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CITIZEN POTAWATOMI NATION

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 statue 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:

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

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

_____

Applicant's Signature Date

_____

Inspector's Signature Date

...for a clean, attractive, prosperous Oklahoma

ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
Certification Documentation Form

(PLEASE PRINT or TYPE)

Work Order No.	
System No.	
Date Rec'd	

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: _____
First Name *Last Name* *Street Address* *City* *Zip Code*

Owner's E-Mail Address *(Optional)*: _____

Property Address: _____ , Oklahoma
Street Address *City* *Zip Code* *County*

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

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

Please check the applicable certification that applies and sign below.

Flow Certification:

27A O.S. Section 2-6-403 A. 1. 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.

☐ 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

I hereby certify under penalty of law that this document contains no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete.

Print First Name	*Last Name*	*Signature*	*Date Signed*