Sid yor all

ORDINANCE# 2017-2-6A -ORDINANCE FOR UNANIMOUS CONSENT METHOD-

Councilman Ant Gill introduced the following Ordinance: WHEREAS, on the Oday of Feb. 2017, Dorothu K. Holloway (insert names of petitioners here), being the owners of all the real property hereinafter described, did the with the Town Clerk a petition asking that the said tracts or parcels of land be annexed to and become a part of the Town of Harpersville; and
WHEREAS, said petition did contain the signatures of all the owners of the described territory and a map of said property showing its relationship to the corporate limits of the Town of Harpersville; and
WHEREAS, the governing body did determine that it is in the public interest that said property be annexed to the Town of Harpersville and it did further determine that all legal requirements for annexing said real property have been met pursuant to Sections 11-42-20 through 11-42-24, Code of Alabama 1975;
NOW, THEREFORE, BE IT ORDAINED BY THE TOWN COUNCIL OF HARPERSVILLE, ALABAMA, AS FOLLOWS:
Section 1. The Council of the Town of Harpersville, Alabama, finds and declares as the legislative body of the Town that it is in the best interests of the citizens of the Town, and the citizens of the affected area, to bring the territory described in Section 2 of this ordinance into the Town of Harpersville.
Section 2. The boundary lines of the Town of Harpersville, Alabama, be, and the same are hereby altered or rearranged so as to include all the territory hereto before encompassed by the corporate limits of the Town of Harpersville, Alabama, and in addition thereto the following described territory, towit: (Add Legal Description Below)
Section 3. This ordinance shall be published as provided by law, and certified copy of same, together with a certified copy of the petition of the property owners, shall be filed with the Probate Judge of Shelby County, Alabama.
Section 4. The territory described in this ordinance shall become a part of the corporate limits of Harpersville, Alabama.
ADOPTED THIS THE 6 DAY OF FEB 2017 Don Green
Mayor
ATTEST:

20170216000056750 1/14 \$54.00 Shelby Cnty Judge of Probate, AL

02/16/2017 01:52:46 PM FILED/CERT

Copy of petition signed by property owners	ANNEXATION CHECK LIS	ST		
signed by property owners				
				AND DESCRIPTION OF THE PROPERTY OF
Map of Property		<u>. </u>	•	
Description of Property	form NE COR DEC 31	12 P	LG. SIC SAIGE	CM 40.03
Names of Property Owners	Dorothy K. Ha	lle	Nay	
How many single family dwellings on property				
How many people live on parcel of land	2			
How many are of voting age	2	· · · · · · · · · · · · · · · · · · ·		
How many are not of voting age		، بدسته به مهمشورات به جو به ما ما دور ما ما دور المواقع المواقع و دور المواقع المواقع و دور المواقع المواقع و		
The race of each person	white	المراجعة المستعمد ويستعمد المراجعين ومايية المراجع وي أماني و والم		
Reason for annexation	City Survices 1 nto Narpensil	to	Somun	ity

20170216000056750 2/14 \$54 00 Shelby Cnty Judge of Probate: AL Shelby Cnty Judge of PM FILED/CERT 02/16/2017 01:52.46 PM FILED/CERT

TOWN OF HARPERSVILLE PETITION FOR UNANIMOUS CONSENT

We the undersigned, constituting all of the hereinafter described real property do hereby execute and file with the Town of Harpersville clerk this written petition asking and requesting that our property throughout 11-42-24 code of Alabama, 1975.

Property Owners: Dorothy K. Holloway 23.3

Tax ID#; On 931.0 000 001.0000 Acres

4301 Dead Hollow Rd North

See attached Map and Property Inquiry for legal description.

A-1 2000

We future certify that said property, is contiguous to the Town of Harpersville. We further certify that all the property included in the above described which lies within the police jurisdiction of both the annexing municipality and another municipality is located closer to the annexing municipality than to the other municipality as required by sections 11-42-21 code of Alabama, 1975

