



# SANDERS COUNTY

## ENVIRONMENTAL HEALTH

### Revised Lot Layout Instructions

Facilities in approved subdivisions may be relocated in accordance with ARM 17.36.112(8) *Amendments that consist solely of the relocation of previously approved facilities may be made through approval of a revised lot layout document. The approved revised lot layout document must be filed with the county clerk and recorder and a copy must be provided to the department.*

Relocating water or wastewater systems **MUST** comply with applicable statutes, rules, and policies.

The Environmental Health Department reviews revised lot layouts under contract with the Montana Department of Environmental Quality (MDEQ), Subdivision Review Program. Applicants must follow the instructions outlined below.

- **APPLICATION PACKET** – submit to the Sanders County Environmental Health Department:
  1. A brief cover letter explaining the change being requested, and,
  2. A completed and signed Sanders County Revised Lot Layout Application, and,
  3. A completed and signed DEQ Joint Application Form Part I, and,
  4. A proposed Revised Lot Layout showing all requested changes, and,
  5. A copy of original Certificate of Subdivision Approval that shows proof the subdivision has been filed with the Sanders County Clerk & Recorder, and,
  6. Fees, **paid separately**:
    - a. \$160/lot payable to MDEQ, and,
    - b. \$5 payable to the Sanders County Clerk & Recorder, and,
  7. Any supporting information necessary for the review, and,
  8. Four (4) copies of the final revised lot layout.
  
- **REVIEW TIME** – Environmental Health has 30 days to review once all application materials are submitted.
  
- **APPROVAL PROCEDURE** – Environmental Health signs each of the four revised lot layouts and sends them to the MDEQ with the application, required supporting documentation, and the \$125/ lot fee. The MDEQ signs each revised lot layout, keeps one for DEQ records, and sends the remaining three back to Sanders County.
  
- **RECORDING AND DISTRIBUTION** – Environmental Health files one approved revised lot layout with the Clerk & Recorder's office, keeps one approved revised lot layout in the subdivision files, and mails a cover letter and approved revised lot layout to the contractor/owner.



SANDERS COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

PO BOX 519

THOMPSON FALLS, MT 59873

PH - 406-827-6961 / FAX - 406-827-4388

REVISED LOT LAYOUT APPLICATION

Current Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Applicant / Authorized Agent \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Authorized Address of Site (if available) \_\_\_\_\_

DEQ Certificate or Subdivision Approval E.Q. # \_\_\_\_\_ COS# \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Block \_\_\_\_\_ Lot/Tract/Parcel \_\_\_\_\_

Legal Description \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Size of Parcel \_\_\_\_\_

Type & Number of structure(s) proposed: Single Family Dwelling \_\_\_\_\_ Other (describe) \_\_\_\_\_

Unfinished Basement YES \_\_\_ NO \_\_\_ Total # of Bedrooms Proposed (+1 for unfinished basement) \_\_\_\_\_

OR gallons per day effluent produced \_\_\_\_\_

Owner/Agent signature \_\_\_\_\_ Date \_\_\_\_\_

Environmental Health staff may determine your proposal is too complicated for the Revised Lot Layout process, which will then require the project be submitted as a rewrite in accordance with ARM 17.36.112. To help us determine whether your project is eligible for ARM 17.3.6.112 (8), please CHECK one or more of the following proposed changes:

\_\_\_\_\_ 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): \_\_\_\_\_

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY/  
LOCAL GOVERNMENT JOINT APPLICATION FORM**

**PART I. GENERAL DESCRIPTION & INFORMATION**

Name of proposed development: \_\_\_\_\_

**Location:**

City: \_\_\_\_\_

County: \_\_\_\_\_ Geocode: \_\_\_\_\_

Legal description: \_\_\_\_ 1/4 \_\_\_\_ 1/4 \_\_\_\_\_ of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**Type of Review**

- \_\_\_\_\_ 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

**Type of water supply system**

- \_\_\_\_\_ Individual well
- \_\_\_\_\_ Individual surface water supply or spring
- \_\_\_\_\_ Cistern
- \_\_\_\_\_ Shared well (2 connections)
- \_\_\_\_\_ Multiple-user (3-14 connections & < 25 people)
- \_\_\_\_\_ Service connection to multiple-user system
- \_\_\_\_\_ Service connection to public system
- \_\_\_\_\_ Extension of public main
- \_\_\_\_\_ New public system (15+ connections or serving  
25+ people)

