

Facility Information

25. Existing facilities:

- Well Septic Tank & Drain Field Water Pressure System
 Community Water Community Sewer Other _____

26. Describe any problems with the existing facilities: _____

27. Requested Facilities:

- Well Septic Tank & Drain Field Water Pressure System
 Community Water Community Sewer Other _____

28. List any Neighbors with water wells:

(Name)	(Well Depth)
(Name)	(Well Depth)
(Name)	(Well Depth)

29. Has IHS provided any facilities for this applicant before? Yes No

30. If yes, what facilities? _____

31. If yes, was it on the same piece of land? Yes No

Property Information

32. Legal Description: _____ Section _____ Township _____ Range _____

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

34. If lease, from whom? _____ 35. Term of Lease: _____

36. Allotment or Parcel Numbers: _____

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

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 CCT or it's authorized representative 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;
- 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.

38. _____ (Signature of Applicant) _____ (Date)

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

Tribal Certification (For Official Use Only)

Application received By: _____ Date: _____

Application is considered to be Complete Incomplete

If incomplete, date returned to applicant: _____

What is incomplete? _____

**Environmental Trust Department
Use application**

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

If no, why? _____

(Authorized Signature)

(Date)

A site visit has been completed and the homesite (does does not) appear to be within the IHS and Tribal guidelines for services.

If no, why? _____

(Authorized Signature)

(Date)

Planning & Zoning Department

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

If no, why? _____

(Authorized Signature)

(Date)

Environmental Health Department

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

If no, why? _____

(Authorized Signature)

(Date)