Morathy K. Hollaway
Owners Signature

Jan 30-11M

Date

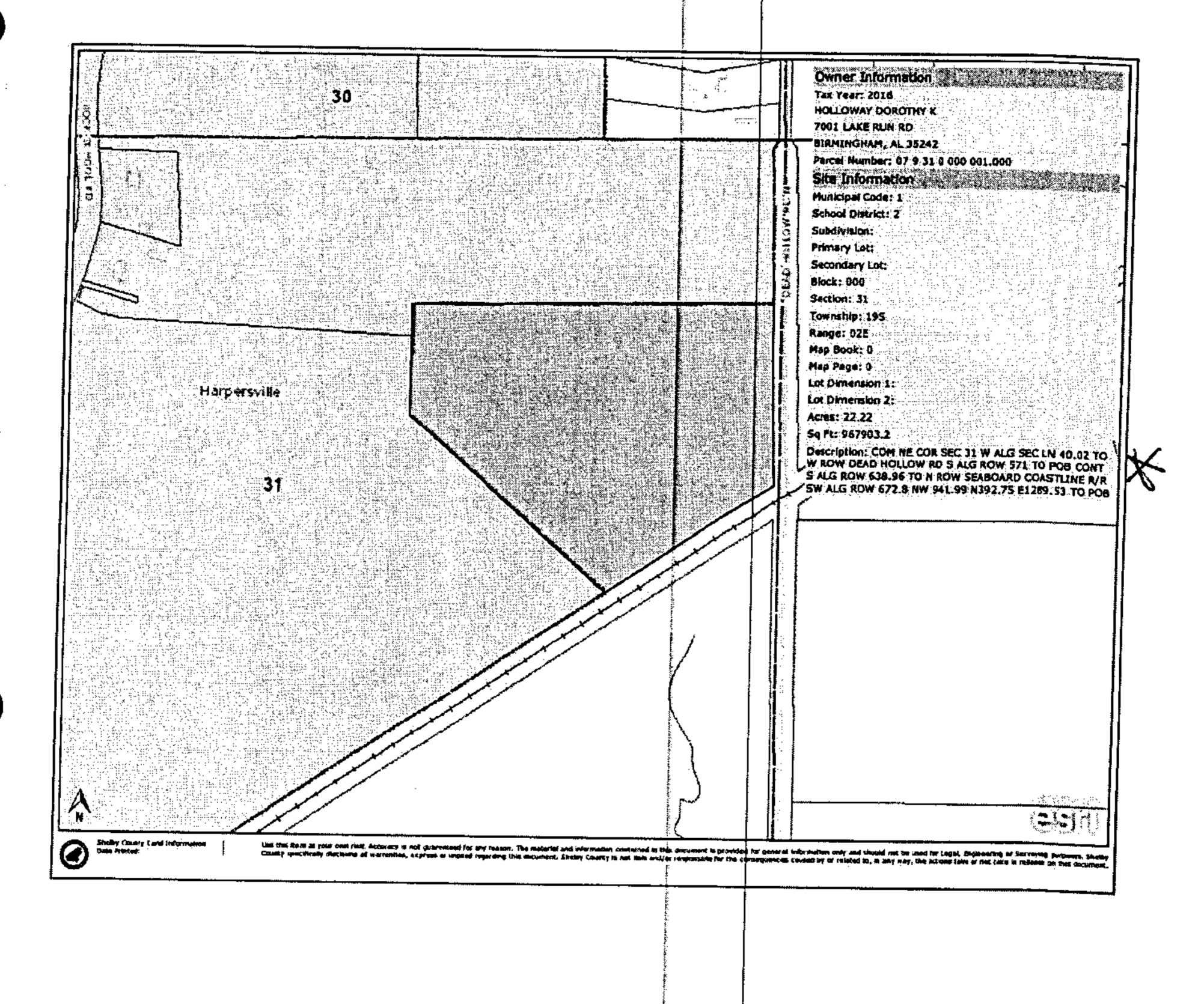
20170216000056750 3/14 \$54.00

20170216000056750 3/14 \$54.00 Shelby Cnty Judge of Probate: AL 02/16/2017 01:52:46 PM FILED/CERT

Witness

DATE: 2-2-17	
INE DOOTHY K. HOLLOWAY X HOLDERY, HOLLOWAY	
PARCEL# 07931.0.000, C	101.000 Hollow RD North
PETITION TO THE TOWN OF HARPERSVILLE COUNCIL DESCRIBED IN EXHIBIT "A" (ATTACHED), INTO THE CO	. FOR CONSIDERATION TO ANNEX MY/PROPERTY, AS
WITNESS:	Atom Holland
	Jam Holler
	STACY WALKUP MY COMMISSION EXPIRES SEPTEMBER 15, 2018
	20170216000056750 4/14 \$54.00 20170216000056750 of probate; Shelby Cnty Judge of probate; 02/16/2017 01:52:46 PM FILED/CERT
	Shelby 01:52:40 FT

TO THE STATE OF TH



201702160000056750 5714 \$54.00 Shelby Cnty Judge of Probate; AL 02/16/2017 01:52:46 PM FILED/CERT

ALABAMA DEPARTMENT OF PUBLIC HEALTH

PERMIT TO INSTALL(Repair) AN ONSITE SEWAGE DISPOSAL SYSTEM

SHELBY County Health Department

Permit Number:

15-59-68080

New

Conventional

Small Flow

No of Bedrooms: 2

APPLICANT:

Terry & Dorothy Holloway

Owner Phone:

(205) 335-0729

Property Address: Property City, State:

4371 Dead Hollow Rd

Harpersville, AL

Property Zip:

35078

Development Name:

Plat:

Lot:

B

INSTALL AT THIS SITE: An approved onsite sewage disposal system constructed in compliance with the Onsite Sewage Disposal Rules (Chapter 420-3-1) and the approved plot/construction plan.

1. SEPTIC TANK: 1000 gallons

2. EFFLUENT DISPOSAL FIELD

Treatment Type:

Other requirements: NSF46 Outlet Filter and Risers required

Shallow Conventional with 200 linear feet (600 square feet) of "Gravel 12" w/ 4" Perf. Pipe Installed in a 36 Inch wide trench at a depth of 14 - 14 inches Below Original Ground.

NOTE: MINIMUM 25% of linear footage can be installed as separate washing machine line (Primary EDF reduction not to exceed 1/5 of total).

NOTE: Linear footage must be increased by 50% if spa/hot tub (90 Gallons or greater capacity) is installed.

ADDITIONAL PERMIT CONDITIONS:

Add required fill, then excavate trenches to required depth from top of fill. Landscape area for

adequate drainage.

Comments

Requires 8" of approved cover on system.

Location On Site: Permit Issued Date:

Permit Expires On:

Rear of House

7/24/2015

7/24/2020

LON_X_COORD LAT_Y_COORD

Signature Public Health Environmentalist

Applicant may have a system installed ONLY BY A LICENSED PERSON who has complied with the provisions of Act 99-571, as enacted by the Legislature of Alabama in its 1999 regular Session, and as implemented. No changes without prior written approval. Call the Health Department PRIOR to beginning installation at (205) 620-1650

No part of any installation shall be covered or used until inspected, corrections made (if necessary), and approved by the local health department (unless expressly authorized by the local health department in writing). Permitting of this site for the installation and usage of an onsite sewage disposal system is based on, and contingent upon, the certifying professional's soils tests and statements being accurate. This sewage disposal system permit to install is null and void if: (a) conditions are changed from those shown on the application or the approved plot/construction plan; or (b) conditions of this permit are not followed. Any part of the installation which has been covered prior to approval shall be uncovered, if necessary, upon direction by the local health department. NOTE: Effluent lines must be a minimum of 100 feet from any water well or source of potable water, 50 feet from any surface waters, 10 feet from any existing or proposed swimming pool, 5 feet from any property line, 25 feet from a natural or man-made drainage feature, embankment, or cut, and 5 feet from any dwelling. The issuance of this permit is based on the soil test results reported on the application form and is site-specific for the area selected by the engineer land surveyor/soil classifier/site evaluator.

Issuance of the Permit To Install (Repair) An Onsite Sewage Disposal System, and subsequent approval (if any) of same by representatives of the Alabama Department of Health or county health departments, shall not be construed as a guarantee that such systems will function satisfactorily for any given period of time; furthermore, the health department does not assume any liability for damages which are caused, or which may be caused, by the malfunction of such a system. The submittal of the Application To Install (Repair) An Onsite Sewage Disposal System assumes that the owner, applicant, or developer has insured that the tract is usable for the installation and usage of an onsite sewage disposal system.

