SALISH KOOTENAI HOUSING AUTHORITY
OF THE FLATHEAD RESERVATION

IHS SANITATION FACILITIES APPLICATION

Individual Wells, Septic Systems and Community System Connections

APPLY BEFORE YOU START BUILDING

Your land determines where you can install your well and septic system. Soil type, groundwater depth, slopes, and required setbacks from your home, property lines, and water sources all limit where you can place them. This can also affect where your home should be built. **That is why our engineer must review your property before you decide where to build.**

Design and permits take months. Applying after your home is built can mean a difficult site, extra cost, and long delays. **Apply before construction begins. Installation begins once your home is 90% complete.**

Dear Water/Sewer Applicant,

Thank you for your interest in the Indian Health Service (IHS) Sanitation Facilities Program. This packet contains everything you need to apply for a new well and septic system, a connection to a community water or sewer system, or replacement of a failed system.

Please complete every section and attach all required documents. **Incomplete applications will not be processed** until all information is received.

Projects are approved based on eligibility and available funding. If IHS funding is not available, we cannot provide services, even to eligible and approved applicants. If funding runs out for the year, an approved project may be moved to the next funding year.

There is no numbered waiting list. Approved projects are scheduled based on readiness, not the order in which applications are received. Your project moves forward once your site, permits, and home are ready.

IHS assistance is a one-time service, so if you have received services before, you may not be eligible again. All applications are valid for 1 year. If your project has not been completed within 1 year, including a project moved to the next funding year, you must submit an updated application to keep it active.

After approval, your site must pass an engineering review and an environmental review. **No funds will be committed until your site passes these reviews.**

HOW THE PROCESS WORKS

1	2	3	4	5
Apply	**Review**	**Site review**	**Get ready**	**Construction**
Return this application with all required documents.	We check eligibility. The Policy Compliance Committee makes the final decision.	Engineering and environmental review of your home site.	Permits, site preparation, and a meeting with our Construction Inspector.	Services installed, water tested, final walk-through with you.

RETURN BY MAIL, EMAIL, FAX OR IN PERSON

Salish & Kootenai Housing Authority
Attn: Rebecca Phillips
Water/Sewer Operations Supervisor
Phone: (406) 675-4491 ext. 1547
PO Box 38, Pablo, MT 59855
Email: rphillips@skha.org Fax: (406) 675-4495

QUESTIONS? WE ARE HAPPY TO HELP

Phone: (406) 675-4491
Teeka Matt, Water/Sewer Admin Assistant: ext. 1532
Rocki Davis, Water/Sewer Operations Manager: ext. 1508
Office: 56243 US Hwy 93, Ronan, MT
Hours: Monday to Thursday, 7:00 AM to 5:30 PM
www.SKHA.org

BEFORE YOU APPLY: PROGRAM REQUIREMENTS

These requirements come from the SKHA Dispersed Sites Policy and IHS regulations. Please read each one before completing your application.

