



**Citizen Potawatomi Nation  
Office of Environmental Health (OEH)**

**41707 Hardesty Rd  
Shawnee, OK 74801**

**Phone: 405-878-4672**

**Fax: 405-878-4678**

**Mailing Address: 1601 Gordon Cooper Drive  
Shawnee, OK 74801**

## **Application for Sanitation Facilities**

### **Eligibility and Requirements**

- You **MUST** live within one of our five service counties  
Cleveland  
Lincoln  
Logan  
Oklahoma  
Pottawatomie
- Copy of your tribal enrollment card from a Federally Recognized Tribe
- Copy of photo ID
- Home **MUST** be applicant's primary residence
- You **MUST** provide *legal* documentation that the home/site is Native American owned/occupied. (Warranty Deeds & Leases **MUST** be filed at the county courthouse)

### **NOTICE:**

**Incomplete applications cannot be processed. OEH cannot provide any services without a recent application on file. Applications may be mailed, faxed, or submitted in person to our physical address.**



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Service# \_\_\_\_\_ Home# \_\_\_\_\_ Resident# \_\_\_\_\_  
 ID# \_\_\_\_\_ Project# \_\_\_\_\_

## **Application for Sanitation Facilities**

Please complete ALL items. Incomplete applications cannot be processed.

### **I. General Information.**

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

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

\_\_\_\_\_  
 Phone E-Mail

\_\_\_\_\_  
 Tribal Affiliation

### **II. Location of home site to be serviced.**

\_\_\_\_\_  
 Full Address, City, State, Zip

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

**Driving directions** from nearest main road/cross street (Please be specific): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Status of land ownership (Check only one)**

\_\_\_\_\_ Own (attach copy of FILED Warranty Deed)  
\_\_\_\_\_ Buying (attach copy of FILED Warranty Deed)  
\_\_\_\_\_ Leasing (attach copy of FILED Lease Agreement; land must be Indian owned)  
Size of Lot \_\_\_\_\_ Acres or \_\_\_\_\_ x \_\_\_\_\_ ft.

**IV. Home Information**

\_\_\_\_\_ New or Like-New (built within last 10 years)  
\_\_\_\_\_ New Mobile Home  
\_\_\_\_\_ Existing Home (Home is \_\_\_\_\_ years old)  
**\*NOTE: DHUD HOMES UNDER HOUSING AUTHORITY MANAGEMENT ARE NOT ELIGIBLE.**

Is this home considered your PRIMARY residence? \_\_\_\_\_ YES \_\_\_\_\_ NO  
How many people live in the home? \_\_\_\_\_  
How many bedrooms does the home have? \_\_\_\_\_ Bathrooms \_\_\_\_\_  
Have you ever had OEH Assistance before? \_\_\_\_\_ YES \_\_\_\_\_ NO  
\*If yes, what services were provided & when? \_\_\_\_\_

**V. Existing Facilities**

Is the home new to the site? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Does the home have indoor plumbing? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Does the home have 200V electricity available? \_\_\_\_\_ YES \_\_\_\_\_ NO  
What type of heating does the home have? \_\_\_\_\_  
Does the home have ANY working or non-working facilities at this time? \_\_\_Y \_\_\_N  
\*If yes, what type of **WATER** supply?  
\_\_\_\_\_ Well  
\_\_\_\_\_ Community Name of Community System \_\_\_\_\_  
\_\_\_\_\_ Other - Explain \_\_\_\_\_

\*If yes, what type of **SEWER** supply?  
\_\_\_\_\_ Septic tank & Drain field  
\_\_\_\_\_ Lagoon  
\_\_\_\_\_ Aerobic  
\_\_\_\_\_ ETA  
\_\_\_\_\_ Community Name of Community System \_\_\_\_\_  
\_\_\_\_\_ Other - Explain \_\_\_\_\_

**VI. Requested Services (Check Services Requested)**

NOTE: Facilities/Services are subject to change. The most feasible facilities/services will be determined AFTER site review is complete. \*IHS Regulation states if Community water or sewer is available to site, OEH must take full advantage of the supply.

