



Dear Water/Sewer Applicant:

Attached is an application for sanitary services provided by the Indian Health Service. The information provided on this form will enable us to determine your eligibility, assure the viability of your project and design your system. If you are unsure of any part of this form, please contact us at the Salish & Kootenai Housing Authority, P.O. Box 38 Pablo, MT 59855 or call (406) 675-4491 or (406) 883-4211. Incomplete forms will not be processed until all information is received.

Projects will be approved based on eligibility and funds available. Part of the eligibility requirements is determination if you have received prior services. If you received prior services you may not be eligible for additional services.

Once applications are approved they are grouped into projects in order to speed up the contracting process and minimize the cost of installing services. Money for projects is limited and it may become necessary to prioritize applicants, serving some on later projects. The Policy Compliance Committee has final approving authority of project applicants.

Once your application has been approved an environmental review must be completed on your site. **NO FUNDS WILL BE COMMITTED** until the environmental review is completed and there are no findings that would prohibit the project from going forward. You will also need to attend a pre-construction meeting to start coordinating a schedule for your services.

We look forward to assisting you with your needs and welcome any questions you may have about our programs.

Sincerely,

A handwritten signature in blue ink that reads "Raquel Davis".

Raquel "Rocki" Davis  
Community Systems Program Manager

**PARTICIPANTS CHECKLIST FOR SERVICES**  
**PLEASE READ THE FOLLOWING AND SIGN:**

1. **Primary residence**. Services can only be provided if this will be your primary residence. Primary residence is defined as 24-hour year-round family dwelling. Please be aware that 2<sup>nd</sup> homes, vacation homes and travel/camp trailers are not eligible. If you currently own a home elsewhere proof you have that home sold or listed for sale must be provided to this office.
2. **No prior assistance**. Applicant cannot have received well and sewer installation prior. If you have received prior assistance you must provide a statement on what happened to previous service.
3. **Site Control**  
You need to submit a Street Address, legal description and verification of ownership or a homesite lease. You will need to have all the property corners identified. Also the site must be accessible for construction, includes removable of any debris, weeds, etc. that may prohibit access.
4. **FEE Land**. If you are requesting services to be placed on Fee Simple Land, you must complete an application for sewer installation at the County. Please be aware that any fees that are required for this review will be the responsibility of the applicant.
5. **Map** indicating property location **AND** potential home location
6. **Electrical service** must be on site
7. **Manufactured home**: Must have adequate foundation or will need to be blocked, anchored and skirted including removal of the wheels. The plumbing must be stubbed out 5' from home.
8. **Pressure Tank**: You will need a good, insulated area for your pressure tank. This can be put in your house, or installed in an insulated pump house.
9. **Home Construction**: Have protection from the elements and have adequate exterior doors, windows, screens, roof and insulation. Have adequate plumbing without leaks including kitchen sink, water heater, and complete bathroom with water closet, bathtub and lavatory.
10. **Replacement of existing service**, if outside source has identified problems with your existing service please provide copies of their reports.
11. **If there is a community system near your site** please be aware you may be connected into the community system.
12. **Connection into existing community system**, Meeting with staff at location to determine location of home. Any required fees will need to be paid prior to connection into system. Home will need to have electricity on and if it is a manufactured home it must be adequately skirted or on a foundation.
13. **Environmental Review**, completed by this office. **NO FUNDS WILL BE COMMITTED UNTIL THE SITE PASSES AN ENVIRONMENTAL REVIEW.** The home site must meet the requirements of IHS including lot size, access, flood hazard, site slope and archeological/cultural clearances.
14. **Pre-construction meeting**, Attendance of the pre-construction meeting upon approval for services. Once approved for service you will be given dates of meeting times. You must attend prior to your service being provided.