ELIGIBILITY	
Primary residence	The home must be your primary residence, meaning you live there at least 6 months per year. Second homes, vacation homes, campers, RVs, and travel trailers are not eligible. If you own a home somewhere else, you must provide proof that it has been sold or listed for sale.
One-time service	IHS assistance is a one-time service. If you received services before, you must explain what happened to them. Services that failed because of homeowner neglect or damage do not qualify for repeat service.
Who can apply	Only the landowner and homeowner may complete and sign this application. They must be an enrolled CSKT member, a CSKT descendant, or an enrolled member of another Federally Recognized Tribe. You must own the property (deed) or hold a Tribal homesite lease in your name. Rented homes and rented properties are not eligible. Provide a street address, legal description, and a map. All property corners must be identified.
YOUR PROPERTY	
Site review	Your site must pass engineering and environmental review. A site may be rejected for poor soils, lack of access, flood hazard, no available water, steep slope, cost above the IHS unit cost cap, or environmental or cultural findings. New septic systems require a minimum of 1.25 acres. You must obtain a licensed engineering review. If engineering does not recommend the site, SKHA is not obligated to provide services.
Permits	Wells: you must complete a well permit application with the Flathead Reservation Office of Engineer. If the Water Board denies the permit and no community system is available, water service cannot be provided. Septic on fee land: you must complete the Application for Sanitary Permit at your County office. Any county fees are your responsibility. This office provides the permit for Individual Trust Land or Tribal homesites.
Community systems	If a community system is near your site, you may be connected to it. Connection fees must be paid before connection, and monthly rates apply.
Replacing a system	A licensed professional must complete the Replacement Verification Form in this packet. Pumps, pressure tanks, and routine septic pumping are homeowner maintenance and are not eligible.
YOUR HOME	
Home standards	Sound structure with doors, windows, roof, and insulation that protect from weather and pests. IHS funds cannot be used on homes in poor structural condition. A complete bathroom (toilet, tub or shower, and sink) of at least 35 square feet and 5 feet clear width, plus a kitchen sink and water heater. A working 24-hour heating system. Plumbing stubbed out at least 5 feet from the foundation or skirting.
Manufactured homes	Must be on an approved foundation, or blocked, anchored, and skirted with wheels removed. Interior plumbing must be leak-free with a working water heater, and the home must be structurally sound and livable.
Electricity	Power must be on site and connected to the home, or the power company must commit in writing to provide power before IHS work is finished.
Pressure tank	For wells, you need an insulated space for the pressure tank inside the home, or you must build an insulated, weatherproof pump house before well drilling is finished. Pressure tanks will not be installed in crawlspaces.
GETTING SCHEDULED	
Ready for scheduling	Your project is scheduled once electricity is on site, property boundaries are marked, a site-built home is 90% complete, or a manufactured home is on its foundation, all permits are obtained, and you have met with our Sanitation Construction Inspector.

Water testing, cleanup, and warranty terms are explained in the Participant Service Agreement in this packet.

I have read and understand these requirements, and I understand they must be met before I can receive services.

APPLICANT SIGNATURE	DATE

APPLICANT'S RESPONSIBILITIES

READ CAREFULLY. THIS IS A LEGAL DOCUMENT.

#	RESPONSIBILITY	INITIAL
1	This is an **APPLICATION** for service. The provision of sanitation facilities depends on Indian Health Service (IHS) site review, verification of home construction and improvements, and availability of funds.	_____
2	No services can be provided without a completed and signed Application for Sanitation Facilities.	_____
3	Applications for the Flathead Reservation service area are submitted to the Salish & Kootenai Housing Authority (SKHA), which administers the IHS program on behalf of the Confederated Salish and Kootenai Tribes and works with IHS on each application.	_____
4	The Applicant must provide proof of a legal claim to the land (for example, a deed, redacted TSR, or copy of the homesite lease) as part of this application. **Only the landowner/homeowner may complete this application, and the home cannot be a rented property.** The homesite must be the primary residence of the Applicant. **No services can be provided to properties other than primary residences.**	_____
5	An SKHA (IHS representative) will visit the homesite to determine site suitability. Before this visit, the Applicant must locate the property corners, underground utilities, and the proposed house location (new homes). See the Homesite Sketch on the last page.	_____
6	By signing this application, the Applicant grants SKHA, as the IHS representative, and its authorized contractors permission to enter the land to carry out the site-approved work. This work may include, but is not limited to, digging soil test pits, conducting percolation tests, and drilling test wells. The Applicant agrees to waive all claims that may arise from such entry and testing, except those claims recognized under the Federal Tort Claims Act.	_____
7	Under Public Law 86-121, IHS cannot own, operate, or maintain the Applicant's completed facilities. All constructed facilities will be transferred to the Applicant when construction is complete. For community facilities, the Applicant is responsible for individual facilities, such as the water service line from the house to the curb stop or meter, and the sewer service line from the house to the property line.	_____
8	IHS does not provide inside plumbing. Plumbing must be inside the house, with a stub protruding 5 feet beyond the foundation to connect to the outside plumbing.	_____

Initial each responsibility above. You will confirm that you have read and agree to these responsibilities when you sign Section 8 of this application.

