



**POARCH BAND of CREEK INDIANS**

**NASHVILLE AREA INDIAN HEALTH SERVICE** (Public law 86-121)



**APPLICATION FOR SANITATION FACILITIES**

**APPLICANT NAME:** \_\_\_\_\_

**TRIBAL AFFILIATION:** \_\_\_\_\_

**TRIBAL ROLL NO:** \_\_\_\_\_

**APPLICANT'S SPOUSE:** \_\_\_\_\_

**TRIBAL AFFILIATION:** \_\_\_\_\_

**TRIBAL ROLL NO:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

\_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

\_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**FACILITIES**

**LOCATION ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SERVICES REQUESTED:**

**WATER:** NEW SERVICE [ ] RENOVATION [ ] **WASTEWATER:** NEW SERVICE [ ] RENOVATION [ ]

Has IHS or other Federal Agency provided sanitation facilities to this homesite before? YES [ ] NO [ ]

If yes, during which year? \_\_\_\_\_

If yes, under what Applicant name? \_\_\_\_\_

Has IHS or other Federal Agency provided sanitation facilities to this Applicant before? YES [ ] NO [ ]

If yes, during which year? \_\_\_\_\_

If yes, at what homesite address? \_\_\_\_\_

**HOME INFORMATION:**

The proposed homesite is on: TRUST LAND [ ] FEE PATENT LAND [ ]

The property is: OWNED [ ] LEASED [ ] RENTED [ ] AN ALLOTMENT [ ]

Within the property boundaries, there are the following underground utilities (complete attached site drawing):

None [ ]; Electrical Lines [ ]; Gas Lines [ ]; Water Lines [ ]; Sewer Lines [ ]; Other \_\_\_\_\_

Structure type is: MOBILE HOME [ ] WOOD FRAME [ ] OTHER \_\_\_\_\_

Approximate year structure was built or moved to the site:

Is the house currently occupied? YES [ ] NO [ ]

If yes, since when? MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

If no, proposed occupancy date: \_\_\_\_\_ YEAR \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_

Ages of occupants? \_\_, \_\_, \_\_, \_\_, \_\_, \_\_, \_\_, \_\_, \_\_, any special conditions regarding occupants?

(Health problems, disabilities, elderly, etc. \_\_\_\_\_)

Does the house have electric service: YES [ ] NO [ ]

If no, when will electric service be provided? MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

EXISTING FACILITIES: WELL [ ] SEPTIC SYSTEM [ ] COMMUNITY WATER [ ] COMMUNITY SEWER [ ]

Describe any problems you are having with existing facilities. If you have a well or septic tank provide specifics of when installed, who installed, well depth and date of last septic tank pump-out:

Do you know of any archeological / historical sites on the property? YES [ ] NO [ ]

(If yes show on site drawing)

**APPLICANT COMMENTS:**

**TRIBAL COORDINATOR COMMENTS:**

IHS: Date Application Received: \_\_\_\_\_ Date Tribe Signed: \_\_\_\_\_ Date of Site Review: \_\_\_\_\_

**DRAW MAP HERE OR ATTACH MAP FROM THE INTERNET**

Please provide a map showing applicable highways and roads as well as pertinent landmarks that will assist IHS personnel in finding your homesite. Written instructions, if deemed necessary, are encouraged as well.

**County:**                      **Section:**                      **Township:**                      **Range:**                      **Assessor's Parcel No.**

**SITE DRAWING**

Please show rough locations of property corners, proposed or existing house location, proposed or existing access road/driveway, buried utilities (gas, electric, water, sewer, etc.), etc.

**APPLICANT'S RESPONSIBILITIES: READ CAREFULLY, THIS IS A LEGAL DOCUMENT.**

1. This is an APPLICATION for service. The provision of sanitation facilities is dependent on Indian Health Service (IHS) site review, verification of home construction, improvements, and availability of funds.
2. No services can be provided without a completed and signed Application for Sanitation Facilities Form.
3. Application must be given to the Tribe associated with the service area that contains the homesite property. The Tribe will forward the Application to IHS. Applicants without Tribal representation will forward the Application directly to the IHS.
4. Applicant must provide proof of a legal claim to the land (e.g., copy of allotment, lease, or deed) as part of this application. The homesite must be a primary residence of the Applicant. No services can be provided to other than primary residences.
5. An IHS representative will visit the homesite to determine site suitability. Prior to this visit, the Applicant must locate property corners, underground utilities, and the proposed house location (new homes). See Site Drawing.
6. By way of the Applicant's signature, IHS representatives are granted permission to enter upon the land for the purpose of carrying out the site approved work. This work may include, but is not limited to, digging soil test pits, conducting percolation tests, and drilling test wells. The Applicant agrees to waive all claims which may arise from such entry and testing except those claims which may be recognized under the General Tort Claims Act. If the Applicant is not the landowner, the landowner must co-sign this application.
7. It is important that the Applicant understand that under Public Law 86-121, IHS cannot own, operate, or maintain the Applicant's completed facilities. All construction facilities will be transferred to the Applicant when construction is completed. For community facilities, the Applicant's responsibility is for individual facilities such as water service lines from the house to the curb stop or meter and sewer service lines from the house to the property line.
8. The IHS does not provide inside plumbing. Plumbing must be inside the house with a protruding stub 5-foot beyond the foundation to connect to outside plumbing.

IT IS STRONGLY RECOMMENDED THAT DEVELOPMENT OF NEW SITES NOT OCCUR UNTIL AVAILABILITY OF WATER AND SEWER SERVICE HAS BEEN DETERMINED. IT IS FURTHER RECOMMENDED THAT OCCUPANCY OF NEW HOUSES NOT OCCUR PRIOR TO RECEIPT OF SANITATION FACILITIES.

**TRIBAL – AUTHORITY SIGNATURE REPRESENTS REQUEST FOR FACILITIES FOR THIS APPLICANT**

I understand the Applicant's Responsibilities as described, and I agree to the IHS verifying information provided on this application.

**LANDOWNER (IF NOT APPLICANT):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TRIBAL REPRESENTATIVE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

APPLICANT: IN ORDER TO PROCESS THIS APPLICATION SUCCESSFULLY AND PROMPTLY PLEASE VERIFY THE ENTIRETY OF THIS APPLICATION IS COMPLETE. INCOMPLETE APPLICATION WILL BE SUBJECT TO DISMISSAL FOLLOWED BY A REJECTION NOTICE. ONCE THIS APPLICATION IS FULLY COMPLETED PLEASE FORWARD TO THE TRIBAL REPRESENTATIVE MR. BARNIE WHITE.

Poarch Band of Creek Indians  
Attention: Mr. Barnie White, Environmental Health Specialist  
5811 Jack Spring Rd.  
Atmore, AL. 36502  
Wk: 251.368.9136 ext: 2316

**\*\*\*\*\*Please Read Carefully\*\*\*\*\***

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I agree to operate, maintain, and keep the installed facilities in good repair at my own expense after initial installation. IHS will provide, upon my request, appropriate training in the proper operation and maintenance of the installed facilities. I further agree that if my ownership of property is sold or transferred outside the family (listed on page 1) within a **10** year period following installation of these facilities, I will repay the U.S. Government (via Tribal Accounting) for the depreciated value of the facilities. Depreciation shall be straight line based on the life expectancy of 10 years for all services rendered.

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Signature of Homeowner

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Date

**COPY OF TRIBAL AFFILLATION & ROLL NO.**

**APPLICANTS PROOF OF LEGAL CLAIM OF LAND**  
**(e.g., copy of allotment, lease, or deed)**