We will leave your property as clean as possible, **but we do not prepare it for landscaping.**

I have read and understand the above checklist must be completed prior to me receiving services.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SALISH**  **KOOTENAI HOUSING AUTHORITY**  
**OF THE FLATHEAD RESERVATION** 

**RETURN APPLICATION TO:**

Salish & Kootenai Housing Authority  
Attn: Rocki Davis  
PO BOX 38  
Pablo, MT 59855  
Email: rjdavis@skha.org

Date Received: \_\_\_\_\_

**APPLICANT Name:** \_\_\_\_\_  
(first) (last) (maiden name)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you a member of Federally Recognized Tribe?

Yes  No Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

If you are a Tribal Descendant, what Tribe: \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**Telephone** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Message) \_\_\_\_\_

Is it acceptable for you to be contacted at work if necessary?  Yes  No

**Email Address:** \_\_\_\_\_

Is it acceptable for you to be contacted via email if necessary?  Yes  No

**Total Number in household:**

**ASSISTANCE REQUESTED:**

- Domestic Water:  Water service for residence  
 Connection into Community Water System. Name community \_\_\_\_\_  
 Replacement of existing well. Describe problem with existing well

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

Has this issue been verified?  Yes  No, provide copy of verification

- Wastewater  Sewer service for residence  
 Connection into Community Sewer System. Name Community \_\_\_\_\_  
 Replace failed service. Describe problem with existing sewer

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

Has this issue been verified?  Yes  No, provide copy of verification

**PRIOR ASSISTANCE**

Have you received prior water/sewer services from this office?  Yes  No

If yes, location \_\_\_\_\_ When: \_\_\_\_\_

If yes, what happened to those services: \_\_\_\_\_

Were the services received under another name? \_\_\_\_\_

**INFORMATION REGARDING HOME**

1. Are you living at the site where services are being requested?  Yes  No
2. Will this be your **primary residence**?  Yes  No (*Primary residence is defined as 24-hour year-round family dwelling. Please be aware that 2<sup>nd</sup> homes, vacation homes and travel/camp trailers are not eligible*)
3. In your home how many bedrooms? \_\_\_\_\_ How many bathrooms? \_\_\_\_\_
4. Is this new construction?  Yes  No,
  - a. If yes what is your proposed construction dates (start to finish) \_\_\_\_\_
  - b. Who is your contractor: \_\_\_\_\_
5. Is the home a manufactured/mobile home?  Yes  No
  - a. If yes when will the home be set-up \_\_\_\_\_
  - b. When will it be skirted and plumbing stubbed out? \_\_\_\_\_
  - c. Will you have room for the pressure tank in your utility room? \_\_\_\_\_
6. When will you have electricity to site? \_\_\_\_\_

**SITE INFORMATION**

Are there existing water/sewer services on this site?  Yes  No

1. If the request is to replace existing services please describe the problems you are having and identify any company you may have had look at your current service and the date \_\_\_\_\_

Verification of problem having with existing service

Prior Owner(s) if known \_\_\_\_\_

Approximate date of installation \_\_\_\_\_

**PHYSICAL ADDRESS** of site where services are being requested (**REQUIRED**, if you don't have the physical address you will need to contact the county to get this address):

Street Address \_\_\_\_\_ City: \_\_\_\_\_

Legal Description: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Acres: \_\_\_\_\_

---



---



---

Subdivision Name (if applicable): \_\_\_\_\_

Does this subdivision have a community water and/or wastewater system that you are required to connect into?  Yes  No

1. If yes, what is the contact information for the community water and/or wastewater system  
Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

GEOCODE (17 digit geocode can be found in county records, tax statement or <http://svc.mt.gov/msl/mtcadastral/>) \_\_\_\_\_

**LAND STATUS:**

What County is the property located in? \_\_\_\_\_

Fee Simple,

Did you submit your sewer application to the County? \_\_\_\_\_

Individual Trust

Tribal Homesite

What are the **DIRECTIONS** to the site where you are requesting services (Be specific, road names, mileage, lot#, etc.). **PLEASE ATTACH A MAP OF YOUR LOCATION.**