1 APPLICANT INFORMATION

FIRST NAME	LAST NAME	MAIDEN NAME (IF ANY)

DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL NUMBER IN HOUSEHOLD
		Adults _____ Children _____

TRIBAL AFFILIATION (CHECK ONE)

☐ Enrolled CSKT member ☐ CSKT descendant ☐ Enrolled member of another Tribe

TRIBE	ENROLLMENT NUMBER

MAILING ADDRESS	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	WORK PHONE

EMAIL ADDRESS	OK TO CONTACT BY EMAIL?	OK TO CONTACT AT WORK?
	☐ Yes ☐ No	☐ Yes ☐ No

2 ASSISTANCE REQUESTED

Check every service you are requesting. IHS installs service lines within 5 feet of the home. All plumbing inside the home is the homeowner's responsibility.

REASON FOR REQUEST (CHECK ONE)

☐ Service to a new home ☐ Service to an existing home ☐ Replacement of a failed system

WATER

☐ New well and pressure system ☐ Connect to community water system ☐ Replace existing well

COMMUNITY WATER SYSTEM NAME (IF CONNECTING)

WASTEWATER

☐ New septic tank and drainfield (1.25-acre min.) ☐ Connect to community sewer system ☐ Replace failed system

COMMUNITY SEWER SYSTEM NAME (IF CONNECTING)

Replacing a failed system? You must also turn in the Replacement Verification Form at the back of this packet, completed by a licensed professional.

3 PRIOR ASSISTANCE

HAVE YOU EVER RECEIVED WATER OR SEWER SERVICES FROM THIS OFFICE OR IHS?	UNDER ANOTHER NAME?
☐ Yes ☐ No	☐ Yes ☐ No

IF YES, LOCATION	WHEN	OTHER NAME USED

IF YES, WHAT HAPPENED TO THOSE SERVICES?

HAS THIS HOME OR PROPERTY EVER BEEN SERVED BY IHS BEFORE (BY YOU OR A PREVIOUS OWNER)?	IF YES, WHEN
☐ Yes ☐ No ☐ Don't know	

4 HOME INFORMATION

HOME IS (CHECK ONE)
☐ Existing ☐ Proposed (new construction)

TYPE OF HOME (CHECK ONE)
☐ Site built (wood/stick) ☐ Manufactured/mobile ☐ Shop with living quarters Other: _____

YEAR BUILT (APPROX.)	YEARS AT THIS LOCATION	NUMBER OF OCCUPANTS	BEDROOMS / BATHROOMS
			____ / ____

CONDITION OF HOME (CHECK ONE). IHS FUNDS CANNOT BE USED ON HOMES IN POOR STRUCTURAL CONDITION.
☐ Excellent/new ☐ Good ☐ Fair ☐ Poor

ARE YOU LIVING AT THE SITE NOW?	WILL THIS BE YOUR PRIMARY RESIDENCE (6+ MONTHS PER YEAR)?
☐ Yes ☐ No	☐ Yes ☐ No

IS THE HOME ON SITE NOW?	IF NO, DELIVERY OR COMPLETION DATE	HEATING SYSTEM
☐ Yes ☐ No		

HAS CONSTRUCTION ON THE HOME ALREADY STARTED?	HAS AN SKHA ENGINEER REVIEWED THE HOME LOCATION?
☐ Yes ☐ No	☐ Yes ☐ No
NEW CONSTRUCTION: DATES (START TO FINISH)	**CONTRACTOR NAME**

MANUFACTURED: SET UP DATE	MANUFACTURED: DATE SKIRTED AND PLUMBING STUBBED OUT

PRESSURE TANK LOCATION (WELLS)	IS POWER ON AT THE SITE?
☐ Utility room in home ☐ Pump house	☐ Yes No, date expected: _____

5 LAND AND HOME OWNERSHIP

LAND STATUS (CHECK ONE)
☐ Fee simple ☐ Individual trust ☐ Tribal homesite lease

TRUST ALLOTMENT NUMBER	FEE LAND PARCEL NUMBER

ARE YOU THE LANDOWNER OR THE HOMESITE LEASE HOLDER?	DO YOU OWN THE HOME?
☐ Yes ☐ No	☐ Yes ☐ No

IS THE HOME OR PROPERTY RENTED, OR WILL IT BE RENTED?
☐ Yes ☐ No

FEE LAND: COUNTY SANITARY PERMIT APPLICATION SUBMITTED?	DATE SUBMITTED
☐ Yes ☐ No	

Only the landowner and homeowner may apply. Rented homes and properties are not eligible. Attach your deed, redacted TSR, or copy of your homesite lease, and the title or bill of sale for the home, in the applicant's name.

