

## MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY COUNTY WSD FACILITIES EXCLUSION

Subdivision Name:	Number of lots/parcels/units://_
Geocode:	(this can be found at <a href="http://svc.mt.gov/msl/mtcadastral">http://svc.mt.gov/msl/mtcadastral</a> )
Are main extensions necessary to serve the s for review?YesNo	ubdivision?YesNo If yes, have plans for the mains been submitted
How will construction of the facilities be fina	anced?
Owner Information:	
Owner(s) Name:	
Print name of owner(s)	) Signature of all owners of record
Address:	
Stre	eet or PO Box, City, State, Zip Code
Email:	Phone:
Consultant Information:	
Company and Address:	
Email:	Phone:
Eligibility Requirements: All of	of the following criteria must be met:
must review storm water plans.  All the mains necessary to serve the su owned mains or lift stations make the p The County WSD must be incorporated. The County WSD must have a utility m	· · · · · · · · · · · · · · · · · · ·
The project must be one of the following	ig (check applicable box):
Previously divided pa Divisions or parcels of	ct to review under the Montana Subdivision and Platting Act, or arcels recorded with Sanitary Restrictions prior to July 1, 1973 or of land that are exempt from Montana Subdivision and Platting Act review 6-3-207 (1) (a), (b), (d), (e), or (f)

Form continues on next page

	Copy of Preliminary Plat, COS, Amen Declaration must contain the exempti	ner, <u>and</u> the municipalities' representative.  Ided Plat or Unit Declaration. The Plat, COS, Am Plat or Unit  Identify the Plat of the Plat, COS, Am Plat or Unit  Identify the Plat of t
	Vicinity map showing project location Applicable zoning ordinances in effect Copy of growth policy, if applicable Copy of Utility Master Plan approval location: \$120 processing fee	t on file on file
1. T	The existing water and wastewater systems	are in compliance with the provisions of Title 75, chapters 5 and 6, and equate capacity to meet the needs of the project, and
3. T	•	nsure adequate storm water drainage and adequate solid waste
	(Signature of Professional Engineer)	(Date Signed)
Montana P	P.E. Number	
		PE Stamp
Send to: M	ITDEQ Subdivision	

All of the following items must be submitted:

Helen MT 59620-0901

PO Box 200901

Submittal Requirements: