

**Indian Health Service
Albuquerque Area (Santa Fe District)
Application for Sanitation Facilities (Water and Sewer Service)**

Public Law 86-121 allows the Indian Health Services to assist members of federally recognized native tribes in obtaining a potable drinking water supply and a safe means of disposing of waste water for their home use, provided that funds are available, that the homes meet basic standard of living requirements (well insulated, have electricity, indoor plumbing, etc.) and that the homes meet the eligibility requirements of the Indian Health Service.

Please complete this application and return to the Indian Health Service (IHS) Office of Environmental Health and Engineering located behind the Santa Fe Indian Hospital. A completed application consists of the following:

- 1) Provide enrollment number.
- 2) Signed "Agreement to Participate in IHS Project" form. (Page 2)
- 3) Applicant must provide proof of his/her legal right to reside to the property (i.e. copy of lease, deed, or letter from the Tribe indicating that you have been assigned this land).
- 4) If this application is for a HUD Home, the home must be paid off before qualifying for service. A statement from the Housing Authority is required to verify payoff.
- 5) Obtain the signature of the appropriate Tribal Official (e.g. Governor, Chairman, President, etc.) where indicated on page 2 of this application to certify Tribal approval of the application.

The above information will help us determine your eligibility for existing programs. Should you qualify for one of these programs; the information will also help the Indian Health Service (IHS) to design the water and sewer facilities that are needed.

All applicants that are eligible for service are responsible for clearing all obstructions and debris out of the work area needed to make requested repairs on and around their property. In addition, homes must have electrical power and in sound condition with fully operable plumbing (minimum plumbing required: flush toilet, bathroom lavatory, and a kitchen sink) including provisions against freezing. Mobile homes must be skirted and anchored to a secure foundation.

If you have a specific question or any concerns with this application please contact any representative in person or by phone at the Office of Environmental Health and Engineering (OEHE) located behind the Santa Fe Indian Hospital on 1700 Cerrillos Road in Santa Fe, NM.: Office Tel (505) 946-9570.

WHAT WILL HAPPEN AFTER YOU SUBMIT YOUR APPLICATION

This is the approximate order of events to serve a house with water and/or sewer services. A few of these activities may overlap or be completed out of sequence.

1. **Applicant** returns **completed** application form to the IHS, OEHE office in Santa Fe. For an application to be considered complete, all certifications must be attached as described on page one of the application. Applications can be delayed if incomplete. Once the application is considered to be complete and all of the requirements are met as outlined in this application, the review process will begin.
2. The IHS reviews application and determine if applicant is eligible for service with water and sewer facilities under IHS guidelines. If applicant is eligible and application is complete as described in item #1 above, the IHS certifies that application is complete and will continue through the application process. If ineligible, the applicant will be notified in writing by the Indian Health Service.
3. Upon determination of eligibility IHS will coordinates a site review by the following parties: Tribal Utility Department/Authority, Tribal Historic Preservation Officer and Archaeologist, Indian Health Service, and any other pertinent parties. During the site review, all parties walk over the approximate lot boundaries and access road with the Applicant (if present). Note: The purpose of the joint review is to quickly identify lots that would clearly be disapproved due to known poor soil percolation, low water pressure, archaeological concerns, poor to no road access, drainage concerns, etc.
4. The following will occur if all parties approve the lot at the site review: 1) The Indian Health Service will have an archaeological survey report completed by BIA or by a private archaeologist; 2) The I.H.S. will perform necessary site review, survey, soil analysis and cost estimation to determine if site can be served with water and sewer facilities.
5. **If the Tribe has a Tribal Historic Preservation Officer (THPO) on staff, the IHS will work with the THPO on a letter of concurrence with the archeological report.**
6. Once the Historic Preservation Office or Archaeologist has generated the archaeological survey, the IHS will send a Tribal Cultural Properties (TCP) letter to the Tribe for concurrence with the archeological report. The Governor/President/Chairman has 30 days to respond to this letter. After the IHS received concurrence from the Tribe, the TCP letter and archaeological report are sent to the State Historic Preservation Officer (SHPO) for concurrence. The SHPO has 30 days to respond to this letter. Construction cannot begin until IHS receives concurrence from the SHPO.
7. Once the IHS determines that water and sewer services can be provided, I.H.S. will begin designing your water and/or sewer facilities.
8. After the water and/or sewer facilities are designed, IHS will work with the Tribe to have the facilities installed in one of the following ways:
 - a. By a contractor through tribal procurement: This means that the Tribe will have to contract with a contractor to perform the work
 - b. By a contractor through government procurement: This means that the IHS will have to contract with a contractor to perform the work
 - c. Tribal force account: This means that the Tribe has their own work crew that will install the facilities according to the Tribe's schedule.