6 SITE INFORMATION

A physical address is required. If you do not have one, contact your County to request an address.

PHYSICAL ADDRESS OF SITE (REQUIRED)			CITY	COUNTY
SECTION	TOWNSHIP	RANGE	ACRES (1.25 MIN. FOR SEPTIC)	COS NUMBER
17-DIGIT GEOCODE (ON YOUR TAX STATEMENT OR Montana Cadastral)				
SUBDIVISION NAME (IF ANY)			MUST YOU CONNECT TO A SUBDIVISION WATER OR SEWER SYSTEM? ☐ Yes ☐ No	
IF YES, SYSTEM CONTACT NAME			CONTACT PHONE	
DIRECTIONS TO THE SITE (ROAD NAMES, MILEAGE, LOT NUMBER, LANDMARKS). PLEASE ALSO ATTACH A MAP.				

EXISTING FACILITIES AT THE SITE *Check all that are there now and describe their condition.*

FACILITY	CONDITION, AGE, AND ANY PROBLEMS (INCLUDE WHO INSPECTED IT AND WHEN)
☐ None	
☐ Well	
☐ Water pressure system	
☐ Septic tank	
☐ Drainfield	
☐ Community water service	
☐ Community sewer service	

7 WELL PERMIT INFORMATION

Complete this section only if you are applying for a well. The Flathead Reservation Water Management Board needs this information for your well permit.

ANY OTHER GROUNDWATER WELLS OR DEVELOPMENTS ON YOUR PROPERTY? ☐ Yes ☐ No	**IF YES, DISTANCE FROM THE NEW WELL**
IS THE EXISTING DEVELOPMENT USED FOR ANOTHER WATER RIGHT OR BY ANOTHER USER? ☐ Yes ☐ No	**IF YES, USER NAME**
IF YES, EXPLAIN HOW IT IS USED	
LAWN AND GARDEN: WATERED AREA ONLY (LENGTH X WIDTH)	**OR NUMBER OF ACRES**
LAWN AND GARDEN WATERING SEASON ☐ April 1 to October 31 Other season: from _____ to _____ each year	
IRRIGATION (NOT LAWN AND GARDEN): TYPE OF CROP	**TOTAL CROP ACRES IRRIGATED**
IRRIGATION SEASON ☐ April 1 to October 31 Other season: from _____ to _____ each year	
STOCK: NUMBER AND TYPE (EXAMPLE: 10 COWS, 1 HORSE)	**YEAR-ROUND USE?** ☐ Yes ☐ No
STOCK: IF NOT YEAR-ROUND From _____ to _____ each year	

OTHER USE: DESCRIBE PURPOSE	**GALLONS PER DAY**	**DAYS USED**
OTHER USE: YEAR-ROUND? ☐ Yes ☐ No If no, from _____ to _____ each year		

Water rights statement: 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 landowner.

REQUIRED DOCUMENTS CHECKLIST

Attach copies of the following. Your application will not be processed until everything that applies to you is received.

