



CITIZEN POTAWATOMI NATION OEH DEPARTMENT

41707 HARDESTY, SHAWNEE, OK 74801

PHONE 405-878-4672 FAX 405-878-4678

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

OEH Department

41707 Hardesty Road

Shawnee, OK 74801

Phone 405-878-4672

Fax 405-878-4678

OFFICE USE ONLY

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. Photo ID

I. General Information

Name _____ Maiden _____
 Address _____ Apt. _____
 City _____ State _____ Zip _____
 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 ELGIBLE

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? _____
- Other, explain _____

What type of sewer supply does the home have?

- Septic Tank and Drain field
- Lagoon
- Aerobic
- ETA
- Community sewer, name? _____
- 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 and 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, Propelly 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 cleanup**, 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