BLDR-2025-82312

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PERMIT # OSWP 2025-80865

PIN # 4724 -- 12 -- 3011

APPLICANT/OWNER: Steve Cannon APPLICANT ADDRESS: 5500 Deer Run Ct, Davidson, NC 28036

SITE ADDRESS: 95 Ashbrook Rd, Statesville, NC 28677 PHONE: 704-706-4645 ALT. PHONE:

SITE DIRECTIONS: Westminster -> R Hickory Hwy -> R Ashbrook -> lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: 2 DESIGN FLOW: 120 gpd L.T.A.R.(Initial): 0.3 L.T.A.R (Repair): Exempt

Septic Tank 1000 (gal) STB 760 Date 11-5-2025

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 100

Trench Width 36 *Max. Trench Depth(Initial) 30 *Max. Trench Depth(Repair) n/a Gravel Depth n/a

* Measured on the downhill side of the trench

☑ New System ☐ Repair ☐ Expansion System Type: I ☑ II III IV V VI

System Description: 25% Reduction - IIb

Repair System Description: Exempt - 1952

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): 48

☑ Residence No. Bedrooms 1

☐ Business No. Persons 2

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): n/a *Limiting Condition*

Water Supply

☐ Private

☑ Public

☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.
Divert all drainage from septic area.

CREEK BUFFER MUST BE MARKED AT INSTALL

Line lengths for chambers: 22, 38, 42

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Steve Cannon

LSS# 1291

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10047E

Please note - edits made in Bluebeam may not be visible if viewed on a cellphone! Use computer to ensure all comments & notes can be seen.

AS-BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

11-21-2025 BCW
- TANK: NEEDS FILTER ✓ 11/24/25 SH
- lines · SH

Installed as Shown

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☑ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online Signature Date:

IMPROVEMENT PERMIT by: D. Wieberg Date: 8/12/25

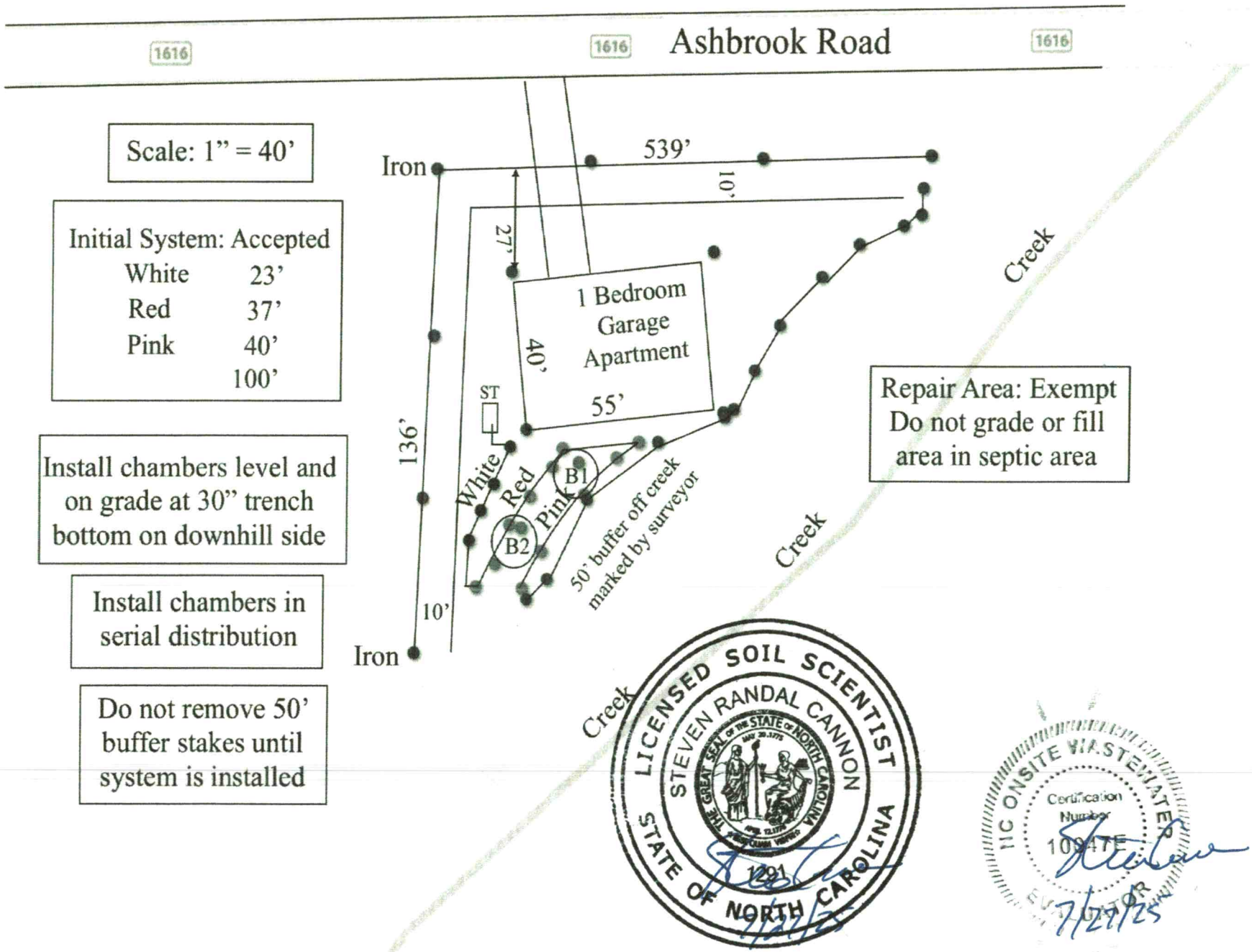
AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 8/12/25