Shelby Cnty Judge of Probate, AL 02/16/2017 01:52:46 PM FILED/CERT

Original-Installation Permit

ADPH-CEP-4/Rev. 01/2001



MEMORANDUM:

20170216000056750 7/14 \$54.00 Shelby Cnty Judge of Probate: AL 02/16/2017 01:52:46 PM FILED/CERT

TO: Terry & Dorothy Holloway

FROM: SHELBY County Health Department

Enclosed is your "Permit to Install an Onsite Sewage Disposal System". The following are pre-installation recommendations:

- 1- Stakes placed in the disposal field area by your professional engineer, land surveyor or soil classifier should be maintained until the installer begins installation of the system. Placement of the system within property lines and other legal setbacks is dependent on accurately located markers.
- 2- Keep vehicles and construction supplies off of the disposal field area to prevent compaction.
- Advise your builder or mobile home mover of the plumbing stubout elevation that is specified on the permitted onsite sewage system plans.
- 4- Advise underground utility installers that no utility lines can cross the disposal field. This includes gas, power, cable, water, or phone lines.
- 5- Contact a licensed installer currently licensed by the Alabama Onsite Wastewater Board to install the system, providing the installer with the attached "Permit to Install."

NOTE: Alternative systems require installation by installers holding an Advanced Installer License. You are encouraged to SEEK A RECOMMENDATION FROM YOUR ENGINEER. A current list of licensed installers is available through the Alabama Onsite Wastewater Board or the SHELBY County Health Department.

6- Do not allow installation of the disposal field to begin while the area is wet. Digging or scarifying wet ground can compromise the disposal field's permeability.

7-Call the SHELBY County Health Department at to schedule an installation inspection. Please give as much advanced notice (days) as possible, but phone NO LATER THAN 9:00 a.m. on the day construction of the system is to begin.

(For alternative system, schedule an installation inspection with your engineer also.)

8- Have your engineer send a Certification Letter for alternative systems to the health department as soon as the certification inspection is performed.

fter approving the system installation and receiving the Installer's Certification (plus the Engineer Certification on Alternative/Innovative systems) the health department will issue the "Approval for Use". This document may be required by your lending agency at closing.

CEP-2

NOTE: This is an application ONLY. Completion DOES NOT constitute an approval or permit to install or approval for use.

APPLICATION

FOR A PERMIT TO INSTALL (REPAIR) SMALL FLOW ONSITE SEWAGE DISPOSAL SYSTEM

For a System of Total Flow Less than 1201 gpd

installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit. I understand that the property named in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. I acknowledge that the person who installs (repairs) and certifies this onsite system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as canacted, and as implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing his application. If this oppide nature application is fer an engineered protein, or defined by the conficuency are hearthy informed that the Houlth Department will only review the application and accommunities for the performed. The Houlth Department department Regimes to connect that the segment is smalled according to the missing decimant in a compliance with the pulse. The Houlth Department department accommon to Empire. [Owner Authorized Agent: Signature: Application with the pulse. The Houlth Department accommon to Empire. [Owner Authorized Agent: Signature: Application with the pulse. The Houlth Department accommon to Empire. [Owner Authorized Agent: Signature: Application with the PULSE.]	For Department Use Only
(1) Owner Name TERRY HOLLOWAY (2) Desytting Phone: (26) 335-0729 Tope or Print (3) Alternate Phone: (3) Alternate Phone: (4) Property's -E911 Ashtrosit (or directicins if sedirects not available: 4 37 DEAD HOLLOW ROAD MORTH (5) City HARPEDALUE (6) County SHEBY (7) State AL (8) Zip BOTB (9) Property Size: 72 (10) Wester System serving size: HARPES/ILLE Membris (11) Name of Development: (12) Phat/Phase/Addition/Sector, (13) Block (14) Lot. (15) Health Dept. Size Preparation Plan (including CEP-3 Part A Phase 1) has been reviewed U yes U No (Note: The Development can provide Size Preparation Plan information: relative to this let) IF THIS SYSTEM WILL SERVE A DWELLING(S), COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF EACH: (16) Size built (persanent) Dwelling(3): 12 (17) Mamfactured Home (mobile, double wide): M.C. (18) Number of bedrooms (19) Basements: N.D. (21) Say-Riot Tubs: M.A. gallons (20) Garbage Disposals: N.A. (21) Say-Riot Tubs: M.A. gallons (22) Weller/Double Springs: N.A. (23) Swimming pool: M.A. (23) Swimming pool: M.A. (23) Swimming pool: M.A. (23) Swimmer of bedrooms (24) Garbage Disposals: N.D. (24) Say-Riot Tubs: M.A. gallons (25) Use of Building(s): (27) Number of Employees: (28) Number of Shirth: STOSEM WILL SERVE AN ESTABLISHMENT(S), COMPLETE ITEMS 24 - 28 AND INCLUDE A FLOOR PLAN DRAWN TO SCALE: (26) Number of buildings to be affected by this project: (25) Use of Building(s): (27) Number of Employees: (28) Number of Shirth: School, etc.) (26) Number of Patrons/day: (27) Number of Employees: (28) Number of Shirth: School, etc.) (26) Willer Propertional Appendix to the manifestion manifestions on distintence plan, and the Printel: Inconsciously the ADPH and will be maintained according to the design as specoral by the ADPH and will be maintained according to the name of the species of the species of the property assent in this application and according to the design as approved by the ADPH and will be maintained according to the name of the species of the species of the species	OF PUBLIC HEALTH S.49-68 St. Co. Health Dept. I.D. No.
(4) Property's -E911 Astaress for introduction if address not available): A 3	PARTA To Be Completed and Signed By the Owner/Authorized Agent
(4) Property's -E911 Asteress for cirrections if address not available): A 3	MONNEY TERRY HOLLOWAY MANINED DE 225-0779
(4) Property's - E911 Asteres (or eincotions if address not available): A 3 7	(Lype or Print) (3) Alternate Phone: (1)
(9) Property Size: 12 (1) acre(s) (18) Water System serving sile: HAROPS/ULE Public Private IF THIS PROPERTY IS WITHIN A LARGE FLOW DEVELOPMENT COMPLETE ITEMS 11 - 15: (11) Name of Development: (12) Plat/Phase/Addition/Sector, (13) Health Dept. Site Preparation Plan (including CEP-3 Part A Phase 3) has been reviewed U Yes U No (Note: The Developer can provide Site Preparation Plan information relative to this lot) (Note: The Developer can provide Site Preparation Plan information relative to this lot) (16) Site built (permanent) Dwelling(s): COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF EACH: (16) Site built (permanent) Dwelling(s): UE	(4) Property's -E911 Afficience (or directions if address not available):
(9) Property Size: 12 (1) acre(s) (10) Water System serving sile: HAROES/ULE Apublic Private IF THIS PROPERTY IS WITHIN A LARGE FLOW DEVELOPMENT COMPLETE ITEMS 11 - 15: (11) Name of Development: (12) Plat/Phase/Addition/Sector, (13) Health Dept. Site Preparation Plan (including CEP-3 Part A Phase 3) has been reviewed U Yes U No (Note: The Developer can provide Site Preparation Plan information relative to this lot) (Note: The Developer can provide Site Preparation Plan information relative to this lot) (16) Site built (permanent) Dwelling(s): COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF EACH: (16) Site built (permanent) Dwelling(s): UE	4371 DEAD HOWOW ROAD NORTH
(9) Property Size: 22 (1) acre(s) (10) Water System serving site: HAROPS/ILLE Apublic Private IF THIS PROPERTY IS WITHIN A LARGE FLOW DEVELOPMENT COMPLETE ITEMS 11 - 15: (11) Name of Development: (12) Plat/Phase/Addition/Sector, (13) Health Dept. Site Preparation Plan (including CEP-3 Part A Phase 3) has been reviewed U Yes U No (Note: The Developer can provide Site Preparation Plan information relative to this lot) (Note: The Developer can provide Site Preparation Plan information relative to this lot) (16) Site built (permanent) Dwelling(s); COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF EACH: (16) Site built (permanent) Dwelling(s); COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF EACH: (18) Number of bedrooms: (19) Basements: ND (29) Garbage Disposals: NIA (21) SparHot Tubs: NA (21) SparHot Tubs: NA (22) Wells/Potable Springs: NIA (23) Swimming pool: (15) Swimming pool: (15) Use of Buildings to be affected by this project: (24) Number of buildings to be affected by this project: (25) Use of Building(s): (26) Number of Patrons/dsy: (27) Number of Employees: (28) Number of Patrons/dsy: (27) Number of Employees: (28) Number of Patrons/dsy: (29) Number of Patrons/dsy: (27) Number of Employees: (28) Number of Shrifts: PLEASE READ BEFORE SIGNING: By signing his application, I am stating that the information in this part is complete, true and correct; and that the OSS will be installed according to the design as approved by the DPH and will be maintained according to the maintainers plants and the Premiss of the Shrifts of the Shr	
(9) Property Size:	(5) City HARPERSVILLE (6) COUNTY SHELBY (7) State AL (8) Zip 35078
(11) Name of Development: (12) Plat/Phase/Addition/Sector; (13) Health Dept. Site Preparation Plan (including CEP-3 Part A Phase 3) has been reviewed \(\triangle \tr	(9) Property Size: 22 (1) acre(s) (10) Water System serving site: HARPSPSVILLE MPublic Private
(12) Plat/Phase/Addition/Sector. (13) Health Dept. Site Preparation Plan (including CEP-3 Part A Phase 3) has been reviewed U Yes U No (Note: The Developer can provide Site Preparation Plan information relative to this lost) IF THIS SYSTEM WILL SERVE A DWELLING(S), COMPLETE ITEMS 16 — 23 WITH THE TOTAL QUANTITY OF EACH: (16) Site built (permanent) Dwelling(s): U S (17) Manufactured Home (mobile, double wide): U S (18) Number of bedrooms: 2 (19) Basements: ND (19)	· · · · · · · · · · · · · · · · · · ·
(15) Health Dept. Site Preparation Plan (including CEP-3 Part A Phase 3) has been reviewed \(\triangle \) Yes \(\triangle \) No (Note: The Developer can provide Site Preparation Plan information relative to this lot) IF THIS SYSTEM WILL SERVE A DWELLING(S), COMPLETE ITEMS 16 — 23 WITH THE TOTAL QUANTITY OF EACH: (16) Site built (permanent) Dwelling(s): \(\triangle \) (17) Manufactured Home (mobile, double wide): \(\triangle \) Q. (18) Number of bedrooms: \(\triangle \) (19) Basements: \(\triangle \) D gallons (20) Garbage Disposals: \(\triangle \) A (21) Spa/Hot Tubs: \(\triangle \) A gallons (23) Swimming pool: \(\triangle \) A (23) Swimming pool: \(\triangle \) A (11) Spa/Hot Tubs: \(\triangle \) A gallons (24) Number of buildings to be affected by this project: \((25) \triangle \) Use of Buildings to be affected by this project: \((25) \triangle \) System (restangrant, church, school, etc.) (25) Use of Building(s): \((27) \triangle \) Number of Employees: \((28) \triangle \) Number of Shifts: \((25) \triangle \) Number of Patrons/day: \((27) \triangle \) Number of Employees: \((28) \triangle \) Number of Shifts: \((25) \triangle \) Number of Patrons/day: \((27) \triangle \) Number of Employees: \((28) \triangle \) Number of Shifts: \((25) \triangle \) Number of Patrons/day: \((27) \triangle \) Number of Employees: \((28) \triangle \) Number of Shifts: \((25) \triangle \) Number of Patrons/day: \((27) \triangle \) Number of Employees: \((28) \triangle \) Number of Shifts: \((25) \triangle \) Number of Patrons/day: \((27) \triangle \) Number of Employees: \((28) \triangle \) Number of Shifts: \((26) \triangle \) Number of Employees: \((28) \triangle \) Number of Shifts: \((26) \triangle \) Number of Employees: \((28) \triangle \) Number of Shifts: \((28) \triangle	