I am aware that if I get assistance in getting domestic water and wastewater services through this office the following are not eligible

**Initial**

1. Connection for a Camper/RV
2. Seasonal residence (vacation home, 2<sup>nd</sup> home)
3. Irrigation for crops, etc. or livestock

The information on this application is correct to the best of my knowledge. If any of the information is found to be false, I agree to withdraw my application for services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**REQUIRED DOCUMENTS TO COMPLETE YOUR APPLICATION:**

Proof of Tribal Enrollment or Tribal Descendant

Proof of Land/Property Ownership

Copy of Home site lease

Map of property

Map indicating location of home on property

Member of other Federally Recognized Tribe-Proof that you have not received service from your Tribe

If failed service, statement from 3<sup>rd</sup> party on system failure

Fee simple property - Attached copy of Lake County Wastewater Application

**WATER RIGHTS QUESTIONS:**

Even though we are asking these questions these are not taken into consideration for the type of assistance our office provides. These questions are used to fill in the application for groundwater development under the CS & KT Water Compact, as all wells now must be registered.

Are there any other groundwater developments on your property?  Yes  No

If yes, how far away are the existing ground water developments from this new groundwater development? \_\_\_\_\_

Is this development used for another water right or by another user?  Yes  No

If yes, please explain how and provide user name? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lawn & Garden:** Include only watered area. Do not include house footprint, driveway, graveled area, etc.

Total size of lawn & garden (length x width) \_\_\_\_\_ -OR- Number of acres \_\_\_\_\_  
April 1 – October 31  Yes  No If no, from \_\_\_\_\_ to \_\_\_\_\_, inclusive of each year

**Irrigation:** (Do not include Lawn & Garden Irrigation)

Type of Crop: \_\_\_\_\_ Total Crop Acres Irrigated: \_\_\_\_\_  
April 1 – October 31  Yes  No If no, from \_\_\_\_\_ to \_\_\_\_\_, inclusive of each year

**Stock:**

Number & Type: (example 100 Cows & 1 Horse) \_\_\_\_\_

Year-round use?  Yes  No If no, from \_\_\_\_\_ to \_\_\_\_\_, inclusive of each year

**Other:** (do not include purposes described above)

Describe the purpose of the use: \_\_\_\_\_

Amount of water used: \_\_\_\_\_ gallons per day Number of days used \_\_\_\_\_

Year-round use?  Yes  No If no, from \_\_\_\_\_ to \_\_\_\_\_, inclusive of each year

I have possessory interest in the property where services are requested and have the exclusive property rights in the groundwater development works OR I have attached written consent of the person owning the groundwater development works and/or written notification to the land owner,

The information on this application is correct to the best of my knowledge. If any of the information is found to be false, I agree to withdraw my application for services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## IHS Participant Service Agreement

---

It is extremely important to have all water/sewer hook-ups staked and visible for our crews. Failure to have these service connection locates clearly marked may delay the completion of your construction project.

If SKHA – Operations arrive on your project to find that the locations are not clearly marked, the construction crew may move to the next participant on the construction schedule to ensure that we don't experience delays and cost overruns to our budget waiting for these locations to be marked. You will be rescheduled for services at our earliest convenience.

Both water and sewer hook-ups need to be stubbed 5 feet from the house. Please make sure your plumber is aware of this. We want the installation of your services to go as smoothly and quickly as possible.

It is also important for you to know that we do not provide landscaping for the area where your services have been installed. We will however, rough in the area by cleaning up and leveling. We might also put down some type of grass seed to avoid any erosion. Any other type of improvements will be provided by you, the participant.

This installation of water and/or sewer services is your one time service provision under Indian Health Service assistance. This installation is warranted for one year after construction is completed. Anything after the one year warranty period will be the homeowner's responsibility to do maintenance and repairs as needed.

Thank you for your help.

I understand fully the above statements \_\_\_\_\_

Participant's Signature

\_\_\_\_\_  
Date