

CASEY'S SEPTIC TANK CO.

122 CASEY ST.
BREWTON, ALABAMA 36426
PHONE 251-867-5950

009741

DATE 5-31-19

M. Sandra Howell

Clean out Tank 325.00

paid

#5259

325.00

Melvin Hetherington, Owner
2886 Turkey Trot Road
FRISCO CITY, ALABAMA 36445
(251) 267-3107
Free Estimates

4303

All claims and returned goods MUST be accompanied by this bill.

NEBS To Reorder:
800-225-6380 or nebs.com

THANK YOU

CASEY'S SEPTIC TANK CO.

122 CASEY ST.

BREWTON, ALABAMA 36426

PHONE 251-867-5950

009793

DATE 8-12-19

M. Landra Howell

Clean out tank 2500

paid

5283

2500

ALABAMA DEPARTMENT OF PUBLIC HEALTH
PERMIT TO INSTALL(Repair) AN ONSITE SEWAGE DISPOSAL SYSTEM

ESCAMBIA County Health Department

Permit Number: 19-30-166911-
R1

Repair	Conventional	Small Flow	No of Bedrooms : 3
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A APPLICANT: Sandra Howell Owner Phone: (251) 359-2635

Property Address: 113 Honey Drive
Property City, State: Atmore, AL Property Zip: 36502

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: *Engineer specified - see plans
Other requirements:

Shallow Conventional with 144 linear feet (432 square feet) of *Engineer specified - see plans installed in a 36 inch wide trench at a depth of 21 - 22 inches Below Original Ground .Level Header

C ADDITIONAL PERMIT CONDITIONS: Landscape Area for adequate drainage

Comments Divert surface drainage away from system. See engineer's specifications.

Location On Site:

Permit Issued Date: 8/7/2019
Permit Expires On: 8/7/2024

LON_X_COORD 0, 0, 0
LAT_Y_COORD 0, 0, 0


Signature Public Health Environmentalist

APPROVAL FOR USE OF AN ONSITE SEWAGE DISPOSAL SYSTEM

☐ System was installed in compliance with requirements of original permit, or ☐ Actual installation consists of ___ gallon tank, ___ linear feet of ___ (product) line ___ inch wide trench, ___ linear feet x ___ inch wide washing machine effluent line.

Sketch Location of Disposal System in Relation to House / Building and Well NSF 46 Filter Installed: YES ☐

This sewage disposal system was installed and certified under the provisions of 420-3-1, the Alabama Department of Public Health (ADPH) Onsite Sewage Treatment and Disposal Rules. No installation inspection was performed by the health department and the health department assumes no liability.

Application Id: 166911

Installed Hetherington, Melvin License Number: Approval Date: 08/29/2019

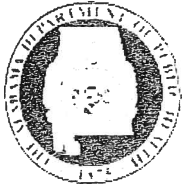
Date Approval for Use Issued

Installer

Signature Public Health Environmentalist

The issuance of an Approval for Use does not imply or guarantee that the onsite sewage disposal system will function for any specified period of time.

INSTALLER'S ONSITE SEWAGE DISPOSAL SYSTEM CERTIFICATION



ALABAMA DEPARTMENT
OF PUBLIC HEALTH

Escambia County Health Dept.
Permit Number 19-30-166911-R1
Date Received 8/28/19 → W Atmore
8/13/19 → Brewton

OWNER/APPLICANT'S NAME Sandra Howell
PROPERTY (911) ADDRESS 113 Honey Drive
CITY, STATE, ZIP Atmore, AL 36502
SUBDIVISION NAME _____ LOT _____ BLOCK _____

INSTALLATION INFORMATION

Installation Date: 8-12-19 () New (☒) Repair
Septic Tank Size: _____ gallons Manufacturer's No.: _____
Septic Tank Filter (NSF 46) Installed: (☒) Yes () No, not required
Aerobic Sewage Tank: Make _____ Model _____
Type of Distribution System and Lines: (☒) Level Header () Serial Distribution
() Gravel Trench Gravel Depth: () 12" () 24" () Gravel-less- Pipe Dia. 8" 10" other _____
Manufacturer: Infiltrator quick 4 Model/Configuration: L.P.
Effluent Distribution Trench
Trench Bottom Depth: 22" inches Trench Width: () 18" () 24" (☒) 36" other _____
Length of Installed Effluent Distribution Lines: 144 linear feet.
Separate Washer Line (If Used): _____ width _____ length (linear feet)

NAME OF INSTALLER / COMPANY Wetherington Septic Tank Service
BUSINESS ADDRESS 2886 Turkey Trot
TELEPHONE 951-267-3107 CITY Frisco City STATE AL ZIP 36445

"I hereby certify that the Onsite Sewage Treatment and Disposal System has been installed and completed in accordance with the construction plan or plot plan and permit issued by the Local Health Department on (insert date) _____, 20____ and the installation of the OSS is in compliance with Chapter 420-3-1 of the Rules of the Board. I further certify that I am licensed and in good standing with the AOWB in full compliance with Act 99-571 (HB 547), as enacted by the Legislature of the State of Alabama in its 1999 Regular Session, and as implemented."

