Missoula Public Health City-County Health Department

Missoula City-County Health Department

ENVIRONMENTAL HEALTH

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

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MODIFIED SITE PLAN APPLICATION

February 28, 2017

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 within the lot boundaries provided that the relocations meet local health regulations and applicable subdivision rules.

Modified Site Plan 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 modify
- A proposed site plan, to scale, clearly showing the proposed changes

Fees:

The fee is set in state regulation, and is currently \$125. All Modified Site Plan applications must be accompanied by a check or money order to made out to MT DEQ.

Site Plan:

In order to modify a previously approved site plan, the new site plan must be clear and accurate. The elements of a site plan 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 site plan as a starting point is often the best way to create a new site plan.**

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

MCCHD MODIFIED SITE PLAN PROPOSAL

Original Approval Information:

DEQ Certificate of Subdivision Approval E.Q.# or E.S. No.:					
Subdivision N	ame:		OR	COS#:	
Block I	_ot/Tract/Parcel				
Address of Si	te (if assigned):				
Type of stru	ıcture(s) proposed:				
One Single-Fa	mily Dwelling	OR Other (descr	ibe)		
"Other" include	des multiple single family	dwellings, duplexes,	commerc	ial use, mixed use, etc.	
	h type of modification				
	•			provided that the new location meets e quality, quantity and dependability of the	
	•	paration distances an	nd site eva	em within the lot boundaries provided the luation criteria and the wastewater system	
	Other (Describe):				

****IMPORTANT NOTE: MCCHD may decide that a proposal is too complex to qualify as a "minor change" allowed for review under the Modified Site Plan 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 AND INFORMATION

Location: Ci	ty and/or county	1/4	1/4 of Section	T 1	D
Legal descri	ption:	_ 1/4	1/4 of Section	I ownship	Range
s concurren	t review by local	governing b	body and DEQ requested	? Yes No	
Type of water	er supply system				
	Individual v	vell			
	Individual c	urface water	r supply or spring		
	Shared well	(2 connecti	ons)		
	Multiple-use	er water sup	oply system (3-14 connec	tions and fewer than	25 people)
	Service con	nection to m	nultiple-user system		1 1 /
	Service con	nection to p	ublic system		
	Extension o	i public mai	ın		
	New public	system (15	or more connections or s	erving 25 or more pe	eople)
Type of was	tewater treatment				
			reatment system		
			B bedrooms will be used in		
	Snared Waste	ewaler treati	ment system (2 connections) 14 connections and fewer	or than 25 naonla)	
			ultiple-user system	a man 25 people)	
	Service conn	ection to pu	ıblic system		
	Extension of	public main	n		
	Extension of New public s	public main system (15 c	or more connections or se		
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10.	Provide the following information regarding the development.				
	Current land use	the time of year when water table is nearest to the natural ground surface			
	within the drainfield area	the time of year when water table is hearest to the natural ground surface			
	Depth to bedrock or othe	r impervious material in the drainfield area			
	Existing zoning or other	regulations			
11					
11.	Include the following attachmen	An overall development plan indicating the intent for the development of the			
	1 es NA /	remainder of the tract, if a tract of land is to be subdivided in phases.			
	Yes NA	Drafts of any covenants and restrictions to be included in deeds or contracts			
		for sale.			
	Yes NA	Drafts of homeowners' association bylaws and articles of incorporation, if applicable.			
		of a homeowners' association bylaws and articles of incorporation is adequate			
		omplete its review of sanitary facilities, but a copy of the fully executed itted before DEQ can issue final approval.)			
T 1		Complete and the control of the cont			
		pose of any lot within a subdivision, erect any facility for the supply of water rect any building or shelter in a subdivision that requires facilities for the			
		or solid waste, or occupy any permanent buildings in a subdivision until the			
		on in Subdivisions Act has issued a certificate of subdivision approval			
		abject to sanitary restriction, unless the subdivision is exempt from the			
		6-4-125, MCA. I understand that a person may not construct or use a facility			
that c	leviates from the certificate of sul	odivision approval until the reviewing authority has approved the deviation.			
I desi	ignate	as my representative for purposes of this application.			
Desig	gnated representative, if any (e.	g., engineer, surveyor)			
Nam	e:	Phone:			
Addr	ess:				
	Comp	any, Street or P.O. Box, City, State, Zip Code			
Own	er				
Nam	e:				
	Signature of owner	Print name of owner			
A ddr	ess:				
Tidai	CSS	Street or P.O. Box, City, State, Zip Code			
Date:		Phone:			
Date.		I HOHC.			

(The statement must be signed by the owner of the land proposed for subdivision or the responsible officer of the corporation offering the same for sale.)

Notice: The statutory time frame for each review is 60 days. Resubmittal of denied or incomplete applications restarts the time frame. The estimated time for the DEQ to act on a complete subdivision application is 10 days for subdivisions reviewed by a local department of health under contract to the DEQ. Local health departments review subdivisions within 50 days of receipt of a complete application. During non-peak times, a review may take 25 to 45 days. For peak times, the review may take 45 to 60 days.