

301 West Alder Street | Missoula MT 59802-4123 www.missoulacounty.us/HealthDept

> Phone | 406.258.4755 Fax | 406.258.4781

envhealth@missoulacounty.us

REVISED LOT LAYOUT APPLICATION

03/27/2020

Local Review of Minor Changes to Previously Approved Subdivisions

MT DEQ and Missoula City-County Health Department (MCCHD) allow for relocations of water or wastewater systems <u>within the lot boundaries</u> provided that the relocations meet local health regulations and applicable subdivision rules.

Revised Lot Layout Submittal Requirements:

Please supply:

- Completed and signed MCCHD application form
- Completed and signed MT DEQ Joint Application form, signed by the current owner of the property
- o Fees
- Copy of the DEQ-approved lot layout you wish to revise
- A proposed lot layout, to scale, clearly showing the proposed changes

Fees:

The fee is set in state regulation, and is currently \$160. All Revised Lot Layout applications must be accompanied by a check or money order to made out to MT DEQ.

Lot Layout:

In order to revise a previously approved lot layout, the new lot layout must be clear and accurate. The elements of a lot layout are described in state regulation 17.36.104, and include: county name, legal description, lot/tract name, lot size, north arrow, scale, locations of existing and proposed easements, roads, wells, drainfields, storm water structures, surface water, and floodplain. **Using the existing approved lot layout as a starting point is often the best way to create a new lot layout.**

Additional Site Work May be Required:

If the proposal includes relocation of a drainfield to an area further than 25' from a soil profile, a new site evaluation, and possibly percolation tests, will be required. The site evaluation can be done by MCCHD for an additional fee, or by a consultant.

Final Approval:

Once we approve a revised lot layout, we will send it to the applicant. <u>It must be filed with the</u> <u>Missoula County Clerk & Recorder within 30 days of the approval and before a permit is issued</u>. Approvals not filed within 30 days are void unless re-certified by MCCHD. We will send a copy of the approved revised lot layout to MDEQ for inclusion in the DEQ Sanitation Act files.

MCCHD REVISED LOT LAYOUT PROPOSAL

Original Approval Information:	
DEQ Certificate of Subdivision Approval E.Q	Q.# or E.S. No.:
Subdivision Name:	OR COS#:
Block Lot/Tract/Parcel	
Address of Site (if assigned):	
Type of structure(s) proposed:	
One Single-Family Dwelling OR	Other (describe)
"Other" includes multiple single family dwell	llings, duplexes, commercial use, mixed use, etc.

Briefly describe the reason for the proposed revisal:

Check which type of revisal being proposed, check all that apply:

 moving the location of a well within the lot boundaries provided that the new location meets
separation distances and will not adversely change the quality, quantity and dependability of the
water supply,

- moving the location of the wastewater treatment system within the lot boundaries provided the new location meets separation distances and site evaluation criteria and the wastewater system is sufficient in terms of capacity and dependability.
- ____ Other (Describe):

******IMPORTANT NOTE:** MCCHD may decide that a proposal is too complex to qualify as a "minor change" allowed for review under the Revised Lot Layout Procedure. If this is the case, the proposal could be made as a standard Subdivision Rewrite Submittal under the Sanitation Act.

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY/ LOCAL GOVERNMENT JOINT APPLICATION FORM

PART I. GENERAL DESCRIPTION & INFORMATION

Name of proposed development: Location:	
City:	
County: 0	Geocode:
Legal description:1/4 of Section	Township Range
Type <u>of</u> Review	Type of water supply system
Division of Land, Boundaries Relocated, or Removal of Restrictions Condominiums/Townhomes/Mobile Homes/Recreational Vehicles Rewrite – No Boundaries Changing, Aggregation, Change of Use Modified Site Plan Descriptive Data	Individual well Individual surface water supply or spring Cistern Shared well (2 connections) Multiple-user (3-14 connections & < 25 people)
 Mobile home park Recreational vehicle park Commercial or industrial Other (please describe) 	25+ people)
Name of solid waste (garbage) disposal site:	
Designated representative, if any (e.g., engineer, su	rveyor)
I designate o	f
Print name as my representative for purposes of this application.	Print Company Name
Address:Street on P.O. Po	x, City, State, Zip Code
Owner	Phone:
Name:	
Address: Street or P.O. Bo	x, City, State, Zip Code
	Phone:
Date: Enter Date Here	