Installed by: GROUNDBREAKERS

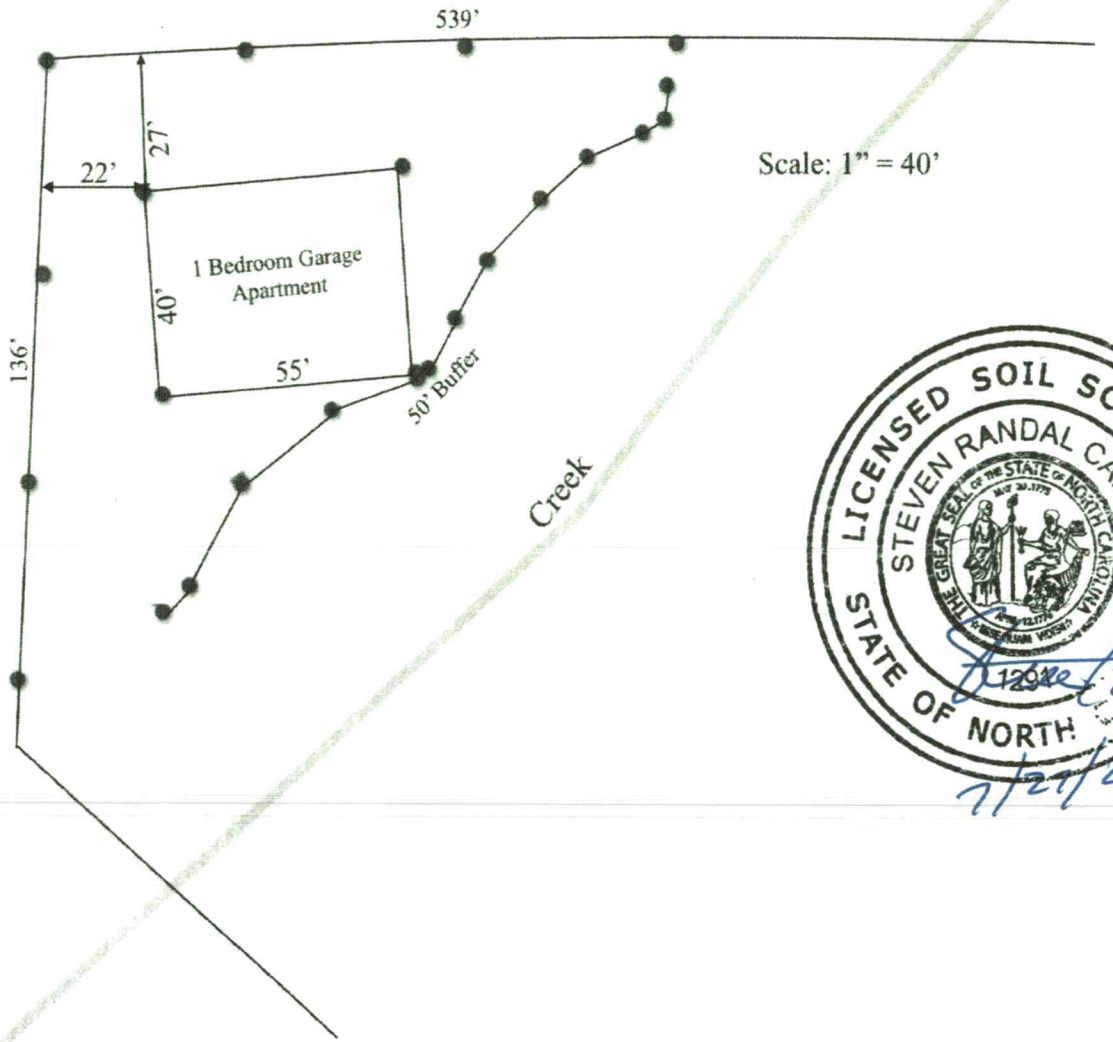
OPERATION PERMIT by: Sydney Holland Date: 11/24/25