INDIAN HEALTH SERVICE
Application for Water / Wastewater Services

Office of Environmental Health and Engineering - Division of Sanitation Facilities Construction
1700 Cerrillos Road
Santa Fe, NM 87505
Phone: 505-946-9570 Fax: 505-983-2019

APPLICANT SECTION:

Name (Last, First) _____ **Census No.** _____
(Applicant must have legal right to reside on property) (Applicant)

Spouse (Last, First) _____

Mailing Address: _____

Telephone No. Home: _____ Work: _____ Cell: _____

Email Address: _____

Requesting the following services? () Water () Sewer [Septic Tank/Drainfield] () Cistern System
() Failed Water System (Plumbing or Ind. Well/Cistern System)
() Failed Septic System (PLEASE FILL OUT TOP SECTION OF PAGE 3)

Housing - Type of Structure: () Mobile Home () Frame () Other
Color of House: _____ Color of Roof: _____

Mobile homes must have:

1. Electrical Service
2. Wheels removed
3. Skirting installed
4. Plumbing stubbed out to the exterior

Reservation/Pueblo: _____ County: _____

Land Type: () Trust () Tribal () Allotted () Private or () Other

Type of Home: () Existing () New and on homesite () Proposed If proposed, estimated delivery date: _____

Is the house in good structural condition? () Yes () No

Do you have a plat/legal description for the home site? () Yes () No

Is this your Primary Residence and/or occupied 6 months per year? () Yes () No

Is home built by any type of Tribal housing program (HUD, CDBG, SWIF, etc)? () Yes () No, If yes, which one or other _____

How many people live in the home? _____ (Provide maximum number of occupants at any time, weekends included)

How many bedrooms in home? _____

How many bathrooms in the home? _____

Do any house occupants with a medical condition require immediate water or sewer service? () Yes () No If yes, provide medical referral documentation signed by medical doctor

Draw a map that shows how to get to your house from the administrative building or other well known point. Show other houses that are near yours. (Please draw as carefully as you can. If we cannot find your house, we cannot include you in a project.)

Existing or Proposed Homesite Address: _____
(Physical location for the Site Map below) _____

NOTE: Changes to Sanitation Facilities Layout may occur.

PLEASE BE AWARE OF THE FOLLOWING: If you move your house, you must submit a new application. We will obtain Right-of-Way and Archeological Clearance for the water and sewer facilities at this location and they will NOT be valid for another.

Your home or addition must have electric service, be fully enclosed and plumbing completed before IHS work can begin.

APPLICANT SECTION:

AGREEMENT TO PARTICIPATE IN IHS PROJECT:

BY SIGNING BELOW, I CERTIFY THAT I UNDERSTAND THE FOLLOWING CONDITIONS FOR PARTICIPATING IN A PROJECT AND THAT I WILL CARRY OUT MY RESPONSIBILITIES UPON RECEIPT OF THE FACILITIES PROVIDED:

- ◆ IHS Sanitation Facility Services will be provided to my primary residence and/or residence that is occupied at least 6 months per year.
- ◆ I will make water payments and sewer payments (if sewer connection is provided) to Tribal Utility.
- ◆ IHS will provide a one-year warranty on facilities installed. If the facilities are tampered with, the warranty will be voided.
- ◆ I will be responsible for maintaining all the plumbing fixtures and pipes inside my house.
- ◆ I will be responsible for maintaining the waterline from the water meter to my house.
- ◆ I will be responsible for maintaining the sewer connection line or the septic tank and drainfield.
- ◆ Mobile homes must have wheels removed, skirting installed, and water/sewer stubbed out to the exterior.
- ◆ Estimated length of time until installation of proposed services cannot be determined until after IHS site inspection, design and identification of funding. - Contact Engineer/Project Manager for details concerning your specific site.

