



REQUEST FOR INDIVIDUAL SANITATION FACILITIES

NAVAJO AREA INDIAN HEALTH SERVICE OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING

Shiprock District
1st Uranium Blvd
P.O. Box 160
Shiprock, NM 87420
505-368-7460

Gallup District
3412 E. HWY 66
Gallup, NM 87301
505-726-2502

Fort Defiance District
Navajo Rt. N7 and N12
P.O. Box 649
Ft Defiance, AZ 86504
928-729-8459

Tuba City District
167 N. Main Street
P.O. Box 600
Tuba City, AZ 86045
928-283-2904

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

LAST NAME	FIRST NAME	CENSUS NUMBER
SPOUSE		CENSUS NUMBER
ADDRESS	CITY	STATE
ZIP		
LOCATION OF RESIDENCE		
CHAPTER	CELL PHONE NO	
EMAIL ADDRESS		

HOMESITE LEASE (CHECK ONE BOX ONLY)

- I have an approved and complete Homesite Lease. (Provide Copy)
- I am currently applying for a Homesite Lease. (Provide copy of receipt)
- I do not have a Homesite Lease
- I reside on allotted land. (Provide Copy of Finalized Residential Lease)

HOUSING INFORMATION

TYPE OF STRUCTURE: <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 HOUSE CONDITION: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor House Color: _____ House Size: _____ No. of bedrooms? _____ No of bathrooms? _____ Number of people living in home? _____	TYPE OF DWELLING: <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	ELECTRICITY: <input type="checkbox"/> YES <input type="checkbox"/> NO SOLAR : <input type="checkbox"/> YES <input type="checkbox"/> NO HEAT SOURCE OF HOME: <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? Yes No

IF YES, ATTACH DOCTOR'S STATEMENT TO YOUR APPLICATION

Where do you now get water?



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BATHROOM FACILITIES (CHECK ONE BOX ONLY)

My bathroom/bathroom addition is completely plumbed.

I will install the bathroom plumbing myself.

I will be finished _____
Date

*BE SURE TO NOTIFY OEHE
WHEN IT IS COMPLETED.*

I will receive assistance from _____ for my bathroom plumbing/addition.
Agency/Organization

I do not have a bathroom addition and DO NOT plan to build one.

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:

Reviewed By:

Signature:

Date:

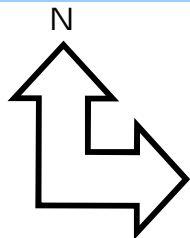


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PLEASE DRAW MAP ON THE NEXT PAGE

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.