(Note: The Developer can provide Site Preparation Plan information relative to this lot) IF THIS SYSTEM WILL SERVE A DWELLING(S), COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF EACH: (16) Site built (permanent) Dwelling(s):	· · · · · · · · · · · · · · · · · · ·
IF THIS SYSTEM WILL SERVE A DWELLING(S), COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF EACH: (16) Site built (permanent) Dwelling(s):	
(16) Site built (permanent) Dwelling(s): \	IF THIS SYSTEM WILL SERVE A DWELLING(S), COMPLETE ITEMS 16 - 23 WITH THE TOTAL QUANTITY OF FACH
(18) Number of bedrooms: (20) Garbage Disposals: (21) Spa/Hot Tubs: (22) Weils/Potable Springs: (23) Swimming pool: (24) Number of buildings: (25) Is serve an estrablishment(s), complete items 24 - 28 and include a floor plan drawn to scale: (24) Number of buildings to be affected by this project: (25) Use of Building(s): (26) Number of Patrons/dsy: (27) Number of Employees: (28) Number of Shifts: PLEASE READ BEFORE SIGNING: By signing his application, I am stating that the information in this part is complete, true and correct, and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit. I understand that the property assend in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. I schnowledge that the property assend in this application shall not be further divided, or the system thereon modified in any way, without approval by the hop provisions of state law, specifically Act 59-571 (Code of Ala. 1975, Tile 34, Chapter 34, Sections 1-26), as canceld, and as implemented. I do heavy give permission to the least of the ensite rules, yes are barely informed that the Health Department will not revise made application and accommission for the least of the ensite rules, yes are barely informed that the Health Department department as the projection and securious the transfer is feeling. The least of the ensite rules, yes are barely informed that the Health Department appears as the Projection of Excellent Department and the projection and it is commission for the state of the ensite rules. The state of the ensite rules are installed according to the state law. Dete: Dete: Dete: Dete: Dete:	
(29) Garbage Disposals: N A (21) Spa/Hot Tubs: J A gallons (22) Wells/Potable Springs: N A (23) Swimming pool: (this includes irrigation wells) IF THIS SYSTEM WILL SERVE AN ESTABLISHMENT(S), COMPLETE ITEMS 24 — 28 AND INCLUDE A FLOOR PLAN DRAWN TO SCALE: (24) Number of buildings to be affected by this project: (25) Use of Building(s): (26) Number of Patrons/day: (27) Number of Employees: (28) Number of Shifts: PLEASE READ BEFORE SIGNING: By signing his application, I am stating that the information in this part is complete, true and correct, and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommodistion, the operation and maintainence plan, and the Pennit. I suddentiand that the property assessed in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. I acknowledge that the pennes who installs (repairs) and certifies this enable system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Ala. 1975, Title 34, Chapter 21A, Sections 1-26), as canacted, and as implemented. I do heavy give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application. If this course application is for an excisence of the enter onto the property informed that the thresh Department department department department decimal and is in counting or with the section of the Republication and according to the section in the section of the section of the section of the property of the section will be performed. The Health Department department department decimal decimal decimal decimal and is in counting to with the section of the s	
(this includes irrigation wells) IF THIS SYSTEM WILL SERVE AN ESTABLISHMENT(S), COMPLETE ITEMS 24 — 28 AND INCLUDE A FLOOR PLAN DRAWN TO SCALE: (24) Number of buildings to be affected by this project: (25) Use of Building(s): (26) Number of Patrons/dsy: (27) Number of Employees: (28) Number of Shifts: PLEASE READ BEFORE SIGNING: By signing this application, I am stating that the information in this part is complete, true and correct, and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the maintained recording to the maintained according to the design as approved by the ADPH and will be maintained according to the maintained according to the maintained according to the design as approved by the Health Department. I school adapt that the property annual in this application shall not be further divided, or the system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Alls. 1973, Title 34, Chapter 21A, Sections 1-26), as casted, and as implemented. I do heavy give permission to the health department to enter outs the property, at reasonable hours, for the purposer 21A, Sections 1-26), as casted, and as implemented. I do heavy give permission to the health department to enter outs on the property, at reasonable hours, for the purposer 21A, Sections 1-26), as casted, and as implemented if do heavy give permission to the health department to enter outs on the property, at reasonable hours, for the purposer 21A, Sections 1-26), as casted, and as implemented in the extense of maintained according to the enterior of the property, at reasonable hours, for the purposer 21A, Sections 1-26), as casted, and as implemented is no exclusion in the health department to enter outs on the property, at reasonable hours, for the purposer 21A, Sections 1-26), as casted, and as implemented in the extense in the health department to enter outs on the property and the section well be pe	(20) Garbage Disposals: NA (21) Spa/Hot Tubs: NA gallons
IF THIS SYSTEM WILL SERVE AN ESTABLISHMENT(S), COMPLETE ITEMS 24 — 28 AND INCLUDE A FLOOR PLAN DRAWN TO SCALE: (24) Number of buildings to be affected by this project: (25) Use of Building(s): (26) Number of Patrons/day: (27) Number of Employees: (28) Number of Shifts: PLEASE READ BEFORE SIGNING: By signing his application, I am stating that the information in this part is complete, true and correct, and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintained plan, and the Permit. I endocatend that the property assess in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. I secknowledge that the person who installe (repairs) and certifies this ensite system must be a licensed installer or individual who is a compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as canacted, and as implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application. If this empire purpose supplication is for an explicacy of property and provise the supplication and economistics in for an explicacy of property and provise the supplication and economistics for an explicacy of processing the supplication and economistics for the purpose of processing the supplication and economistics for an explicacy of property and provise the supplication and economistics for an explicacy of processing the supplication and economistics with the supplication of the supplication and economistics with the supplication of the supplication and economistics and in considerate that the Build Department deponds on the Professional Engineer to ensure that the supplication and economists are supplication. The Health Department deponds on the Professional Engineer to ensure that the suppli	
(24) Number of building(s): (25) Use of Building(s): (26) Number of Patrons/day: (27) Number of Employees: (28) Number of Shifts: PLEASE READ BEFORE SIGNING: By signing his application, I am stating that the information in this part is complete, true and correct; and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit I understand that the property named in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. I exclused legislated that the person who installs (repairs) and certifies this onsite system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Alla, 1975, Title 34, Chapter 21A, Sections 1-26), as canacted, and an implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application. If this empire partners are hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application. If this empire partners are hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application. If this empire partners are hereby give permission to the health department to enter onto the property, at reasonable hours. For the purpose of processing this application and an implementation for property and the property of the state of the property of the state of the purpose of the property of the purpose of the property of the purpose of the property of the purpose of the purpose of the property of the purpose of the pu	
