



## ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Division of Environmental Health & Engineering

4500 Diplomacy Drive, Suite 454

Anchorage, Alaska 99508

(P) (907) 729-3600

(F) (907) 729-4090

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## ANTHC Individual Sanitation Facilities Project Application (Scattered Sites)

### *Requirements for Water and Sewer Facilities from ANTHC*

***ALL PAGES OF THE APPLICATION NEED TO BE RETURNED TO ANTHC  
Do not mail anything to the State of Alaska.***

1. The application form must be completely filled out and submitted with all supporting documentation. Incomplete applications will be returned without further action.
2. The home must be the applicant's primary residence with no intentions of moving in the foreseeable future.
3. The applicant must hold legal control of the land and home through ownership, allotment, assignment, or leases and must be able to provide written documentation of such control. Assignment or lease periods must be for a minimum of 5 years.
4. The site must be economically and technically feasible for construction of suitable sanitation facilities.
5. The applicant must provide suitable site access for entry and exit.
6. The applicant or the Tribe will be expected to provide necessary rights-of-way for water and sewer construction.
7. The site must have electricity before water and/or sewer services are provided.
8. Mobile homes must be permanently set and anchored to a secure foundation, with all wheels removed, and completely skirted.
9. All homes must be structurally sound, including doors, windows, screens, roof, insulation, and siding.
10. All homes must have an automatic (thermostatically controlled) heating system to prevent freezing even when the occupants are not home. (such as a Toyo stove)
11. Campers and travel trailers are not eligible for service.
12. All homes must have functional plumbing and contain, at a minimum, one complete bathroom, a kitchen sink, and a water heater.
13. The homes must be new, newly acquired, or remodeled to "like new" condition. Mobile homes previously served by ANTHC and relocated from one site to another by the applicant are not eligible for service.
14. HUD/NAHASDA homes that have not been paid off are not eligible. Homes funded with HUD/NAHASDA that are fully paid off are eligible.

**PLEASE KEEP THIS PAGE FOR YOUR RECORD AND REFERENCE**

<http://anthc.org/wp-content/uploads/2016/01/ANTHC-Individual-Sanitation-Facilities-Application.pdf>



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Date Stamp of Received Application: \_\_\_\_\_

## ANTHC Individual Sanitation Facilities Project Application (Scattered Sites)

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Spouse's Name

- A. Does the Applicant have legal control of the land through ownership, allotment, assignment, or lease for a minimum of 5 years? (**Attach documentation**)       Yes       No
- B. Does the Applicant have proof of ownership for the home? (**Attach bill of sale, sales contract, title, deed, or applicable documentation**)       Yes       No
- C. Is this home the primary residence of the Applicant?       Yes       No
- D. Total number of people living in household: \_\_\_\_\_
- E. Is the Applicant of Alaska Native or American Indian heritage? (**Attach a copy of Tribal Enrollment card or CDIB**)       Yes       No

7. Directions to homesite: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Legal description of homesite: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Description of home:

- A. Type of home financing: \_\_\_\_\_  
(HUD, NAHASDA, BIA-HIP, HUD-paid off, tribal, private/personal, other)
- B. Age of the home: \_\_\_\_\_
- C. Number of bedrooms: \_\_\_\_\_
- D. Number of bathrooms: \_\_\_\_\_

E. Does the home have indoor plumbing and fixtures (fixtures such as: toilet, sink etc.)  Yes  No  
If No, do you plan on installing indoor plumbing and fixtures within the next year?  Yes  No

F. Does the site have electricity?  Yes  No

a. Is it from a generator?  Yes  No

G. Type of heating system:

Boiler                       Toyo                       Other \_\_\_\_\_  
 Furnace                       Woodstove

Is there a thermostat for the heating system?  Yes  No

H. Existing water facilities (check all that apply) Interior plumbing for water service in the home must be in place and functional and ready for connection. (See Requirements)

Community Water System                       Rainwater Collection System  
 Individual Well                                       Water Holding Tank  
 None

I. Existing sewer facilities (check all that apply) Interior plumbing for sewer service in the home must be in place and functional and ready for connection. (See Requirements)

Community Sewer System                       Outhouse  
 Individual Septic System                       None

J. Have you previously received ANTHC/IHS sanitation facilities?  Yes  No

10. Reason for requesting services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Present condition of the water and sewer systems (if failing system, describe problem):  
\_\_\_\_\_  
\_\_\_\_\_

12. Is this home new, newly acquired or remodeled?  Yes  No  
If yes, describe when and what type of improvements were made to the home:  
\_\_\_\_\_  
\_\_\_\_\_