DATE 8-12-19 AOWB License No. 026 SIGNATURE Melvin Wetherington

CEP-2 APPLICATION

FOR A PERMIT TO INSTALL (REPAIR)
SMALL FLOW ONSITE SEWAGE DISPOSAL SYSTEM
For a System of Total Flow < 1801 gpd or ≤ 12 Bedrooms



ALABAMA DEPARTMENT
OF PUBLIC HEALTH
☐ New ☒ Repair

For Department Use Only

Escambia County Health Department
Co. Health Dept. I.D. No.
8/1/19 Date Received

8/1/19 Date Fee Paid
\$50.00 Fee Amount
602 Fee Code
1444 Receipt No.

PART A To Be Completed and Signed By the Owner/Authorized Agent

(1) Owner Name SANDRA HOWELL (2) Daytime Phone: () 251-359-2635
(Type or Print) (3) Alternate Phone: ()

(4) Property's -E911 Address (or directions if address not available): 113 HONEY DRIVE

(5) City ATMORE (6) County ESCAMBIA (7) State AL (8) Zip 36502

(9) Property Size: 2 acre(s) (10) Water System serving site: ATMORE ☒ 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) Block: _____ (14) Lot: _____
(15) Health Dept. Site Development Plan (including CEP-3 Section A Part 3) has been reviewed ☐ Yes ☐ No
(Note: The Developer can provide Site Development 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): 1 (17) Manufactured Home (mobile, double wide): NA
(18) Number of bedrooms: 3 (19) Basements: NA
(20) Garbage Disposals: NA (21) Spa/Hot Tubs: NA gallons
(22) Wells/Potable Springs: NA (23) Swimming pool: NA
(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): _____ (restaurant, church, school, etc.)
(26) Number of Patrons/day: _____ (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 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 enacted, 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 onsite system application is for an engineered system, as defined by the onsite rules, you are hereby informed that the Health Department will only review the application and accompanying documentation for completeness. No site visit or installation inspection will be performed. The Health Department depends on the Professional Engineer to ensure that the system is installed according to the submitted design and is in compliance with the rules. The Health Department assumes no liability.

☒ Owner ☐ Authorized Agent: Signature: Sandra Howell Date: 07-18-2019

Mailing Address: 113 HONEY DRIVE

City: ATMORE State: AL Zip: 36502

Sandra Barnhill

CEP-2 APPLICATION CONTINUED - Small FlowOwner Name or Location SANDRA HOWELL**PART B - SYSTEM PLANNING**

- (29) Designed system is: ☐ Engineered ☒ Conventional (30) Establishment Estimated Water Usage 500 gallons/day
- (31) Size of lot (excluding easements): 87160 sq. ft. (32) Sanitary Sewer is **NOT** available to this lot ☒
- (33) Plot plan drawn to scale attached ☒ (required with all applications)
- ☒ Lot dimensions/size/property lines ☒ Location of all soil test sites ☒ % slope & direction
- ☒ Location/dimensions of structures ☒ Location of OSS & REDF ☐ Drainage/Gullies/>25% Slope Identified
- ☒ Utilities/easements/water lines ☒ Layout of OSS ☐ Location of embankments/cut/fill
- ☒ Surface waters/drainage features ☒ Max/Min Trench Depth Proposed
- ☐ Well locations ☐ Aggregate & Cover Recommended/Required.
- ☐ Landfill, dump, cave, or sinkhole ☐ Depth of fill
- (34) Construction Plan attached (See attached instructions) ☒ Engineered system applications must include a CONSTRUCTION PLAN which shall be certified by an engineer. NOTE: A construction plan is not required for a system generating 1800 gallons or less of sewage (not high strength sewage) a day proposing to use a conventional onsite sewage disposal system.
- (35) ☒ Soil Survey NRCS