NOTICE ON ELIGIBILITY: The applicant must be a member of a federally recognized tribe. IHS criteria states that only existing homes may be served with water and/or sewer facilities. Homes are served on a first come/first served basis. IHS is a federal agency that has restrictions on the types of homes that can be provided sanitation facility services. If a home has been built utilizing Housing and Urban Development (HUD) funds or through a HUD funded program or Tribal Housing Entity (For example: CDBG, ICDBG) it is possible that the home may NOT be eligible for service from IHS. A home built by HUD funds cannot receive IHS services due to IHS regulations. The homeowner should be aware of what program, if any is responsible for funding the construction of their home in lieu of the above restriction.

For more information, please contact Santa Fe District OEH&E Office at 505-946-9570.

COMMENTS/QUESTIONS: (Please, provide further description regarding your request for assistance)

APPLICANTS SIGNATURE

DATE

Tribal Approval: () Yes () No

On behalf of the _____ Tribe/Pueblo, I request that the Indian Health Service provide the sanitation facilities requested by this applicant.

TRIBAL AUTHORITY SIGNATURE

DATE

(Above signature must have the authority to obligate the Tribes Allotted Funds)

FOR IHS SECRETARY USE ONLY:

First Service () Yes () No

Note: If no, provide old project number, arch report number, and individual as-built drawing

Old Project No. _____ Arch Report No. _____ As-Built Drawing Available: () Yes () No

This application requires the following information before it can be considered:

() Homesite Lease () Medical Referral () Other: _____

() This application is complete.

wSTARS Service Request No. _____ HITS Resident ID: _____

HITS Home ID: _____

Note: All above numbers are automatically generated by HITS

Application Received By: _____

Date Entered in HITS Database: _____

Septic System Failure Report (To be filled out by homeowner ONLY IF YOU HAVE A FAILED DRAINFIELD)

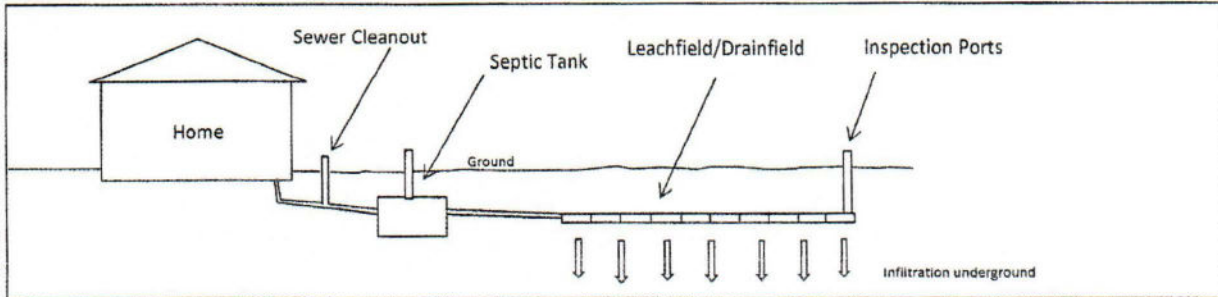
Who installed the Septic Tank & Drainfield? _____
 When was the Septic Tank & Drainfield Installed? _____
 When was the last time the Septic Tank was pumped? _____
 How many people live in the house? _____

Do you use a washing machine at the residence? Yes No If Yes, since what date? _____
 Do you use a dishwasher at the residence? Yes No If Yes, since what date? _____

Please check yes and no for the questions below:

	Yes	No	Please provide comments:
Is there visible sewage outside of home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is sewage backing up into home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, where is the sewage visible or which facility is backed up? _____			
Did you or a plumber check for any blockages within inside plumbing?	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate any ponding of water or backup within your existing septic system in the plan view illustration below



NOTE: Homeowner must be present during site inspection to be scheduled with Technician at a later date.

Additional Notes:

FOR IHS TECHNICIAN USE ONLY:

Name of person you talked with during your visit: _____
 Did you verify number of people in home? _____
 Did you see any ponding water? _____
 If yes, where? _____

Please comment on what you see at the following locations?

Home: _____
 Sewer cleanout: _____
 Septic Tank: _____
 Drainfield & Inspection Ports: _____

In your opinion, what is causing septic failure? (Examples: Poor soil, DF undersized or too deep, negligence, etc.)
 Please explain: _____

Depth of Auger Test Hole: _____ Soil Classification (REQUIRED): _____

Action taken or recommended to homeowner: _____

Follow up Observation on Date with Homeowner: (if necessary) _____