



REQUEST FOR INDIVIDUAL SANITATION FACILITIES

NAVAJO AREA INDIAN HEALTH SERVICE OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING

Fort Defiance OEHE-PO Box 647 Fort
Defiance, AZ. 86504 Office
Phone:928-729-8440

Many Farms OEHE-PO Box 694 Many
Farms, AZ. 86538-3611 Office
Phone:928-781-3817

REQUESTING SERVICES FOR - Check All That Apply:	
<input type="checkbox"/> WATERLINE <input type="checkbox"/> SEPTIC TANK/DRAINFIELD <input type="checkbox"/> COMMUNITY SEWER	<input type="checkbox"/> INTERIOR PLUMBING <input type="checkbox"/> FAILING SEPTIC TANK/DRAINFIELD

PERSONAL INFORMATION		
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LAST NAME	FIRST NAME	CENSUS NUMBER
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SPOUSE	CENSUS NUMBER
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ADDRESS:	CITY	STATE	ZIP
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LOCATION OF RESIDENCE:

CHAPTER:	CELL PHONE NO:
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EMAIL ADDRESS:

HOMESITE LEASE (CHECK ONE BOX ONLY)

<input type="checkbox"/> I have an approved and complete Homesite Lease. (Provide Copy)
<input type="checkbox"/> I am currently applying for a Homesite Lease. (Provide copy of receipt)
<input type="checkbox"/> I do not have a Homesite Lease.
<input type="checkbox"/> I reside on allotted land. (Provide Copy of Finalized Residential Lease)

HOUSING INFORMATION

<i>TYPE OF STRUCTURE:</i> <input type="checkbox"/> House <input type="checkbox"/> Hogan <input type="checkbox"/> Other _____ <input type="checkbox"/> Mobile Home <input type="radio"/> Double Wide <input type="radio"/> Single Wide <i>HOUSE CONDITION:</i> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor House Color: _____ House Size: _____ Number of bedrooms? _____ Number of people living in home? _____	<i>TYPE OF DWELLING:</i> <input type="checkbox"/> Log <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Modular Home <input type="checkbox"/> Wood Siding	<i>ELECTRICITY:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>SOLAR :</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>HEAT SOURCE OF HOME:</i> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood/Coal <input type="checkbox"/> Other _____
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Do you or a member of your family have a medical referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, ATTACH DOCTOR'S STATEMENT TO YOUR APPLICATION
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Where do you now get water?



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BATHROOM FACILITIES (CHECK ALL THAT APPLY)	
PLUMBING	BATHROOM ADDITION
<input type="checkbox"/> I will install plumbing by _____ te .	<input type="checkbox"/> I will install bathroom addition by _____ DWH.
<input type="checkbox"/> I will request assistance from _____ for plumbing.	<input type="checkbox"/> I will request assistance from _____ for bathroom addition.
<input type="checkbox"/> Plumbing completed.	<input type="checkbox"/> Bathroom addition completed.

CHECK APPROPRIATE ANSWERS

1. Is this home (to be served) your permanent residence? [] Yes [] No
2. Have you or your spouse ever received water or sewer facilities from the Indian Health Service?
[] Yes [] No If yes, when? _____
3. Do you currently have an application on file with the Indian Health Service for sanitation facilities?
[] Yes [] No If yes, which office? _____
4. Are you willing to make payments to NTUA for water and/or sewer service? [] Yes [] No
5. Will you accept ownership of the facilities installed, which may include a water service line and sewer service line, after the meter? [] Yes [] No
6. In order to function properly, a septic tank must be pumped periodically to remove the solids, this will be your responsibility. Are you willing to have your septic tank pumped every three to five years? [] Yes [] No
7. If your home is determined eligible for water and wastewater services, will you grant consent for OEHE personnel to enter and proceed on and across your property to conduct feasibility studies, to survey, and for the construction of water and wastewater facilities for your home? [] Yes [] No

COMMENTS: (Any additional information about your application.)

To the best of my knowledge the above information is true and complete; I understand that OEHE will keep this information confidential and will use information for service application and verification.

Print Name: _____

Signature: _____ Date: _____

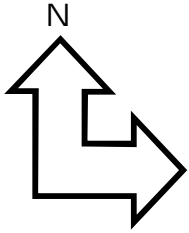
PLEASE DRAW MAP ON THE NEXT PAGE



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DRAW A MAP (LOCATION OF HOME)



LAST NAME: _____

FIRST NAME: _____

CHAPTER NAME: _____

E NAME OF NEIGHBOR(S) WITH WATER: _____

Please draw a map of where you live and the best way to get there. Include house number, roads, neighbors, landmarks, etc. Be sure to label everything drawn and use the north arrow above to orient your drawing.

LATITUDE: _____

LONGITUDE: _____