Property Location Information☒ Vicinity Map If available - Section: T R If available - Latitude (degrees/minutes/seconds) 31.0430 Longitude (degrees/minutes/seconds) -87.5081**Application Attachments:**☒ Legal Description or Copy of Deed ☐ Engineer Calculations (engineered design) Establishment BOD/TSS lbs./day**-----APPLICABLE SIGNATURES BELOW-----****FOR CONVENTIONAL SYSTEMS:**☒ Engineer ☐ Land Surveyor ☐ Geologist ☐ Soil Classifier ☐ PHESS ☐ Other **EDDINS****JAMES****JAMES C. EDDINS, P.E.***Last Name - PRINT or TYPE**First Name**Firm Name (if applicable)*22100 COUNTY RD 47PERDIDOAL36562251-937-9463*Street or PO Box**City**State**Zip Code**Telephone Number*

I hereby certify that the information contained in this part of the application, including all related attachments, is complete, true and correct.

Signature  Date 07-18-2019For applicable professionals - AL Registration No.: 9640 ☒ License Photocopy attached

FOR ENGINEER DESIGNED SYSTEMS: By signing below, I acknowledge that the Health Department is relying upon my professional license, judgment and skill to ensure that the system is installed according to the submitted design and in accordance with applicable statutes and rules. I further acknowledge that no site visit or installation inspection will be conducted by the Health Department based upon its reliance on this signed certification by me.

*Last Name - PRINT or TYPE**First Name**Firm Name**Street or PO Box**City**State**Zip Code**Telephone Number*

I certify that the design features of the OSS at the address above have been designed, specified, or approved by me, and conform to design principles applicable to such projects. In my professional judgment, this system, when properly constructed, operated and maintained, will achieve the established performance standards and comply with applicable statutes of the State of Alabama and the ADPH.

Signature Date Registration No.: ☐ License Photocopy attached**PART C - SITE EVALUATION**☒ CEP 2/3 Part C Site Evaluation Form attached

CEP-2/3 Site Evaluation Data

Name/Establishment/Development

SANDRA HOWELL

113 HONEY DRIVE ATMORE, AL 36502

Location/Address

Evaluator

☐ Soil Classifier ☒ Engineer ☐ Land Surveyor ☐ Geologist ☐ PHESS – CEP2 only

Method Used

☐ Percolation ☒ Unified ☐ Mapping ☐ Morphology

NOTE: All percolation results shall be reported. All testing methods and results are subject to verification by the ADPH.

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

Hole No.	Layer ID/ Horizon*	Depth Of Up/Lo Boundary	Dominant Color Of Each Layer	Mottles, Redox, Etc	Texture*	Texture Group*	Other
		0-6	VERY DARK GRAY	(10YR 3/1)	SL	1	
		6-10	BROWN	(10YR 5/3)	SL	1	
		10-13	YELLOWISH-BROWN	(10YR 5/4)	L	1	
		13-23	YELLOWISH-BROWN	(10YR 5/8)	CL	1	
		23-40	YELLOWISH-BROWN	(10YR 5/6)	CL	1	
		Field Sizing _____ mpi @ _____ Depth (in.)	Restriction Depth (in.) > _____	Restriction Type (circle): ASHES Rock Pan Water Indicator Other _____	Minimum Vertical Separation Distance in Appendix A, Table 19 24"		
		40-65	MOTTLED YELLOWISH-BROWN	(10YR 5/8)	CL	1	
	450 SF P&G INSTALLED 1982						
	150 SF/BR = GROUP 1 ≈ 3-50 LF DR LN TOTAL						
	INSTALL 74 SF IN 3-48 LF QUICK LPP DR.						
	TOTAL 432 SF						
		Field Sizing _____ mpi @ _____ Depth (in.)	Restriction Depth (in.) > 49?	Restriction Type (circle): ASHES Rock Pan Water Indicator Other _____	Minimum Vertical Separation Distance in Appendix A, Table 19 24"		

	Field Sizing _____ mpi @ _____ Depth (in.)	Restriction Depth (in.) _____	Restriction Type (circle): ASHES Rock Pan Water Indicator Other _____		Minimum Vertical Separation Distance in) Table 19 _____		

* Required for Unified/Morphology Method only

2. Percolation Test Data (Attach Additional Sheets As Needed)

Extended Saturation Procedure Testing <input type="checkbox"/> No <input type="checkbox"/> Yes	Percolation Hole No.	Date Of Percolation Tests	Beginning / End Time Of Saturation	Beginning / End Time Of Testing	Total Depth of Hole	Depth From Surface To Restriction	Stabilized Percolation Rate in Min. per inch

3. Professional Soil Classifier Certified Soil Mapping data attached ☐

SITE EVALUATOR

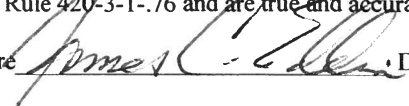
Primary EDF design is limited by the most restrictive test result, which is recorded as Hole # _____.