Water:     Well                      Community Water Name \_\_\_\_\_

Sewer:     Septic tank     Drainfield/Lagoon     Aerobic

Community sewer name: \_\_\_\_\_

**Homeowner Responsibilities.**

**\*Read carefully before initialing, signing & dating in ink.**

\_\_\_\_\_ 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** 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** understands, and agrees, that areas being serviced will be properly maintained before assistance can be provided. (Grass mowed, clear of trash and debris)

\_\_\_\_\_ 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 Aerobic systems, which have a two (2) year warranty), so as to keep them in effective operative condition.

**VII. Application Certification.**

\_\_\_\_\_ I certify that all 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 received in its entirety.

\_\_\_\_\_ The CPN O.E.H. intends to respond as quickly as practical, but at times may be slower than you would like. You may, at your own option and expense, obtain the services of a private contractor to have your facilities installed. The CPN will not reimburse you for services you obtain through your own contractor.

**VIII. Privacy Act Statement.**

\_\_\_\_\_ The Privacy Act of 1974 requires each Federal Agency that maintains a system of information 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 all applicants. The attached forms solicit the required information. The disclosure of such information on 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 applicant to provide the requested information will exclude the applicant from eligibility in receiving services under this program.

\_\_\_\_\_ I have read the above statements and agree to provide the required information and authorize the use of information to the extent of the uses specified in this statement.

\_\_\_\_\_  
Applicant Printed Name Date

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

# **This page for Existing Homes Only**

**If this page does not apply to you, please mark N/A & sign.**

**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 the failing sanitation facilities at your home.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Inspector's Signature**

\_\_\_\_\_  
**Date**



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

REPORT FOR ON-SITE SEWAGE TREATMENT

DESIGN ONLY

(PLEASE PRINT or TYPE)

Work Order No.

System No.

Date Rec'd

Empty boxes for Work Order No., System No., and Date Rec'd.

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: First Name last Name Mailing Address City Zip Code

Owner Phone Number: ( ) - Owner's E-Mail Address:

Property Address: Street Address City Zip Code County, Oklahoma

Legal Description: Lot Size in ft^2 or acres:

Finding Location: (Blocks or miles from a given point)

Water Supply: Individual Private Well or Public Water Supply - Name:

GPS Coordinates: Lat: Long:

Dispersal field located in Water Body Protection Area (check one): Zone 1 Zone 2 None

Flow Certification: 27A O.S. 2001, Section 2-6-403 states-"It shall be the duty of the person contracting with an installer who is modifying or installing an on-site sewage treatment system for a residence or business to certify the number of bedrooms in the residence or the water usage of the business that will be served by the sewage treatment system so that the system can be properly sized."

The following information was certified on DEQ Form 641-581 cert. (Certification Documentation Form)

This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms

The estimated flow or actual flow for this small public sewage system is gal/day and is a Type of Facility

Print First Name Last Name Signature Date Signed

TREATMENT:

Septic Tank with gal. liquid capacity Aerobic Treatment Aerobic Treatment with Nitrogen Reduction

DISPERSAL:

Lagoon: Square with bottom dimensions of feet by feet. Round with bottom diameter of feet.

Spray Irrigation: with a -gallon capacity pump tank and square feet of surface application area.

DESIGNER CONTACT INFORMATION:

Email:

Please Print First Name Last Name Certification Number

Address City State Zip Phone # Date Signed

DEQ USE ONLY:

Soil Test Performed by DEQ on (date): DEQ Reviewed and Accepted

DEQ Soil Profile Test Joint Soil Profile DEQ Reviewed and Rejected (date and initial)

Notes:

Environmental Specialist's Signature Employee ID Date Signed and Paperwork Issued