\_

22. Have major renovations been done in the last 12 months?  Yes  No

23. If yes, was it under a Bureau of Indian Affairs (BIA) Housing Improvement Project (HIP)?  Yes  No

24. Describe renovation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If home is a mobile home:

24. Is the home on site?  Yes  No

25. \*If no, attach a copy of the bill of sale or loan approval

**Section 3: Facility Information**

26. Existing facilities:

Well  Septic Tank & Drain Field  Water Pressure System

Community Water  Community Sewer  Other \_\_\_\_\_

27. Describe any problems with the existing facilities: \_\_\_\_\_

28. Requested Facilities:

Well  Septic Tank & Drain Field  Water Pressure System

Community Water  Community Sewer  Other \_\_\_\_\_

29. List any Neighbors with water wells:

\_\_\_\_\_  
(Name) (Well Depth)

\_\_\_\_\_  
(Name) (Well Depth)

\_\_\_\_\_  
(Name) (Well Depth)

30. Has IHS previously provided any facilities for this applicant?  Yes  No

31. If yes, what facilities? \_\_\_\_\_

32. If yes, was it on the same piece of property?  Yes  No

33. Has IHS previously provided any facilities on this property?  Yes  No

33. If yes, what facilities and when? \_\_\_\_\_

34. If yes, who owned the home at that time? \_\_\_\_\_

#### Section 4: Property Information

34. Legal Description: \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_  $\frac{1}{4}$  Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

35. Is the property Fee or Trust land?  Fee  Trust

36. Do you own or lease the land?  Own  Lease

37. If lease, from whom? \_\_\_\_\_ 35. Term of Lease: \_\_\_\_\_

38. Allotment or Parcel Numbers: \_\_\_\_\_

39. \* You must attach a copy of the land survey and a copy of the deed or lease agreement.

#### Section 5: Applicant Certification

I hereby certify that the information in this application is true and accurate to the best of my knowledge. I hereby agree to:

- allow the Colville Confederated Tribes (CCT) or its authorized representative and Indian Health Service (IHS) to enter upon my property to evaluate, construct, and/or inspect the facilities requested on this application;
- obtain easements, surveys, and permits necessary for the requested sanitation facilities;
- obtain power to the site, and electrical service, to code, for the requested water system;
- provide safe heating system which can maintain 70 degree temperature during the coldest part of the year;
- provide skirting for any home not on a concrete foundation system;
- provide interior plumbing capable of maintaining 70 psi water pressure;
- extend the water line from the home in a trench 4 feet below ground level, extending 5 feet away from the exterior of home for the water service line to connect to;
- extend the sewer line from the home in a trench 18 inches below ground level, extending 5 feet away from exterior of home for the sewer line to connect into; and
- accept ownership of the requested sanitation facilities when completed and to operate and maintain them in a satisfactory manner.

I understand that these facilities will be constructed provided a) the application is complete, b) the applicant, home, site, and application meet all IHS and Tribal guidelines, and c) funding is available.

40.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Note: Incomplete applications will not be accepted. All attachments must be included for the application to be considered complete.**

**Section 6: Application Review (For Official Use Only)**

**Bureau of Indian Affairs Certification**

Property Documentation Reviewed By: \_\_\_\_\_  
Name Title

Date: \_\_\_\_\_

Does the Bureau of Indian Affairs have trust responsibility for this property?  Yes  No

Does applicant have legal control of property by ownership or homesite lease?  Yes  No

Are approved documents showing legal control attached to this application?  Yes  No

What, if any, documentation is needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Environmental Trust Department Certification**

A site review has been completed and (  does  does not ) appear to be within the Tribal guidelines for a  onsite septic system  water well

If no, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Authorized Signature) (Date)

A site visit has been completed and water/septic development is  Approved  Not Approved

If no, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Authorized Signature) (Date)

**Planning & Land Use Department Certification**

The proposed housing site (  is  is not ) in conformance with zoning regulations

If no, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Authorized Signature) (Date)

**Tribal Liaison Certification**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application is considered to be  Complete  Incomplete

If incomplete, date returned to applicant: \_\_\_\_\_

What is incomplete? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A site visit was completed on \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

**IHS Certification**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application is considered to be  Complete  Incomplete

If incomplete, date returned to Tribal Liaison: \_\_\_\_\_

What is incomplete? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_