I, JAMES C. EDDINS, P.E.

Print/Type Name

a (professional engineer, surveyor, soil classifier or

geologist) do hereby certify that the above and/ attached soil tests were conducted as specified in the Rule 420-3-1-.61 thru Rule 420-3-1-.76 and are true and accurate as presented..

Signature  Date 07/18/2019 Registration No. 9640

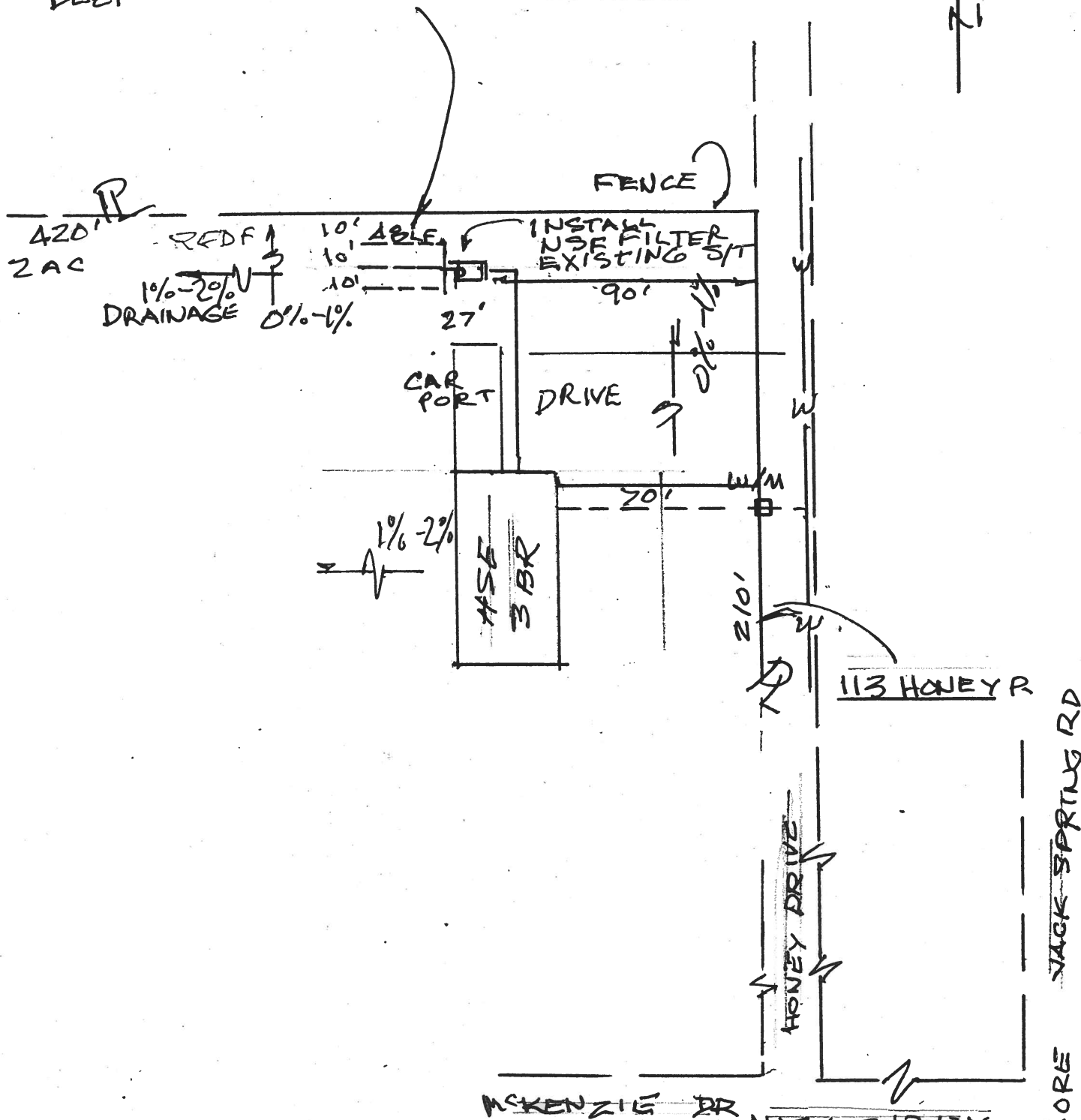
Address 22100 COUNTY ROAD 47 City PERDIDO State AL Zip 36562