(25) Use of Building(s): (26) Number of Patrons/dsy: (27) Number of Employees: (28) Number of Shifts: PLEASE READ BEFORE SIGNING: By signing this application, I am stating that the information in this part is complete, true and correct; and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the quantum and maintained plan, and the Permit. I endocatemed that the property named in this application shall not be! further divided, or the system month to a licensed in any way, without approval by the Health Department. I acknowledge that the passon who installs (repairs) and certifies this casite system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as canacted, and an implemented. I do hereby give permission to the health department to enter onto the property, at reasonable bount, for the purpose of processing this application. If this orging protein application is for an expression of the latter of the country and accommendation for the state of the country of the process of the property of the partners of the property of the process of the Professional Engineer to commendation for the property of the process of the Professional Engineer to commendation for the property of the process of the Professional Engineer to conservation the property of the process of the Professional Engineer to conservation to conservation and it is compliance with the process of the Professional Engineer to conservation to the property of the process of the property of the process of the Professional Engineer to conservation to the property of the professional Engineer to conservation and the professional Engineers of the process of the proce	IF THIS SYSTEM WILL SERVE AN ESTABLISHMENT(S), COMPLETE ITEMS 24 — 28 AND INCLUDE A FLOOR PLAN DRAWN TO SCALE:
PLEASE READ BEFORE SIGNING: By signing his application, I am stating that the information in this part is complete, true and correct; and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit. I understand that the property anneal in this application shall not be further divided, or the system most find in any way, without approval by the Health Department. I acknowledge that the person who installe (repairs) and certifies this ensite system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Tife 34, Chapter 21A, Sections 1-26), as canacted, and an implementant of the health department to enter ento the property, at reasonable hours, for the purpose of processing this application. If this orgain material application is for an excisery of material by the ensite rates, was are hereby informed that the Hambit Department will only review the application and accommendate for examples of the state of the material decision and it is compliance with the system in the state of the property of the state of the system and it is compliance with the system. The Hambit Department depends on the Professional Engineer to commend that the system in the state of the system and it is compliance with the system. The Hambit Department depends on the Professional Engineer to commend that the system in the state of the system and it is compliance with the system. [Owner Authorized Agent: Signature Rule Rule Department depends on the Professional Engineer to commend that the system is successed to the system and it is compliance with the system.	(24) Number of buildings to be affected by this project:
PLEASE READ BEFORE SIGNING: By signing his application, I am stating that the information in this part is complete, true and correct; and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit. I endoarstand that the property anmed in this application shall not be further divided, or the system ment on a licensed in any way, without approval by the Health Department. I acknowledge that the person who installs (repairs) and certifies this ensite system must be a licensed installer or individual who is a compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as canacted, and an implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing this application. If this equite posters qualification is fer an excisence of processing this application. If this equite posters qualification is fer an excisence of processing this application. If this equite posters qualification is fer an excisence of processing this application. If this equite posters are facilities and accommendation for the purpose of processing this application. If this equite posters are facilities. Owner Authorized Agent: Signature All Department deposits on the Professional Engineer to canact that the system in tenthed according to the maintained according to the maintained according to the maintained decision and is in consolioned mith the page. The Health Department according to the maintained according to the maint	· · · · · · · · · · · · · · · · · · ·
installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Permit. I understand that the property named in this application shall not be further divided, or the system thereon modified in any way, without approval by the Health Department. I acknowledge that the person who installs (repairs) and certifies this causite system must be a licensed installer or individual who is in compliance with the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as canceed, and as implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the purpose of processing his application. If this consideration application is fer an engineered review the engineering system and in the system will be performed. The Health Department will entry review the engineering Engineer to commentation in the system in the stability. Owner Authorized Agent: Signature AKE RUK DRIVE DRIVE	(26) Number of Patrons/day: (27) Number of Employees: (28) Number of Shifts:
Mailing Address: 700 LAKE RUN DRIVE	PLEASE READ BEFORE SIGNING: By signing his application, I am stating that the information in this part is complete, true and correct, and that the OSS will be installed according to the design as approved by the ADPH and will be maintained according to the manufacturer's recommendation, the operation and maintenance plan, and the Pormit. I understand that the property named in this application shall not be further divided, or the parton thereon modified in new way, without appearable of the parton thereon modified in new way, without appearable of the parton thereon modified in new way, without appearable of the parton thereon modified in new way, without appearable of the parton thereon modified in new way, without appearable of the parton thereon modified in new way, without appearable of the parton thereon modified in new way, without appearable of the parton thereon.
the health department to enter anto the property, at reasonable hours, for the purpose of processing this application. If this ownite restors application is for an excitatoral restors, or defined by the entire rules, we are hereby informed that the Haulth Department will only review the application and accommunities for translationers. No site visit or installation impaction will be performed. The Haulth Department depends on the Professional Engineer to entere that the system is installed according to the individual design and is in constitutes with the rules. The Haulth Department accommon me Balefier. Owner Authorized Agent: Signature: All DRIVE DRIVE Authorized Agent: Signature: All DRIVE DRIVE Authorized Agent: Signature: All DRIVE DRIVE Owner Authorized Agent: Signature: All DRIVE DRIVE	Health Department, I acknowledge that the person who installs (repairs) and certifies this consider system must be a licensed installer or individual who is in compliance with
Agailing Address: 700 LAKE RUN DRIVE	the provisions of state law, specifically Act 99-571 (Code of Ala., 1975, Title 34, Chapter 21A, Sections 1-26), as enacted, and as implemented. I do hereby give permission to the health department to enter onto the property, at reasonable hours, for the personable of processing this proliferation. If this grade makes and confirming is the second-section.
Owner Authorized Agent: Signature: ALL DRIVE Jeiling Address: 700 LAKE RUN DRIVE	Reference by the certic releases are hereby informed that the Haulth Department will only review the application and accompanying documentation for
Owner Authorized Agent: Signsture: All DRIVE Asiling Address: 700 LAKE RUK DRIVE	COMPLETEEL. No the wint or installation impossion will be performed. The Houlth Department deposits on the Professional Engineer to expose that the statem is installed according to the submission and it is complicated with the statem The Houlth Department according to E.J.T.
Variling Address: 7001 LAKE RUN DRIVE	
	Mariling Address: 7001 LAKE RUN DRIVE