Existing System Inspected by: Date:

4:11 PM Sat Jul 26
36%
Randall Gadner Hickory Highway
Done



2:55 PM Sat Jul 26
43%
Randall Gardner Hickory Highway
Done



Permit/File #: OSWP-2025-80865

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ■ (a2) Improvement Permit ■ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell
PIN/Lot Identifier: 4724-12-3011
Issued To: Randall Gardner
Property Location: 2554 Hickory Highway Statesville, North Carolina 28677
Subdivision (if applicable)_____ Lot #: _____ Block: _____ Section: _____
LSS Report Provided: Yes ■ No ☐
If yes, name and license number of LSS: Steven Randal Cannon

New ■ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: Garage Apartment
Number of bedrooms: 1 Number of Occupants: 2 Other: _____
Design Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 120 GPD Proposed LTAR (Initial): .3 Proposed LTAR (Repair): Exempt
Proposed Wastewater System Type*: Accepted IIb (Initial) Pump Required: ☐ Yes ■ No ☐ May be required
Proposed Wastewater System Type*: Exempt (Repair) Pump Required: ☐ Yes ☐ No ☐ May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: ■ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
Saprolite System (Initial): ☐ Yes ■ No Saprolite System (Repair): ☐ Yes ☐ No
Fill System (Initial): ☐ Yes ■ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): ☐ Yes ■ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)[x]: 48 Usable Depth to LC (Repair)[x]: N/A ***[x] Limiting Condition***
Max. Trench Depth (Initial)[‡]: 30 Max. Trench Depth (Repair)[‡]: N/A ***[‡] Measured on the downhill side of the trench***
Artificial Drainage Required: ☐ Yes ■ No If yes, please specify details: _____
Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ■ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .0508: Yes ■ No ☐ Drainfield location meets requirements of Rule .0601: Yes ■ No ☐
Permit valid for: ■ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
Preconstruction meeting required

Licensed Soil Scientist Print Name: Steven R. Cannon
Licensed Soil Scientist Signature: Steven R. Cannon Date: July 28, 2025

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: 8/12/25 *Date* by DW *Initials*

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ *Date*

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date: 8/12/25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 8/12/30

See attached site sketch

HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2025-80865

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell **Pre-Construction Conference Required:** Yes ☒ No ☐

PIN/Lot Identifier: 4724-12-3011

Issued To: Randall Gardner

Property Location: ~~2554 Hickory Highway Statesville, North Carolina 28677~~ 95 Ashbrook Rd, Statesville, NC 28677

