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CALLEY OF Shelby

COVENANTS TO RUN WITH LAND

| hereinafter o | alled the ov | mer(s) of c | ertain re | al property | 7 |
|---------------|--------------|--------------|------------|-------------|------|
| situated in . | Shelby | County, | Alabama, | described | in |
| Exhibit "A," | attached her | reto and inc | orporated | herein fu | lly; |
| and | · . | | | | |
| WHEREAS, upor | said prope | rty the owne | er(s) desi | re(s) to | |

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 thether the transfer in title and the state and the state are successors in title and assigns shall comply with the Rules of the State Board of the state are successors in title and assigns shall comply with the Rules of the State Board of the state are successors in title and assigns shall comply with the Rules of the State Board of the state are successors in title and assigns shall comply with the Rules of the State Board of the state are successors in title and assigns shall comply with the Rules of the State Board of the state are successors.

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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.

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- 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.

case when the facility/dwelling is connected to a public or private sanitary sewer system. Dated this, the 39th day of September, 1999. (Signature(s)) of Owner(s)) Williamson, M.D. State Health Officer Ex: ocamu w Kush 7-21-77 (Local Health Officer's Signature) STATE OF ALABAMA COUNTY OF Shelby I, the undersigned Notary Public in and for said County, in said State, hereby certify that Jeffery M. Johnson Vicki J. JOHNSON _, whose name(s) is/are (Name(s) of Owner(s)) signed to the foregoing instrument, and who is/are known to me, acknowledge(s) before me this day that, being informed of the contents thereof, he/she/they has/have executed the same voluntarily on the day the same bears date. Notary Public X-12-5003 My Commission Expires_

STATE OF ALABAMA

| COUNTY OF SHELBY | |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1, the undersigned No | ary Public in and for said County, in said state, hereby |
| | d E. Williamson, M. D. |
| certify that By: | Local Health officer's Name |
| acknowledges before | to the foregoing instrument, and who is known to me, e this day, that being informed of the contents hereof, voluntarily on the day the same bears date. and and official seal, this 394 day of 99. |
| | 2holia D. Cook |
| | Shelia D. Cook Notary Public |
| | My Commission Expires |
| | |

Exhibit "A"

| All property in the survey of BLUE CREEK ESTATES, a map/deed of which | n |
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| is recorded in Map/Deed Book $\frac{23}{}$, page $\frac{107}{}$ or instrument | |
| #, in the Probate Office of Shelby County, Alabama. Or all | |
| property described in the attached legal description. | |

Inst # 1999-41295

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