CEP-2

NOTE: This is an application ONLY. Completion DOES NOT constitute an approval or permit to install or approval for use.

Owner Name or Location TERRY	HOUOWAY	
PART B - SYSTEM PLANNING		
(29) Designed system is: Engineered Convention (31) Size of lot (excluding easements): 958,320	sq. ft. (32) Sanitary Sewer is N	d Water Usage <u>500</u> gallons/da
(J3) Plot plan drawn to scale attached (required with Lot dimensions/size/property lines \times Lot	th all applications) cation of all soil test sites	% slope & direction
	cation of OSS & REDF	Drainage/Gullies/>25% Slope
	yout of OSS	Identified
	x/Min Trench Depth Proposed	Location of embankments/cut/fill
	gregate & Cover remaind Remind	
[X] Landfill, dump, cave, or sinkhole [X] De (34) Construction Plan attached (See Rule 420-3-1-15)	pth of fill	electede e CONOTREICTIONERS ANS ALS A
be certified by an engineer.NOTE: A construction plan is not	required for a system generating 1200 ga	lineiuge a CONSTRUCTION PLAN which shell
day proposing to use a <u>conventional</u> onsite sewage disposal sy (35) Soil Survey NRCS	stem.	
Property Location Information	10d o-	
Vicinity Map If available - Section: 3	T 172 R 26	
If available - Latitude (degrees/minutes/seconds)	Longitude (degrees/n	ninutes/seconds)
Application Attachments:	•	
Legal Description or Copy of Deed	alculations (engineered design) E	Stablishment BOD/TSS Ibe/day
A DOT Y		
APPLI	CABLE SIGNATURES BELOW-	
FOR CONVENTIONAL SYSTEMS:	Control Charles	9
Engineer Land Surveyor Geologist	Soil Classifier PHES	S Other
DHIFLE KODNEY Last Name - PRINT or TYPE First Name	SHIFLETT SU	PRVEYING
P. O. BOX 204 COLUMBI	Firm Name (if applicable) A 1 \(\D \)	1 205 110, 1200
Street or PO Box City	State Zip Code	Telephone Number
I hereby certify that the information contained in this part		
correct		
Signature Ladrey. Shellet	Date 7-21-15	
For applicable professionals - AL Registration No.: 21	184 D Licenua Photocopy attach	1
	•	
FOR ENGINEER DESIGNED SYSTEMS: By signing balo judgment and skill to ensure that the system is installed according to t	w, I acknowledge that the Health Departm	ent is relying upon my professional license,
scknowledge that no site visit or installation inspection will be conduct	ted by the Health Department based upon i	a applicable statutes and rules. I further is reliance on this signed certification by me.
Last Name - PRINT or TYPE First Name	Firm Name	
		
Street or PO Box City I certify that the design features of the OSS at the address above ha	State Zip Code	Telephone Number
applicable to such projects. In my professional judgment, this system	om, when properly constructed, operated	and maintained, will achieve the established
performance standards and comply with applicable statutes of the S	tate of Alabama and the ADPH.	
Signature	Date	
egistration No.: License Photocopy attach	red	
PART C - SITE EVALUATION		
☐ CEP 2/3 Part C Site Evaluation Form attached		00056750 9/14 \$54 00
ADPH-CEP-2/Rev. 4-13	at the Ca	00056750 9/14 \$54.00 ty Judge of Probate: AL
•	02/16/201	7 01:52:46 PM FILED/CERT

Name	of Establishment/Development

TERRY	HouseAY
ノレハト	TOCKED!

-				
Loc	ation	/Add	lress	

4371 DEAD HOLLOW ROAD WORTH, HARPEDSVILLE, AL

SITE EVALUATION

Soil Classifier		•	Method Used	☐ PHESS – CEP2 only
Percolation NOTE: All	Unified Mercolation resi	fapping Morphoults must be reported.	logy	s and results are subject to verification by the ADPH.

1. Unified / Morphology Method / Soil Boring Data for Percolation Method (Attach Additional Sheets As Needed)

Ho.	1 -	1	Each Layer		Texture*	Texture Group*	Other
11	A	0-7"	2,54R 5/3	LIGHT SANDY TOPSOIL			
	B	7-35"	2,54R 5/8	RED GRITTY CLAY			
	C	35-55"	7.54R 5/8	YELLOWISH GRITTY CLAY			
				W/CHERT DEPOSITS			
	Field Sizin	g <u>57</u> mpi Depth (in.)	Restriction Depth (in.) 36"	Restriction Type (circle) (ASHES) Rock Pan Water Indicator Other	Minimum V Distance (in	/ertical Sepa L) (Table 15,	ration (
1	A	0-3"	2,512 5/3	LIGHT SANOY TOPOIL			
	B	3-28"	2.572 5/8	RED GRITTY CLAY			
	<u>C</u>	28-55"	7.542 5/8	YELLOWISH-WITTE GRIT	4		
				CLAY			
	Field Sizing	Depth (in.)		Restriction Type (circle) ASHES Rock Pan Weter Indicator Other	Minimum Ve Distance (in.)	rtical Separa (Table 15)	18"
							··
	Field Sizing		•	Restriction Type (circle): ASHES Rock Pan Water Indicator Other	Minimum Ve Distance (in.)	rtical Separa (Table 15)	tion

Required for Unified/Morphology Method only

DPH-CEP2/3 Part C Version 6-06



Shelby Cnty Judge of Probate, AL 02/16/2017 01:52:46 PM FILED/CERT

This document prepared by: Law Office of John A. Gant 200 Office Park Drive, Suite 210 Birmingham, Alabama 35223