ALL APPLICANTS

- ☐ Proof of Tribal enrollment or CSKT descent
- ☐ **Proof of land ownership** deed (front page), redacted TSR, or copy of homesite lease
- ☐ **Proof of home ownership** title, bill of sale, or purchase contract
- ☐ Street address for the site
- ☐ Map showing the property location
- ☐ Homesite sketch (last page)
- ☐ Signed Participant Service Agreement
- ☐ Signed Authorization to Release Information

IF IT APPLIES TO YOU

- ☐ **Member of another Tribe:** proof you have not received service from your Tribe
- ☐ **Replacing a failed system:** Replacement Verification Form
- ☐ **Own another home:** proof it is sold or listed for sale
- ☐ **Fee simple land:** County wastewater (sanitary permit) application
- ☐ **Fee simple land:** Certificate of Subdivision Approval (COSA)
- ☐ **Fee simple land:** approved lot layout showing proposed well and drain field
- ☐ **Power not yet on site:** written commitment from the power company

8 APPLICANT AGREEMENT AND CERTIFICATION

Services are provided only if funding is available and this application meets all requirements. Your signature below also confirms that you have read, initialed, and agree to the Applicant's Responsibilities on page 3. Initial each statement, then sign.

Initial:	I understand this is a process, and the time from application to construction depends on funding, permits, weather, and contractor availability.
Initial:	I allow SKHA, as the IHS representative, and its authorized contractors to enter my property to evaluate the site and to build and inspect the facilities requested.
Initial:	I will obtain all easements and permits needed for the requested facilities. Permit fees not directly related to sanitation construction are my responsibility.
Initial:	I will accept ownership of the facilities when they are complete, and will operate and maintain them, including pumps, pressure tanks, and routine septic pumping.
Initial:	I will take care of minor site cleanup after installation, such as settling of soil around the installed facilities.
Initial:	IHS has a cost cap per homesite. Service depends on available funding, and I may be eligible even if my site does not qualify.
Initial:	Services will not be provided for a camper or RV, a seasonal residence (vacation or second home), a home in poor structural condition, or irrigation for crops or livestock.
Initial:	I am the landowner (or homesite leaseholder) and the homeowner. The home is not, and will not be, a rented property.
Initial:	This home must be my primary residence, services are a one-time provision under IHS assistance, and I have told SKHA about any services I received in the past.
Initial:	I have read the Applicant's Responsibilities, the Program Requirements, the Applicant Information Sheet, the Participant Service Agreement, and the Authorization to Release Information.

WARNING: FALSE INFORMATION. This program is funded by a federal Indian Health Service grant. Knowingly making a false statement or hiding information on this application may result in denial of your application, cancellation of services, and referral to the proper authorities. Under federal law (18 U.S.C. 1001), knowingly and willfully making a false statement in a matter involving the federal government is a crime punishable by fines and up to 5 years in prison.

I certify that all answers on this application are true, complete, and correct to the best of my knowledge, and are made in good faith. I understand the warning above.

APPLICANT (LANDOWNER/HOMEOWNER) PRINTED NAME	APPLICANT SIGNATURE	DATE

IHS PARTICIPANT SERVICE AGREEMENT

WHAT YOU AGREE TO	
Mark your hookups	All water and sewer hookups must be staked and clearly visible for our crews. If our crew arrives and the locations are not clearly marked, the crew may move on to the next participant on the schedule to avoid delays and cost overruns. You will be rescheduled at our earliest convenience.
Stub outs	Water and sewer hookups must be stubbed out at least 5 feet from the house. Please make sure your plumber knows this. SKHA installs service lines to within 5 feet of the home. All plumbing inside the home is your responsibility.
Before we install	Services are installed only when the home is substantially complete: plumbing and electricity installed and the home closed in from the weather. We cannot provide temporary water or power during construction.
Landscaping	We do not landscape. We will clean up and level the work area, and may put down grass seed to prevent erosion. Any other improvements are your responsibility.
One-time service	This installation is your one-time service under IHS assistance.
Warranty	The installation is warranted for one year after construction is complete. After that, maintenance and repairs are the homeowner's responsibility. Damage caused by the homeowner, or anyone under their control, voids the warranty and disqualifies the property from further assistance.
Water treatment	If testing shows a primary contaminant such as arsenic, SKHA will install treatment. Any other filtration and ongoing maintenance of any filter system is the homeowner's responsibility.
Final inspection	Our Sanitation Construction Inspector will do a walk-through of the finished system with you and show you how to operate and maintain it.

I fully understand the statements above.

