

WHEN RECORDED, RETURN TO:

Summit County Health Department
650 Round Valley Dr.
Park City, Utah 84060

ENTRY NO. 01045275

05/17/2016 03:09:10 PM B: 2352 P: 1139

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MARY ANN TRUSSELL, SUMMIT COUNTY RECORDER
FEE 0.00 BY SUMMIT COUNTY HEALTH DEPARTMENT



Tax Parcel Nos. SS-80-4

NOTICE OF ALTERNATIVE ON-SITE WASTEWATER SYSTEM

SUMMIT COUNTY, UTAH

This Notice is made as of the 11 day of May, 2016 by the Summit County Health Department ("SCHD") pursuant to Utah Administrative Code R317-4-1 and 1.5-B.2.

Recitals

Whereas, the residence at 2486 N DESERT MOUNTAIN RD, Tax ID # SS-80-4, (LOT 103) IN SECS 30 & 31 T1SR5E; BEG AT PT DUE S 4954.892 FT DUE W 2155.437 FT FROM NE COR SEC 30 T1SR5E SLBM (SD NE COR BEARING N 89*23'18" E FROM NW COR & BEING BASIS OF BEARING); TH S 41*22'47" W 678.987 FT; N 43*09'59" W 1969.917 FT TO SW COR NE1/4 SW1/4 SEC 30; TH N 0*06'46" W ALONG W LINE SD NE1/4 542.715 FT TO PT ON S'LY R/W LINE STATE HWY 196; TH N 25*45' E ALONG SD R/W 643.451 FT TO PT TANGENCY WITH 1859.859 FT RAD CUR; TH NE'LY ALONG ARC SD CUR TO RIGHT THRU CENTRAL ANGLE OF 0*34'19" 13.565 FT; S 36* E 740.495 FT; S 31*57' E 548.019 FT; S 45*21'21" E 569.232 FT; S 29*25'39" E 447.772 FT; S 36*59'20" E 255.535 FT TO PT OF BEG TOGETHER WITH & SUBJECT TO 50 FT R/W "Q" CONT 43.58 AC M131-551 739-374 828-267-268 868-648 1025-228 1256-731 1951-1403 -1405-1408 (NOTE: SEE QCD-1984-291 KAY RAMPTON SCHULTZ TO KFRS II) (NOTE: SEE QCD-1984-298 ANITA W MUMFORD TO ANITA W MUMFORD TRUSTEE) 1951-1403-1405-1408 2169-430, was permitted by SCHD to install an alternative style septic system; and,

Whereas, according to the Utah On-site Wastewater Systems, Utah Administrative Code R317-4-1, 1.5-B.2, all alternative systems must be recorded in the chain of title, and require semiannual testing and maintenance by a level 3 certified on-site waste water professional;

Notice

Now, therefore, Notice is hereby given as follows:

1. The residence at 2486 N DESERT MOUNTAIN RD, Tax ID # SS-80-4, was permitted by SCHD to install an alternative style septic system.
2. All alternative on-site waste water systems require semiannual testing and maintenance by a level 3 certified on-site waste water professional.

IN WITNESS WHEREOF the undersigned has executed this instrument as of the day and year first written.

By:


Summit County Health Department

ACKNOWLEDGMENT

STATE OF UTAH)

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COUNTY OF SUMMIT)

On this 11 day of May, 2016, before me personally appeared Phil Bondurant, and did state upon his oath that he is authorized on behalf of the

Summit County Health Department to provide Notice as set forth in Utah Administrative Rule, and that the forgoing instrument was acknowledged before me.

Witness my hand and official seal.

My commission expires:


Notary Public
6-13-17