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE:

Facility Type: Garage Apartment

Number of bedrooms: 1 Number of Occupants: 2 Other:

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No

Crawl Space? ☐ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* Accepted IIb (Initial) Exempt (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 120 GPD Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☐ No
(if yes, please provide engineering documentation)

Effluent Standard: ☒ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 100 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: .3 gpd/ft² Usable Depth to LC (Initial)ˣ: 48 ˣ***Limiting condition***

Soil Cover: 18 inches Slope Corrected Maximum Trench/Bed Depth‡: 30 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: ft. TDH vs. GPM Grease Trap Size (if applicable): gallons

Distribution Method: ☒ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☒ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: ☐ Yes ☒ No Declaration of Restrictive Covenants: ☐ Yes ☒ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☒ No

Management Entity Required: ☐ Yes ☒ No Minimum O&M Requirements:

Permit conditions:
Preconstruction meeting required

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Steven R. Cannon

AOWE/PE Signature: Steven R. Cannon Date: July 28, 2025

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

This Section for Local Health Department Use Only

Initial submittal received: 8/12/25 *Date* by DW *Initials*

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ *Date*

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date of Issuance: 8/12/25

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 8/12/30

See attached site sketch

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
■ (a2) Improvement Permit ■ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):
■ Accepted ☐ Conventional ☐ Innovative ☐ Other _____ ☐ Any

■ New Construction ■ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
■ 5-Year Expiration Requested (site plan provided) ☐ Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Requesting DHHS review? (systems >3000 GPD or IPWW) ☐ Yes ■ No

Applicant: Randall Gardner
Mailing Address: 102 Ashbrook Road
City: Statesville
State: NC Zip: 28677
Phone #: 704-500-6380
Email: Randall@actionindsupply.com

Owner: Randall Gardner
Mailing Address: 102 Ashbrook Drive
City: Statesville
State: NC Zip: 28677
Phone #: 704-500-6380
Email: Randall@actionindsupply.com

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐ Yes	■ No	Does the site contain any jurisdictional wetlands?
☐ Yes	■ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	■ No	Is the site subject to approval by any other public agency?
☐ Yes	■ No	Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. ***I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.***

Applicant Signature: Randall Gardner Date: 7/29/2024

Owner's Signature: Randall Gardner Date: 7/29/2024

Design Specifications for Proposed Wastewater Systems

Applicant: Randall Gardner
Physical Address: 2554 Hickory Highway
Statesville, North Carolina 28677
Pin # 4724-12-3011
Iredell County, North Carolina

Source of Water Flow	1 Bedroom Gsrage Apartment
Source of Water	Municipal
Wastewater Treatment System: Initial	Accepted
Septic Tank	1,000 gallons
Estimated Daily Flow	120 gallons/day
Accepted Chambers	9 feet on center
Loading Rate	.3 g/d/sq.ft.
Drainfield Size	100 feet
Distribution	Serial
Slope	13 percent
Slope Correction	5 inches
Trench Bottom Depth	30 inches on downhill side
Wastewater Treatment System: Repair	Exempt

Nitrification Lines Elevation and Length

Applicant: Randall Gardner
Physical Address: 2554 Hickory Highway
Statesville, North Carolina 28677
Pin # 4724-12-3011
Iredell County, North Carolina

Initial: Accepted

Line	Flag Color	Line Elevation	Flagged Length	Design Length
1	White	2.54'	23'	23'
2	Red	4.25'	37'	37'
3	Pink	6.37'	40'	40'
			100'	100'

