

Stockbridge-Munsee Community
Emergency Tribal Well and Septic Program
Policies and Application

**Stockbridge-Munsee Community
Emergency Tribal Well and Septic Program
Policies**

Stockbridge-Munsee Community Emergency Tribal Well and Septic Program provides assistance to enrolled members of the Stockbridge-Munsee Community that reside within the boundaries of the two townships of Bartelme and Redsprings or to enrolled elders or disabled persons that reside within Shawano County.

This program covers the replacement of a well and/or septic and lines leading to the structure. The program does not cover interior plumbing or plumbing lines within the structure and also does not cover interior or exterior pressure tanks (effective 7-20-04 per Tribal Council directive).

The applicant must have a true emergency based on the request and the inspection by the appropriate service provider. Emergency is defined as an unexpected, serious occurrence or catastrophic situation urgently requiring prompt action.

Examples of an emergency are, but not limited to: failing drain field, drain field not meeting state codes, frozen exterior septic or water line, well pumps, etc.

Examples of items not considered are, but not limited to: hook ups of well and or septic lines to home, routine septic pumping, interior or exterior pressure tanks, etc.

A. ELIGIBILITY:

- 1. be an enrolled member of the Stockbridge-Munsee Community and live within the boundaries of the Stockbridge-Munsee Community (townships of Bartelme or Redsprings)**

OR

- 2. be an enrolled elder (aged 55 yrs. or older) or a physically or mentally handicapped or disabled enrolled member and reside within Shawano County.**

3. All applicants will be required to provide proof of the land assignment, OR ownership of land (attach a copy of land assignment, taxes, or deed). Any applicant that does not own the property does not qualify for services.
4. All applicants will be required to reside at the address or residence that has received Emergency Tribal Well or Septic services for a minimum of 5 years after the service has been received.

If at any time during the next 5 years you sell or do not reside in the residence that received service you will be required to repay the program at a pro-rated amount.

5. All applicants must submit a completed application and all required attachments. It is the applicants responsibility to provide all necessary paperwork. Incomplete applications will not be considered for funding.

B. APPROVAL OF APPLICANTS:

1. The applicant is responsible to contact the appropriate service provider (ex: well driller, septic service) to obtain a written estimate of cost to fix the problem.
2. When complete application and all attachments are turned in, the Housing Office staff will review the application, contact the appropriate service provider to confirm the estimate, then approve or deny the application.
3. All applications that are approved: the Housing Staff will contact the applicant and the appropriate service provider to complete the work .
4. All applications that are denied: the Housing Staff will send the applicant a letter stating the reason for denial.
5. All applicants that are denied can take their request to Tribal Council.

I have read the above policies and fully understand the guidelines to be eligible for services.

Enrolled member's signature

date

**Stockbridge Munsee
Emergency Well and Septic Program
Application**

Name _____
Address _____

Phone _____

Date of birth _____

Enrollment Number _____ (attach a copy of card)

Please indicate the following:

_____ **I live within the boundaries of Redsprings & Bartelme**

OR

_____ **I live in Shawano County (outside the boundaries of Redsprings & Bartelme) and I am 55 years or older OR I am handicapped or disabled**

Do you: own home _____ rent _____
Name of owner _____

(attach copy of land assignment, taxes or deed)

Status of Land: Trust _____ fee simple _____

Type of service I am requesting: Septic _____ Well _____

Describe problems: _____

By my signature below, I verify that I live within the boundaries of Redsprings or Bartelme, Or that I am elderly, disabled, or handicapped and live within Shawano County. I understand that I must reside at the address or residence where I will receive Emergency Tribal Well or Septic Services for a period of at least 5 years or I am responsible to reimburse the Stockbridge-Munsee Community. I have provided true and complete information and I authorize this program to use my signature to verify information on my application.

Signature

Date

**Council Approved 7/10/2000
Revised approval 6/17/2003
Revised approval 7/20/2004**