**Descriptive Data**

- \_\_\_\_\_ Number of lots
- \_\_\_\_\_ Number of condominiums, townhomes, or  
spaces
- \_\_\_\_\_ Total acreage of lots being reviewed

**Type of wastewater treatment system**

- \_\_\_\_\_ Individual wastewater treatment system
- \_\_\_\_\_ Shared wastewater treatment system (2  
connections)
- \_\_\_\_\_ Multiple-user (3-14 connections & < 25 people)
- \_\_\_\_\_ Service connection to multiple-user
- \_\_\_\_\_ Extension of multiple-user main
- \_\_\_\_\_ Service connection to public system
- \_\_\_\_\_ Extension of public main
- \_\_\_\_\_ New public system (15+ connections or serving  
25+ people)

**Indicate the proposed/existing use(s)**

- \_\_\_\_\_ Residential, single family
- \_\_\_\_\_ Residential, multiple family
- \_\_\_\_\_ Type of multiple family structure  
(e.g. duplex) \_\_\_\_\_
- \_\_\_\_\_ Planned unit development
- \_\_\_\_\_ Condominium/townhomes
- \_\_\_\_\_ Mobile home park
- \_\_\_\_\_ Recreational vehicle park
- \_\_\_\_\_ Commercial or industrial
- \_\_\_\_\_ Other (please describe)

Name of solid waste (garbage) disposal site: \_\_\_\_\_

**Designated representative, if any (e.g., engineer, surveyor)**

I designate \_\_\_\_\_ of \_\_\_\_\_  
Print name Print Company Name

as my representative for purposes of this application.

Address: \_\_\_\_\_  
Street or P.O. Box, City, State, Zip Code

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

**Owner**

Name: \_\_\_\_\_  
Signature of all owners of record Print name of owner (s)

Address: \_\_\_\_\_  
Street or P.O. Box, City, State, Zip Code

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

Date: \_\_\_\_\_

Reviewer	Applicant		ELEMENT DESCRIPTION
Yes Missing NA	Initials	Page(s) in Report	
<b><u>General</u></b>			
			Application form provided & signed by owner, plus contact info for consultant.
			Filled out fee sheet & check made out to DEQ
			Completed & signed copy of Part 4 Checklist
			Vicinity Map Provided
			Copy of plat or COS (or deed if aliquot parts or proposing Aggregation of lots)
			4 copies of lot layout sheet(s); Facilities labeled as Existing or Proposed.
			Copy of any existing COSA for reviewed lot(s)
			Floodplains shown on drawings & any applicable documentation provided (LOMAs).
<b><u>Onsite Wastewater</u></b>			
			Copy of any existing WWTS permits for reviewed lot(s).
			Proof of pumping for septic tanks within last 3 years, unless system less than 5 years old.
			Soil profile descriptions
			Seasonal high groundwater addressed (results or letter indicating in process)
<b><u>Non-degradation</u></b>			
			Nondegradation info IF new development proposed, if expansion of existing development proposed, or for change in use (residential to commercial, etc.)
<b><u>Onsite Water</u></b>			
			Copy of any existing well logs for wells on reviewed lot(s), for wells sampled, & for wells used for hydraulic conductivity estimates
			Information about water quality, quantity & dependability (water tests & aquifer well logs)
<b><u>Public Water or Sewer</u></b>			
			If extensions or connections to existing public water/wastewater proposed, "will serve" letter or copy of current bill from public facility owner if connected
<b><u>Stormwater</u></b>			
			Stormwater drainage report & plans
<b><u>Other documents</u></b>			
			Special Requests - Prior to full design (waivers, deviations, water availability analysis, non-degradation predetermination, etc.)
			Sage Grouse documentation provided
			Copy of submittal to DNRC requesting Water Rights review or, if available, review letter from DNRC.
			Modified Site Plan
<p>Copy of This checklist <b><u>AND</u></b> (<i>circle one</i>)</p> <p><b>COMPLETE LETTER</b> or <b>INCOMPLETE LETTER</b> sent on: _____</p> <p><b>REVIEWED BY:</b> _____ <b>AGENCY:</b> _____</p>			