Phone 1-251-937-9463 Fax N/A E-mail JIM EDDINS <jimeddins@murdercreek.com>

JAMES C. EDDINS, P.E. 22100 COUNTY RD. 47 PERDIDO, AL 36562
Firm Name Address

NOTES

1. EXISTING 1000 G S/T CLEAN 4/19
2. INSTALL NSF46 FILTER IN S/T
3. INSTALL 3 TYP. DRN IN 36" TRENCH
4. INSTALL 36 PCS LPP QUIK 4" INFILTRATOR IN 3 DRN 48 LF EACH MIN. 2" MAX 22" DEEP



JAMES C. EDDINS

Professional Engineer
22100 County Road 47
Perdido, AL 36562

Ph# 251-937-9463 Fax# 251-397-4996

Date: 7-18-19

Scale: 1" = 50'

AL REG. NO.
9640

PLOT PLAN

SANDRA HOWELL
ATMORE, AL

Escambia County Engineers & Surveyors

(Revised 10/29/18)

Engineers

Doug Bailey, PE

1203 Old County Rd
Daphne, AL 36526
251-751-1691

Russell Holland, PE

101 Winding Lane
Brewton, AL 36426
334-343-1265

Eddie Hamlin, PE

14200 South Boulevard
Silverhill, AL 36576
251-945-5151
251-978-9179 Cell

Moore Surveying

555 N. Section Street
Fairhope, AL 36533
251-990-8200

Stiffler Engineering

309 W. Laurel Ave
Foley, AL 36535
251-943-8501

Hogan & Associates

PO Box 1478
Gulf Shores, AL 36547
251-752-5811
251-948-8329 fax

Jason Shaw, P.E.

17223 CR 52
Silverhill, AL 36576
251-978-6074
4jshaw@gmail.com

Winston Foshee, PE

690 Long Branch Church Rd
Red Level, AL 36474
334-208-9404

Lynn Ralls, PE

PO Box 342
Andalusia, AL 36420
334-488-4627

Mike Noel, PE

201 3rd Ave
Andalusia, AL 36420
334-222-2489

Bill Bridges, PE

1509 McMillan Ave
Brewton, AL 36426
251-363-1199

Kenneth Bradley, PE

54820 Raburn Rd
Bay Minette, AL 36507
251-406-8258

James C. Eddins, PE

22100 Co Rd 47
Perdido, AL 36562
251-937-9463

Ben White, PE

48821 Fawns Run
Bay Minette, AL 36507
251-331-1711

Brian Aaron, PE

15011 Glasgow Lane
Bay Minette, AL 36507
251-580-5038
251-604-8364 Cell

Mel Monk, PE

Stapleton, AL 36578
251-937-7885
251-343-2184

Polysurveying

5588 Jackson Rd
Mobile, AL 36619
251-666-1746

Robert English, PE

2412 Drewry Road
Monroeville, AL 36460
251-714-0294
robert2581@hotmail.com

Mack Fleming, PE

802 Douglas Ave
Brewton, AL 36426
251-867-3446

Kermit George, PE

114 East Cedar Ave
Crestview, FL 32536
850-305-7807

Robert Ward, PE

9909 N Cove Ave
Pensacola, FL 32534
850-478-8783

Bob Carter, PE

PO Box 458
Andalusia, AL 36420
334-222-2699

Ken Underwood, PE

PO Box 125
Magnolia Springs, AL 36555
251-965-7582

Surveyors

Byrd Surveying

2609 Halls Mill Rd
Mobile, AL 36606
251-476-5010

David Lowery, PLS

P O Box 995
Bay Minette, AL 36507
251-937-2757
251-937-2756 fax

Geo Surveying, Inc.

PO Box 579
Fairhope, AL 36533
251-990-0815
1-888-407-0114

Robbie Whittle, PLS

782 Old Castleberry Rd
Brewton, AL 36426
251-867-8828

Jeff Shealy, PLS

PO Box 27
Georgiana, AL 36033
334-376-2712

David Lowery, PLS

PO Box 205
Excel, AL 36439
251-765-3045

Classifiers

Joey Koptis, PSC

20004 Co Rd 64
Robertsdale, AL 36567
251-583-8017

Jerome Lanqlin, PSC

24069 Co Rd 55
Loxley, AL 36551
205-292-1233

This list of professional engineers and surveyors was generated based on their requests to be included on it. It is not intended to imply any recommendations whatsoever. Any professional engineer or land surveyor registered in the state of Alabama may be employed.