Application for Water and Wastewater Services
Office of Environmental Health and Engineering (OEHE)
PO Box 600
Tuba City, AZ 86045
Phone: (928) 263-2643  Fax: (928) 263-2904

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Census No.</th>
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<tbody>
<tr>
<td>Spouse (Last, First)</td>
<td>Census No.</td>
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<tr>
<td>Mailing Address</td>
<td>City</td>
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<tr>
<td>Phone (1)</td>
<td>Phone (2)</td>
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<tr>
<td>Chapter</td>
<td>County</td>
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Requesting the following services:  [ ] Water  [ ] Sewer  [ ] Septic Tank/Drainfield

Housing:  Type of Structure:  [ ] Mobile  [ ] Hogan  [ ] Frame  [ ] Other ________________

Color of Home: ________________  Color of Roof: ________________

Does this home have a bathroom?  [ ] Yes  [ ] No  If Yes, does the bathroom have plumbing?  [ ] Yes  [ ] No

Does this home have electricity?  [ ] Yes  [ ] No

Do you have a Home Site Lease?  [ ] Yes  [ ] No

Name of Home Site Lease Holder: ________________  (Provide a copy with this application)

How many people live in this home? ___  (Provide the maximum number at any time)

Is there anyone living in this home with a medical condition that requires water service?  [ ] Yes  [ ] No
(If yes, provide medical referral documentation signed by a medical doctor)

Draw a map that shows how to get to your home from the chapter house or a well known landmark.

Physical Address if available:

NORTH

WEST

SOUTH

EAST
BY SIGNING BELOW, I CERTIFY THAT I UNDERSTAND THE FOLLOWING CONDITIONS OF PARTICIPATING IN A PROJECT AND THAT I WILL CARRY OUT MY RESPONSIBILITIES UPON RECEIPT OF THE FACILITIES PROVIDED:

- I will make water payments and sewer payments (if sewer connection is provided) to NTUA.
- IHS will provide a one-year warranty on facilities installed. If the facilities are tampered with, the warranty will be voided.
- I will be responsible for maintaining all the plumbing fixtures and pipes inside my house.
- I will be responsible for maintaining the waterline from the water meter to my house. IHS does NOT install Frost Free Hydrants.
- I will be responsible for maintaining the sewer connection line or the septic tank and drainfield.
- I understand that the septic tank must be inspected yearly and pumped when necessary usually every 2 to 5 years at a cost of $400 - $500. I must arrange for and pay for pumping the septic tank. If the septic tank is not pumped when needed, the drainfield will fail and I will have no wastewater service.
- I will attend Homeowner Training on how to operate and maintain the plumbing, waterline and sewerline or septic system in good working order. If I do NOT attend the training, NTUA can refuse to connect my water service.
- When plumbing is installed in my home as part of an IHS project, I will sign a receipt for the fixtures installed. Until I sign a receipt, I will accept the records of the installers as to what was installed.
- If my home requires additional space for plumbing I will ensure that the addition will be built before any work begins. Without the required addition, plumbing will NOT be installed.

Note: IHS does NOT construct or provide materials for bathroom additions. Please contact your chapter for information on assistance. Upon request, IHS may provide sample drawings to assist you in planning your addition.

NOTICE ON ELIGIBILITY: The applicant must be a member of a federally recognized tribe. IHS criteria states that only existing homes may be served with water and sewer facilities. NHA and other homes funded through HUD are not eligible for IHS services. Due to this restriction, the homeowner should be aware of what program, if any, was responsible for building their home.

For more information, please call or visit our Tuba City OEHE office:

Phone: (928) 283-2843

Office of Environmental Health and Engineering (OEHE)
167 N. Main St.
Tuba City, AZ 86045

COMMENTS/QUESTIONS: (Please provide further description regarding your request for services.)

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

SIGNATURE ________________________________ DATE ________________________________

FOR IHS RECEPTIONIST USE ONLY:

This application requires the following information before it can be considered:

[ ] Homsite Lease [ ] Bathroom Addition [ ] Medical Referral [ ] Other: __________________________

This application is complete [ ]

__________________________________________ Date ________________________________

Signature

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