STATE OF ALABAMA

COUNTY OF Shelby

## COVENANTS TO RUN WITH LAND

whereas, First united Seurity Bank
hereinafter called the owner(s) of certain real property
situated in \_\_\_\_\_\_ County, Alabama, described in
Exhibit "A," attached hereto and incorporated herein fully;
and

WHEREAS, upon said property the owner(s) desire(s) to construct an alternative onsite sewage disposal system, hereinafter called the system, to service the facility/dwelling on said property; and

WHEREAS, the approval of the system by the \_\_Shelby County Health Department, hereinafter called the local health department, is conditioned upon the covenant by the owner(s) and his/her/their successors in title and his/her/their assigns that he/she/they will satisfy all of the requirements of the local health department and assure the proper functioning of the system.

NOW, THEREFORE, in consideration of the premises, the cwner(s) hereby declare the following covenants to run with the land described in Exhibit "A":

1. The owner(s) and his/her/their successors in title and assigns shall comply with the Rules of the State Board of

OS/14/1998-17678
10:03 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
004 MEL 16.00

Health governing onsite sewage disposal (Chapter 420-3-1, Alabama Administrative Code), and with the terms and conditions of the permit issued by the local health department for the system, with respect to construction, installation, operation, maintenance, and repair of the system.

- 2. The owner(s) hereby give his/her/their assurance that the system shall be installed, and that the completed installation shall be certified by an engineer. The owner(s) and his/her/their successors in title and assigns hereby give his/her/their assurance that he/she/they will provide adequate maintenance for the system and that the system shall not receive hazardous waste, nonbiodegradable waste, or any waste which may contain high levels of metals, or chemicals from industrial, agricultural, or chemical establishments. The system shall receive only domestic liquid waste containing animal or vegetable matter in suspension or solution, and may include liquids containing chemicals in solution from water closets, urinals, lavatories, bathtubs, showers, laundry tubs or devices, floor drains, drinking fountains, or other sanitary fixtures.
- 3. These covenants shall run with the land and be binding on all present and future owners or occupants of said

facility/dwelling and the property on which it is situated until such time as the system is no longer required by the Administrative Code, the same being the case when the facility/dwelling is connected to a public or private sanitary sewer system.