Send tax notice to:
Dorothy K. Holloway
7001 Lake Run Rd.
Birmingham, AL 35242

205-602-431

GENERAL WARRANTY DEED

20150406000109050 1/4 \$87.50 Shelby Cnty Judge of Probate, AL 04/06/2015 02:25:45 PM FILED/CERT

STATE OF ALABAMA)
SHELBY COUNTY)

KNOW ALL PERSONS BY THESE PRESENTS:

That in consideration of Sixty Four Thousand Five Hundred and 00/100 Dollars (\$64,500.00) to the undersigned GRANTOR in hand paid by the GRANTEE herein, the receipt of which is hereby acknowledged, I, TRACY LYNNE HALLMARK TODD, a married person (herein referred to as GRANTOR) do grant, bargain, sell and convey unto DOROTHY K. HOLLOWAY, (herein referred to as GRANTEE), the following described real estate situated in Shelby County, Alabama:

See attached Exhibit "A"

The subject property does not constitute the homestead of Grantor Tracy Lynne Hallmark Todd or her spouse.

Subject to all matters of public record including, but not limited to, easements, restrictions, covenants, and/or rights of way. Also subject to any and all matters visible by a survey. Title to mineral and mining rights is not warranted herein.

And I do for myself and for my executors and administrator covenant with said GRANTEE, her heirs and assigns, that I am lawfully seized in fee simple of said premises, that it is free from all encumbrances, unless otherwise noted above, that I have a good right to sell and convey the same as aforesaid, and that I am and my heirs, executors and administrators shall warrant and defend the same to the said GRANTEE, her heirs and assigns forever, against the lawful claims of all persons.

20170216000056750 11/14 \$54.00 Shalby Coty Judge of Probate 9

20170216000056750 11714 \$54.00 Shelby Cnty Judge of Probate: AL 02/16/2017 01:52:46 PM FILED/CERT Shelby County, AL 04/06/2015 State of Alabama Deed Tax:\$64.50 Dated this <u>4</u> day of March, 2015.

My Lynne Hallmark Told TRACY KXXXXII HALLMARK TODD LYNNE

20150406000109050 2/4 \$87.50 Shelby Cnty Judge of Probate, AL 04/06/2015 02:25:45 PM FILED/CERT

STATE OF GEORGIA

JACKSON

COUNTY)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that TRACY LYNNE HALLMARK TODD whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that being informed of the contents of the conveyance, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the

2 4 day of March, 2015

NOTARY PUBLIC: My Commission Expires:

4/6/16

Huen D Lary

EXPIRES
GEORGIA
APRIL 6, 2016
CONTROL
ON COUNTY

Property Address: 22.22 Acres Dead Hollow Rd. Harpersville, AL 35078

Grantee's Address: 7001 Lake Run Rd. Birmingham, AL 35242

Grantor's Address: 663 Trotters Glen Baldwin, GA 30511

20170216000056750 12/14 \$54.00 Shelby Cnty Judge of Probate: AL 02/16/2017 01:52:46 PM FILED/CERT

EXHIBIT "A"

Shelby Cnty Judge of Probate, AL 04/06/2015 02:25:45 PM FILED/CERT

FROM A 3" PIPE AT THE NE CORNER OF SECTION 31, TOWNSHIP 19 SOUTH, RANGE 2 EAST, RUN THENCE WEST ALONG THE ACCEPTED NORTH BOUNDARY OF THE NE 1/4-NE 1/4 OF SAID SECTION 31 A DISTANCE OF 40.02 FEET TO A 1/2" REBAR ON THE WESTERLY BOUNDARY OF DEAD HOLLOW ROAD (40' ROW); THENCE TURN 89°54'26" LEFT AND RUN 571.00 FEET ALONG SAID ROAD BOUNDARY TO A 1/2" REBAR, BEING THE POINT OF BEGINNING OF HEREIN DESCRIBED PARCEL OF LAND; THENCE CONTINUE ALONG SAID COURSE AND ALONG SAID ROAD BOUNDARY A DISTANCE OF 638.96 FEET TO A 1/2" REBAR ON THE NORTHERLY BOUNDARY OF SEABOARD COASTLINE RAILROAD (100' ROW); THENCE TURN 57°11'49" RIGHT AND RUN 672.80 FEET ALONG SAID RAILROAD BOUNDARY TO A POINT; THENCE TURN 72°43'52" RIGHT AND RUN 941.99 FEET ALONG AN ACCEPTED PROPERTY LINE TO A 1.25" PIPE ON THE ACCEPTED WEST BOUNDARY OF AFOREMENTIONED NE 1/4-NE 1/4 OF SECTION 31, TOWNSHIP 19 SOUTH, RANGE 2 EAST, SAID POINT BEING 358.14 FEET NORTH OF THE SW CORNER OF SAID NE 1/4-NE 1/4; THENCE TURN 49°50'00" RIGHT AND RUN 392.75 FEET TO A 1/2" REBAR THAT IS 575.02 FEET SOUTH OF A 1" CRIMPED PIPE ACCEPTED AS THE NW CORNER OF SAID NE 1/4- NE 1/4; THENCE TURN 89°58'02" RIGHT AND RUN 1289.53 FEET TO THE POINT OF BEGINNING OF HEREIN DESCRIBED PARCEL OF LAND, SITUATED IN THE EAST 1/2 - NE 1/4 OF SECTION 31, TOWNSHIP 19 SOUTH, RANGE 2 EAST, SHELBY COUNTY, ALABAMA.

Shelby Cnty Judge of Probate, AL

ORDINANCE CERTIFICATE

I, Walkup, duly appointed Town Clerk for the Town Alabama, hereby certify that this Ordinance No. 2017-2-64 v following places	n of Harpersville, vas posted in the
Within the Town of Harpersville, Alabama.	
1. Aubrany-To H 2. Port amile 3. Town Hall Dated this 7 day of FeB, 2016	
Town Clerk	Contract of the second of the

20170216000056750 14/14 \$54.00 Shelby Cnty Judge of Probate: AL

02/16/2017 01:52:46 PM FILED/CERT