



REQUEST FOR INDIVIDUAL SANITATION FACILITIES

Navajo Area Indian Health Service
Office of Environmental Health & Engineering (OEHE)

Application Instructions

Complete the following application and submit to the nearest OEHE Sanitation Facility Construction office.

Requesting Services For- Check ALL that apply

- | | |
|---|---|
| <input type="checkbox"/> Waterline | <input type="checkbox"/> Interior Plumbing |
| <input type="checkbox"/> Septic Tank/Drainfield | <input type="checkbox"/> Failing Septic Tank/Drainfield |
| <input type="checkbox"/> Community Sewer | <input type="checkbox"/> Cistern |

Personal Information

Last Name	First Name	Middle Name	Census Number
Spouse's Name		Spouse's Census Number	
Address	City	State	Zip
Chapter		Cell Phone Number	
Email Address			

Homesite Lease- Check one box only

- I have an approved and Complete Homesite Lease (provide a copy)
 I am currently applying for a homesite lease (provide a copy of receipt)
 I do not have a homesite lease
 I reside on allotted land (provide a copy of finalized residential lease)
 Other _____

Housing Information

Type of structure: <input type="checkbox"/> House <input type="checkbox"/> Hogan <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____ House Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor House Color: _____ House Size: _____ No. of Bedrooms: _____ No. of Bathrooms: _____ Number of people living in home: _____	Type of Dwelling: <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input type="checkbox"/> Wood Siding	Electricity? <input type="radio"/> Yes <input type="radio"/> No Solar? <input type="radio"/> Yes <input type="radio"/> No Heat Source: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood/coal <input type="checkbox"/> Other _____
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Do you or a member of your family have a medical referral*? Yes No

If yes, attach the medical referral to your application

*Note: A medical professional must certify in writing that the patient has a medical condition that requires adequate sanitation facilities at the patient's home

Where do you currently get water? _____



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Bathroom Facilities- Check ALL that apply

Plumbing

- I will install plumbing by _____ (date)
- I will request assistance from _____ for plumbing
- Plumbing is already completed

Bathroom Addition

- I will install bathroom addition by _____ (date)
- I will request assistance from _____ for bathroom addition
- Bathroom addition is already completed

Check Appropriate Answers

1. Is this home (to be served) your permanent residence Yes No
2. Have you or your spouse ever received water or sewer facilities from the Indian Health Service?
 Yes No If yes, approximate date of installation _____
 If yes, from which office? _____
3. I accept the facilities and am willing to make payments to NTUA for water and/or sewer service (initial here) _____
4. Will you accept ownership of the facilities installed, which may include a water service line and sewer service line, after the meter? Yes No
5. In order to function properly, a septic tank must be pumped periodically to remove the solids, this will be your responsibility. Are you willing to have your septic tank pumped every three to five years? Yes No
6. If my home is determined eligible for water and sewer services, I will grant consent for OEHE personnel to enter and proceed on and across my property to conduct feasibility studies, to survey, and for the construction of water and wastewater facilities for my home (initial here) _____

COMMENTS: (add any additional information about your application)

To the best of my knowledge the above information is true and complete; I understand that OEHE will keep this information confidential and will use information for service application and verification.

Print Name: _____

Signature: _____

Date: _____

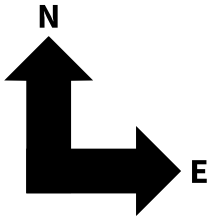
please draw a map on the next page



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Draw a map (location of home)



Last Name: _____ First Name: _____

Chapter Name: _____

Name of nearest neighbor(s) with water: _____

Please draw a map of where you live and the best way to get there. Include house number, roads, neighbors, home roof color, landmarks, etc. Be sure to label everything drawn and use the north arrow above to orient your drawing.

LATITUDE: _____ LONGITUDE: _____