Repair System: Exempt

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: ____
COUNTY: Iredell

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Randall Gardner DATE EVALUATED: 7/21/25
ADDRESS: 102 Ashcroft Rd, Statesville NC
PROPOSED FACILITY: Garage / Apt PROPOSED DESIGN FLOW (.0400): 120 PROPERTY SIZE: ____
LOCATION OF SITE: Hickory Highway Statesville NC PROPERTY RECORDED: ____
WATER SUPPLY: ☑ Public ☐ Single Family Well ☑ Shared Well ☐ Spring ☐ Other ____ WATER SUPPLY SETBACK: ____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0507 SAPROLITE/ BEDROCK CLASS & HORIZ	.0509 PROFILE CLASS & LTAR	.0502(d) SLOPE CORRECTION
B 1	L 13%	0-3"	L sa	NS sp	7.5YR 5/4	48"	1291	PS .3	5"
		3-28"	C scl	sp fi sbk	2.5YR 4/8				
		28-48"	C scl	sp fi sbk	2.5YR 4/6				
B 2	L 13%	0-2"	L sa	NS sp	7.5YR 5/4	48"		PS .3	5"
		2-29"	C scl	sp fi sbk	2.5YR 4/8				
		29-48	C scl	sp fi sbk	2.5YR 4/6				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	/	Exempt
System Type(s)	Accepted	"
Site LTAR	.3	"
Maximum Trench Depth	30"	"

SITE CLASSIFICATION (.0509): 5
EVALUATED BY: Steve Cannon
OTHER(S) PRESENT: ____

Comments: Repair Exempt. 120 gallon / day / 1 bedroom

Type: CONSOLIDATED REAL PROPERTY
Recorded: 3/24/2015 3:15:22 PM
Fee Amt: $66.00 Page 1 of 2
Revenue Tax: $40.00
Iredell County, NC
Matthew J. McCall Register of Deeds

BK 2347 PG 237 - 238

Excise Tax $40.00 Recording Time, Book and Page

Parcel Identifier No. 4724 12 3011
Verified by _____County on the _____ day of _____, 20__
By: _____

Mail after recording to GRANTEE

This instrument was prepared by : **THE LAW OFFICE OF ANTHONY S. PRIVETTE, PLLC**
307 Davie Avenue, Statesville, NC 28677
www.attorneyprivette.com

Brief description for the Index: 2554 Hickory Hwy. Statesville, NC

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 24 day of March, 2015, by and between

GRANTOR	GRANTEE
VICKI E. MOOSE, unmarried	**WILLIAM RANDALL GARDNER, JR, Trustee of the William Randall Gardner, Jr Living Trust dated 4/30/2012**
Mailing Address: 104 Knox Street Statesville, NC 28677	Mailing Address: 102 Ashbrook Road Statesville, NC 28677

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple all that certain lot or parcel of land situated in Shiloh Township, Iredell County, North Carolina and more particularly described as follows:

BEGINNING at an iron stake, Mrs. E. E. Sellers and Troy Pierce's corner and running thence North 11-10 East 135.5 feet to an iron stake, Troy Pierce's corner; thence with Troy Pierce's line, South 87-30 East 539 feet to a point in the center of U.S. Highway No. 70; thence approximately with the center of said highway, South 53-15 West 479 feet to a stake, Mrs. E. E. Seller's corner; thence with Mrs. E. E. Seller's line, North 48-45 West 252 feet to the beginning, containing 2 acres, more or less, according to a survey made by R. B. Kestler, Jr. on March 24, 1952. For back title, see Deed Book 1466, Page 766, Iredell County Registry.

All or a portion of the above-described property does not include the principal residence of the Grantor.

ROTC 2

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1466, Page 766 of the Iredell County Public Registry.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that the Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.
Title to the property hereinabove described is subject to the following exceptions: **All such valid and enforceable easements, conditions and restrictions as may appear of record, if any; any matters which could be revealed upon a thorough inspection of the premises conveyed herein and the lien of ad valorem taxes for the current year, which Grantee hereby assumes.**

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

Vicki E. Moose (SEAL)
VICKI E. MOOSE

NORTH CAROLINA
IREDELL COUNTY

I, Bethany J Stacy, a Notary Public for said County and State, do hereby certify that VICKI E. MOOSE, personally appeared before me this day, and being by me duly sworn, says that he executed the foregoing and annexed instrument for the purposes therein expressed.

Witness my hand and official stamp or seal, this 24 day of March, 2015.

My commission expires: 2/24/2018

Bethany J Stacy
Notary Public

BETHANY J. STACY
NOTARY PUBLIC
Iredell County, North Carolina