PARTICIPANT PRINTED NAME	PARTICIPANT SIGNATURE	DATE

AUTHORIZATION TO RELEASE INFORMATION

APPLICANT NAME(S)	SERVICE REQUESTED ☐ Well ☐ Septic ☐ Connection
PROPERTY ADDRESS	

I authorize the release of information to the Salish & Kootenai Housing Authority (SKHA), or its agents and assigns, for any information they require about my application for sanitation services (well or septic) for the property listed above.
I authorize SKHA to share information, verbally or in writing, with the following agencies:

☐ Flathead Reservation Water Management Board (FRWMB)
☐ CSKT Tribal Lands Department
☐ CSKT DHRD Program
☐ County Environmental Health Department (Lake, Sanders, Missoula, Flathead, Mineral)
☐ Independent subcontractors (well drillers, septic pumpers, electricians, etc.)
☐ Any other agency of the Confederated Salish & Kootenai Tribes
☐ Other: _____

This release is valid for one (1) year from the date of signature. Any information received by the SKHA Water/Sewer Department will be kept confidential, used for professional purposes only, and not shared with a third party without my consent.

PRINTED NAME	SIGNATURE	DATE

FOR OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY	APPLICATION COMPLETE? ☐ Yes ☐ No Missing info requested: _____	
TRIBAL AFFILIATION ☐ CSKT member ☐ CSKT descendant ☐ Other Federally Recognized Tribe			
POLICY COMPLIANCE COMMITTEE DECISION ☐ Approved ☐ Denied		DECISION DATE	APPLICANT NOTIFIED
ENGINEERING REVIEW DATE	ENVIRONMENTAL REVIEW DATE	WELL PERMIT NUMBER	SANITARY PERMIT NUMBER
PRE-CONSTRUCTION MEETING DATE	PROJECT / IHS PROJECT NUMBER	APPLICATION EXPIRES (1 YEAR)	
NOTES			

REPLACEMENT VERIFICATION FORM

Required only if you are asking to replace a failed well or septic system. Each part must be completed and signed by a licensed professional. Replacement of well pumps, pressure tanks and their parts, and routine septic pumping are homeowner maintenance and are not eligible.

APPLICANT NAME	PHONE	
SITE ADDRESS	CITY	STATE / ZIP

PART A: SEPTIC TANK PUMPING AND INSPECTION REPORT

To be completed by a licensed septic pumper or waste hauler.

DATE TANK WAS PUMPED	TANK SIZE (GALLONS)	DATE OF PREVIOUS PUMPING (IF KNOWN)
CONDITION OF TANK (BAFFLES, CRACKS, LIDS)		
CONDITION OF DRAINFIELD (SURFACING, SATURATION, BACKUPS)		
IN YOUR PROFESSIONAL OPINION, HAS THE SYSTEM FAILED? ☐ Yes ☐ No	LIKELY CAUSE	
COMPANY NAME	LICENSE NUMBER	PHONE
PRINTED NAME	SIGNATURE	DATE

PART B: WELL AND PRESSURE SYSTEM REPORT

To be completed by a licensed well driller or pump installer.

DATE INSPECTED	WELL DEPTH (IF KNOWN)	YEAR DRILLED (IF KNOWN)
CONDITION OF WELL (CASING, YIELD, WATER QUALITY, SANDING)		
CONDITION OF PUMP AND PRESSURE SYSTEM		
IN YOUR PROFESSIONAL OPINION, HAS THE WELL FAILED (NOT JUST THE PUMP OR TANK)? ☐ Yes ☐ No	LIKELY CAUSE	
COMPANY NAME	LICENSE NUMBER	PHONE
PRINTED NAME	SIGNATURE	DATE

HOMESITE SKETCH

Please draw your homesite and label: property lines and corners; the house; outbuildings; the driveway and road access; large objects (old vehicles, debris piles, play sets); natural features (large trees, ponds, canals, ditches, slopes); and existing facilities (well, pressure tank or pump house, septic tank, drainfield, power line, water and sewer stub-outs). Show the direction North with an arrow.

You may attach your own drawing or an aerial photo instead, as long as it shows the items above.