Dated this, the /4th day of many, 1998.  ### L. Huggins  Chairway of the Boord  (Signature(s) of Owner(s))  Donald E. Williamson, M.D.  State Health Officer  By Many of Manager System.  (Local Health Officer's Signature)  TATE OF ALARAMA  )  COUNTY OF Shelby  )  the undersigned Notary Public in and for said County, in said State, hereby certify that Frid L. Huggins  Name(s) of Owner(s))  signed to the foregoing instrument, and who is/are known to signed to the foregoing instrument, and who is/are known to signed to the foregoing instrument, and who is/are known to signed to the foregoing instrument, and who is/are known to signed to the foregoing instrument, and who is/are known to signed to the foregoing instrument.	
Dated this, the 14th day of may, 1978.  The L. Huggins  Chairwon of the Boord  (Signature(s) of Owner(s))  Donald E. Williamson, M.D.  State Health Officer  By Army w Sold Signature)  (Local Health Officer's Signature)  (Local Health Officer's Signature)  THATE OF ALARAMA  (SOUNTY OF Shelby  )  (In the undersigned Notary Public in and for said County, in said State, hereby certify that Frid L. Huggins  Name(s) of Owner(s))  (Signature(s) in and for said County, in said State, hereby certify that Frid L. Huggins  (Name(s) of Owner(s))  (Signature(s) of Signature)  (Local Health Officer's Signature)  (And Shelby Signature)  (Signature(s) of Signature)  (Local Health Officer's Signature)  (Local Health Officer's Signature)  (Local Health Officer's Signature)  (And Shelby Signature)  (Local Health Officer's Signature)	case when the facility/dwelling is connected to a public
Chairmon of this Board  (Signature(s) of Owner(s))  Donald E. Williamson, M.D.  State Health Officer  By Law w Look 5-13-95  (Local Health Officer's Signature)  TATE OF ALABAMA  COUNTY OF Shelby  The undersigned Notary Public in and for said County, in said State, hereby certify that Fred L. Huggins  Name(s) of Owner(s))  Signed to the foregoing instrument, and who is/are known to see, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same coluntarily on the day the same bears date.  Siven under my hand and official seal, this 14th day of May 1998  Little D. Little	or private sanitary sewer system.
Donald E. Williamson, M.D.  State Health Officer  By Alarma J. 5-13-99  (Local Health Officer's Signature)  TATE OF ALARAMA  COUNTY OF Shelby  I, the undersigned Notary Public in and for said County, in said State, hereby certify that Frid L. Huggins  Name(s) of Cwner(s))  Signed to the foregoing instrument, and who is/are known to the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  Siven under my hand and official seal, this 14th day of May 1998  Liven under my hand and official seal, this 14th day of May 1998  Liven under my hand and official seal, this 14th day of May 1998	Dated this, the 14th day of may, 1998.
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Donald E. Williamson, M.D.  State Health Officer  BYTARM D. 5-13-98  (Local Health Officer's Signature)  TATE OF ALARAMA  )  COUNTY OF Shelby  )  The undersigned Notary Public in and for said County, in said State, hereby certify that Fred L. Huggins  Name(s) of Cwner(s))  Signed to the foregoing instrument, and who is/are known to see, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  Siven under my hand and official seal, this 14th day of 1998  Likelia D. Likelia	
State Health Officer  By Anny N 5-13-99  (Local Health Officer's Signature)  TATE OF ALABAMA  COUNTY OF Shelby  I, the undersigned Notary Public in and for said County, in said State, hereby certify that Fred L. Huggins  Name(s) of Owner(s)  Signed to the foregoing instrument, and who is/are known to see, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  Siven under my hand and official seal, this HAM day of May  1998  Likelia D. Likelia	
(Local Mealth Officer's Signature)  TATE OF ALARAMA  COUNTY OF Shelby  The undersigned Notary Public in and for said County, in said State, hereby certify that Fred L. Huggins  Name(s) of Owner(s))  Tigned to the foregoing instrument, and who is/are known to see, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  The county of the day the same bears date.  The county of the day the same bears date.  The county of the day the same bears date.  The county of the day the same bears date.  The county of the day the same bears date.  The county of the day of the county of the county of the day of the county of the c	
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the undersigned Notary Public in and for said County, in aid State, hereby certify that Frid L. Huggins  Name(s) of Owner(s))  signed to the foregoing instrument, and who is/are known to be, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  Siven under my hand and official seal, this 14th day of 1998  Abelia D. Lifutes	(Local Mealth Officer's Signature)
Name(s) of Owner(s))  Signed to the foregoing instrument, and who is/are known to the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  Siven under my hand and official seal, this 14th day of 1998.  Abelia D. Lifutts	TATE OF ALABAMA
Name(s) of Owner(s))  Signed to the foregoing instrument, and who is/are known to the acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  Siven under my hand and official seal, this 14th day of 1998  Abelia D. Lafutts	CUNTY OF Shelby
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signed to the foregoing instrument, and who is/are known to be, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  Siven under my hand and official seal, this 14th day of 1998.  Abulia D. Lfuts	, <b>f</b>
signed to the foregoing instrument, and who is/are known to be, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.  Siven under my hand and official seal, this 14th day of 1998.  Abulia D. Lfuts	, whose name(s) is/are
May 1998. Shelia D. Stuts	signed to the foregoing instrument, and who is/are known to be, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same roluntarily on the day the same bears date.
Ahelia D. Stuts	given under my hand and official seal, this $\frac{1440}{199}$ day of $\frac{1998}{1998}$
Notary Public  My Commission Expires 9/11/99	Ahelia D. Stuts
My Commission Expires 4/11/99	Notary Public
	My Commission Expires 9/11/99

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STATE OF ALABAMA
COUNTY OF _Shelby
I , the undersigned Notary Public in and for said County, in
Donald F Williams
Said State, hereby certify that By: Larry W. Rugh Local Health Officer's Name
whose name is signed to the foregoing instrument, and who is known me, acknowledges before me this day, that being informed of the contents thereof, has executed the same voluntarily on the day the same bears date.  Given under my hand and official seal, this/ 3 day
oz may.
Alelia D. Shuts
Notary Public
My Commission Expires $\frac{a/1}{4q}$
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All property in the survey of Harpers / Deed Book .

a map / deed of which is recorded in Map / Deed Book .

Page \_\_\_\_\_\_, in the Probate Office of 5/20/by

County, Alabama.

Inst # 1998-17678

OS/14/1398-17678
10:03 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
004 NEL 16.00