1. I certify the information provided in this application is true and accurate to the best of my knowledge. I have reviewed the attached ***Requirements for Water and Sewer Facilities from ANTHC*** and understand that the requested facilities will be provided only if this application meets funding eligibility and qualification requirements and funding is available to ANTHC.
2. I understand that it is solely my responsibility to prepare my property for service. This includes relocating items in the yard and in the home as necessary to complete the installation. I understand ANTHC or its contractors will not move personal items and assumes no responsibility for any personal items requiring relocation.
3. **I certify that the residence listed is my primary residence and I plan to remain there indefinitely. ANTHC may seek reimbursement of its expenditures if the applicant sells the property within one year of installation with the intent to profit from the installation.**
4. I understand ANTHC has the right to stop service if ANTHC finds that information in this application is incorrect, or finds the worksite is unsafe for ANTHC employees or its contractors.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:  
\_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Alternative Contact (Person authorized to discuss your service with ANTHC if you are unavailable, leave blank if you do not wish to authorize anyone)

\_\_\_\_\_  
Alternate Contact (Optional)

\_\_\_\_\_  
Alternate contact phone number (Optional)

**Please review your application for completeness. Incomplete applications or failure to provide copies of required documentation with this application will delay service.**

Sponsoring Tribe / Village: \_\_\_\_\_

\_\_\_\_\_  
\*Signature - Tribal Representative

\_\_\_\_\_  
Date Signed

\*If you currently live outside of the area of your tribal affiliation and cannot obtain a tribal representative signature, please write "Outside Area" on the line above.

\_\_\_\_\_  
ANTHC Representative's Signature

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



STATE OF ALASKA  
 DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 P. O. Box O, Juneau, Alaska 99811-1800



## DOMESTIC WASTEWATER SYSTEM OWNER'S STATEMENT

*This information is required by 18 AAC 15.030.  
 Please type or print all non-signature items in ink:*

<i>Department Completion Only</i>
Project No. _____
Date _____
Received: _____

**Project Name:** ANTHC / DEH&E Scattered Sites

I submit the enclosed items concerning the above referenced proposed project for review. By my signature I certify that the project is (check one):

- privately owned and that I am the owner.
- owned by a sole proprietorship and that I am the proprietor.
- owned by a partnership of which I am a general partner.
- owned by a corporation of which I am a principal executive officer of a least the level of vice-president, or a duly authorized representative responsible for the overall management of this project.
- owned by a municipal, state, federal or other public agency, of which I am a principal executive officer, ranking elected official, or other duly authorized employee.

Home Owners Signature (please sign in ink)

Date

Home Owners Name (print)

Company or Agency (if applicable)

18 AAC 15.030. SIGNING OF APPLICATION: All permit or approval applications must be signed as follows:  
 (1) in the case of corporations, by the principal executive officer of at least the level of vice-president or his duly authorized representative, if the representative is responsible for the overall management of the project or operation;  
 (2) in the case of a partnership, by a general partner;  
 (3) in the case of sole proprietorship, by the proprietor; and  
 (4) in the case of municipal, state, federal or other public facility, by either a principal executive officer, ranking elected official, or duly authorized employee.  
 (Eff. 11/25/77, Register 64)  
 Authority: AS 46.03.020(10), AS 46.03.090, AS46.03.100, AS 46.03110, AS46.03160, AS46.03.330, AS 46.03720

## Archeology and Environmental Information

Dear Homeowner:

Federal funding that you are requesting in order to provide water and sewer service to your home requires an Environmental Review with regards to the National Environmental Policy Act, the Endangered Species Act, the Clean Water Act, and other Federal and State concerns. Our organization must follow these requirements. The ANTHC /DEHE is committed to protecting your land and culture.

- The State Historic and Preservation Office requires photographs of your home. Make sure you include them in your application.

Please answer the following questions:

1. Do you know of any plant or animal species on your property that is on the endangered or threatened species list? \_\_\_\_\_
2. Is your home or any building on your property, over 50 years old? \_\_\_\_\_
3. Do you know if any human burial sites have been discovered on or near your property? \_\_\_\_\_
4. Has there ever been artifacts of cultural significance discovered on or near your property? \_\_\_\_\_
5. Have bones or skeletal remains of extinct animals been found on or near your property? \_\_\_\_\_
6. Does your property contain any lakes, streams, rivers, ponds, or springs? \_\_\_\_\_
7. Is your home in a flood plain zone? \_\_\_\_\_

Homeowner's Name, Printed: \_\_\_\_\_

Homeowner's Name, Signed: \_\_\_\_\_

Today's Date: \_\_\_\_\_