

O.E.H. Department

## Application for Sanitation Facilities

### Eligibility and Requirements:

- You **MUST** live in one of the five service counties:  
Logan  
Oklahoma  
Cleveland  
Pottawatomie  
Lincoln
- Copy of your tribal enrollment card from a Federally Recognized tribe
- Copy of picture ID
- Home **MUST** be applicant's primary residence
- MUST** provide *legal* documentation that home is Indian owned/ Indian occupied.  
(Warranty Deeds and Leases **MUST** be filed at the county courthouse.)

### **NOTICE:**

Any incomplete applications will **NOT** be processed. O.E.H. can **NOT** provide any services without a recent application on file. Please mail or fax to:

Citizen Potawatomi Nation  
O.E.H. Department  
41707 Hardesty Road  
Shawnee, OK. 74801  
Phone: 405-878-4672  
Fax: 405-878-4678

Service # \_\_\_\_\_ Home # \_\_\_\_\_ Resident # \_\_\_\_\_

ID# \_\_\_\_\_ Project # \_\_\_\_\_

O & M Training: \_\_\_\_\_

## Application for Sanitation Facilities

Please complete ALL items; Incomplete Applications Cannot be Processed.  
Applications will NOT be processed without:

1. Legal Documentation for Land
2. Tribal Enrollment card from Federally Recognized Tribe
3. Picture ID

### I. General Information

Name \_\_\_\_\_ Maiden \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Tribal Affiliation (Attach Tribal membership card) \_\_\_\_\_

### II. Location of Home Site to be Served

Street Address: \_\_\_\_\_

County: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ N/S Range: \_\_\_\_\_ E/W

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Direction to home site from closest Cross Street: \_\_\_\_\_

### III. Status of Land Ownership (check one only)

\_\_\_\_\_ Own (attach copy of warranty deed)

\_\_\_\_\_ Buying (attach copy of warranty deed)

\_\_\_\_\_ Leasing (attach copy of filed lease agreement; property must be Indian owned)

Size of Lot: \_\_\_\_\_ acres or \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

### IV. Home Information (check one only)

\_\_\_\_\_ New or Like New Home (built within the past 10 years).

\_\_\_\_\_ Mobile Home (**MUST** be on property, skirted, with wheels and tongue removed)

\_\_\_\_\_ Renovated Home (bedroom and/or bathroom addition)

\_\_\_\_\_ HIP Renovated Home (BIA Home Improvement Program)

\_\_\_\_\_ Existing How old is home \_\_\_\_\_

\* NOTE: DHUD HOMES UNDER HOUSING AUTHORITY MANAGEMENT ARE NOT EIGIBLE

Is the home considered your primary residence? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Does the home have indoor plumbing? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Does the home have electricity? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Is 200V electricity available? \_\_\_\_\_ YES \_\_\_\_\_ NO

What type of heating does the home have? \_\_\_\_\_  
 How many bedrooms does the home have? \_\_\_\_\_ Bathrooms \_\_\_\_\_  
 How many people live in the home? \_\_\_\_\_  
 Have you ever received O.E.H. assistance before? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If YES, what facilities were provided? \_\_\_\_\_

**V. Existing Facilities:** Is the home new to the site? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Does the home or home site have **ANY** working or non working facilities at this time?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, what type of water supply does the home have?

\_\_\_\_\_ Well  
 \_\_\_\_\_ Community Water  
 \_\_\_\_\_ Name of Community/System: \_\_\_\_\_  
 \_\_\_\_\_ Other Explain: \_\_\_\_\_

What type of sewer supply does the home have?

\_\_\_\_\_ Septic Tank and Drain field  
 \_\_\_\_\_ Lagoon  
 \_\_\_\_\_ Aerobic  
 \_\_\_\_\_ ETA  
 \_\_\_\_\_ Community Sewer Name of Community Sewer \_\_\_\_\_  
 \_\_\_\_\_ Other-Explain \_\_\_\_\_

**VI. Requested Services (check services requested)**

**Note:** Facilities/Services requested are subject to change; most feasible  
 Facilities/Services will be determined after site review is complete.

**Water:** \_\_\_\_\_ Well \_\_\_\_\_ Community Water/Name: \_\_\_\_\_

\*IHS Regulation states if Community Water is available to site O.E.H. must take full advantage of the supply.

**Sewer:** \_\_\_\_\_ Septic Tank \_\_\_\_\_ Drain field or Lagoon \_\_\_\_\_ Aerobic

\_\_\_\_\_ Community Sewer/Name: \_\_\_\_\_

\*IHS Regulations states if Community Sewer is available to site O.E.H. must take full advantage of the supply.

**Plumbing:** Explain: \_\_\_\_\_

Other Explain: \_\_\_\_\_

**VII. Homeowner Responsibilities\* Read carefully before signing & dating in ink**

The homeowner consents to obtain and provide copies of all easements and surveys necessary for construction, operation, and maintenance of required facilities to the CPN O.E.H. Department prior to construction. Property lines must be clearly staked. The homeowner grants permission to CPN and its representatives to enter upon or across lands for the purpose of carrying out the project. **The homeowner will assume responsibility for site clean up**, such as settlement in grounds around installed facilities, after the system installation is complete and equipment has been removed from the site. The homeowner will assume responsibility for the maintenance and repair of the installed facilities, after the warranty has expired (all systems have a one year warranty, with the exception of an aerobic system which provides a two year warranty), so as to keep them in effective operation condition.

**VIII. Application Certification** I certify that all the answers given are true, complete and correct to the best of my knowledge and belief. This certification is made with the knowledge that the information will be used to assist myself with sanitation facilities. I understand that false or misleading information, or statements may be in violation of 18 U.S.C. 1001.

Construction scheduling is set by the CPN Project manager and is based on need and the date your application for service is completed. The CPN attempt to respond as quickly as practical, but at times service delivery times may be slower that you would like. You may **at your option and at your own expense** obtain the services of a private contractor to have your facilities installed. The CPN will not reimburse you for services that you obtain through your own contractor.

**IX. Privacy Act Statement**

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority (whether granted by statute or by executive order) which authorizes the solicitation of the information and whether the disclosure of such information is mandatory or voluntary.
- B. The principal purposes for which the information is intended to be used.
- C. The routine uses which may be made of the information, as published pursuant to CFR 25, Chapter 1, Subchapter X, Part 261;
- D. The effects on him or her, if any, of not providing all or any part of the requested information.

The Citizen Potawatomi Nation Sanitation Facilities construction program operates under the general authority of P.L. 86-121. In accordance with accountability required for the administration of the funds appropriated for the program in order to provide services to recipients, and to provide eligibility certain information is required of applicants. The attached forms solicit the required information. The disclosure of such information on the part of the applicant is voluntary. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant, and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will exclude the applicant from eligibility in receiving services under this program. I have read the above statement & agree to provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**This Page for Existing Homes Only**

Please list all problems concerning the water supply. Explain when and where the problem occurs:

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Please list all problems concerning the sewage disposal. Explain when and where the problem occurs:

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*This information will be used to document your failing sanitation facility at your home.*

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Inspector's Signature Date