ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 2022-9737

BLDR 2022 8638

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

PIN # 4772 -- 99 -- 2850

APPLICANT/OWNER: Bruce Jones | APPLICANT ADDRESS: 512 Ostwalt Amity Rd, Troutman 28166

SITE ADDRESS: 241 Knox Farm Rd, Statesville 28677 | PHONE: 704-737-1880 | ALT. PHONE -

SITE DIRECTIONS: 70 E - Knox Farm | SAP CONTROLLED: ☐ YES ☒ NO

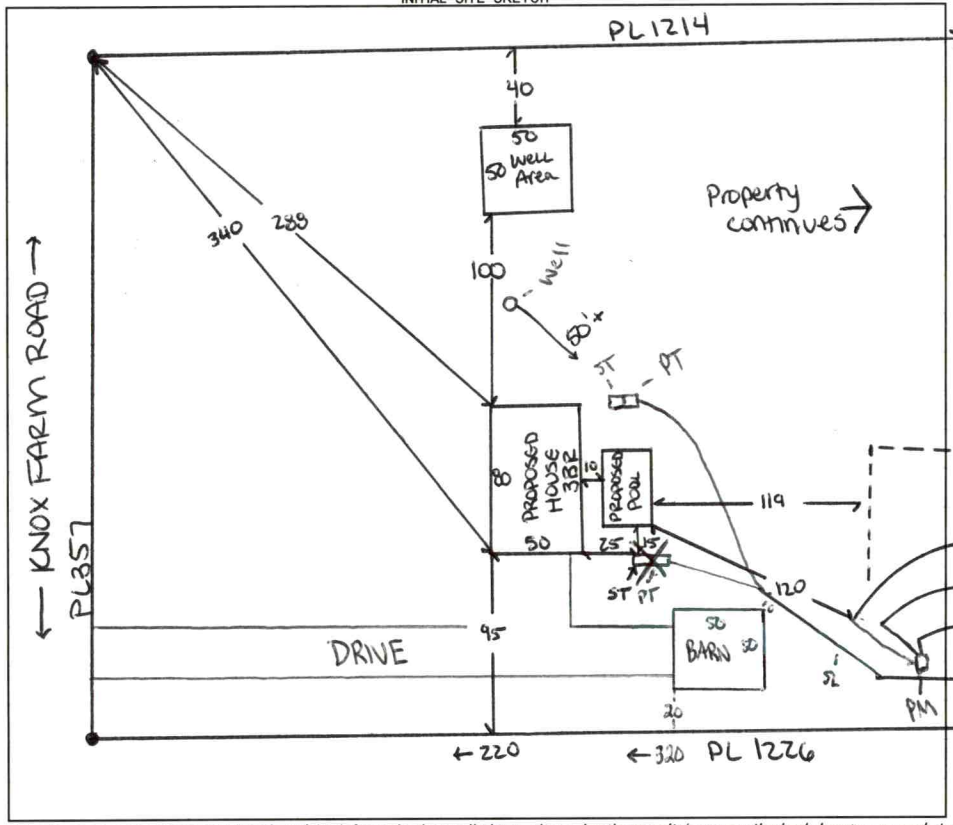
SUBDIVISION: Jennifer Kane | SECTION: - | LOT # 1-2 | LOT AREA: 10 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3 (0.1)

Septic Tank	1000 (gal)	STB	760	Date	7/16/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	7/25/23	System Description: 25% reduction				☐ Business	No. Persons 6	☒ Private
Pump Make	Zoeller	Model	115V/1HP	Serial #		Repair System Description: DRIP				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)	26 in	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install on contour with the land. Do not exceed 36 inch max trench bottom.

Property recorded BK 2934 PG 445-446

INITIAL SITE SKETCH



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.

Installed as Drawn

1" = 100'
ST = Septic Tank
PT = Pump Tank
SL = Supply Line
PM = Pressure Manifold

Tanks
Lines OK
PM 9/1/23

floats
alarm SW
electrical 12/7/23
pressure

TAPS
L1 = 1/2 sch 40
L2 = 1/2 sch 40
L3 = 1/2 sch 40
Dose = 143 gal
Drawdown = 6.75 in
GPM = 21.38
Run Time = 6.75 min
Pressure head = 2 ft
Supply Line = 2 in

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: | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Cary Whil | Date: 12/9/22 | OPERATION PERMIT by: Sarah Williams | Date: 12/7/2023

AUTHORIZATION TO CONSTRUCT by: Cary Whil | Date: 12/9/22 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Bruce Jones
ADDRESS: 512 Ostwalt Amity Rd
PROPOSED FACILITY: 3 bd/r home PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 241 Knox Farm Rd

APPLICATION DATE
DATE EVALUATED: 12/8/22
PROPERTY SIZE: 10 acres
PROPERTY RECORDED: yes

WATER SUPPLY: Private Public X Well Spring Other
EVALUATION METHOD: Auger Boring X Pit Cut
TYPE OF WASTEWATER: X Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 10%	0-30	C ABK	SS SP FR SE	Chroma 2 at 25"	30	-	-	PS .25
		30-52	SAP LS	FR					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	.3	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

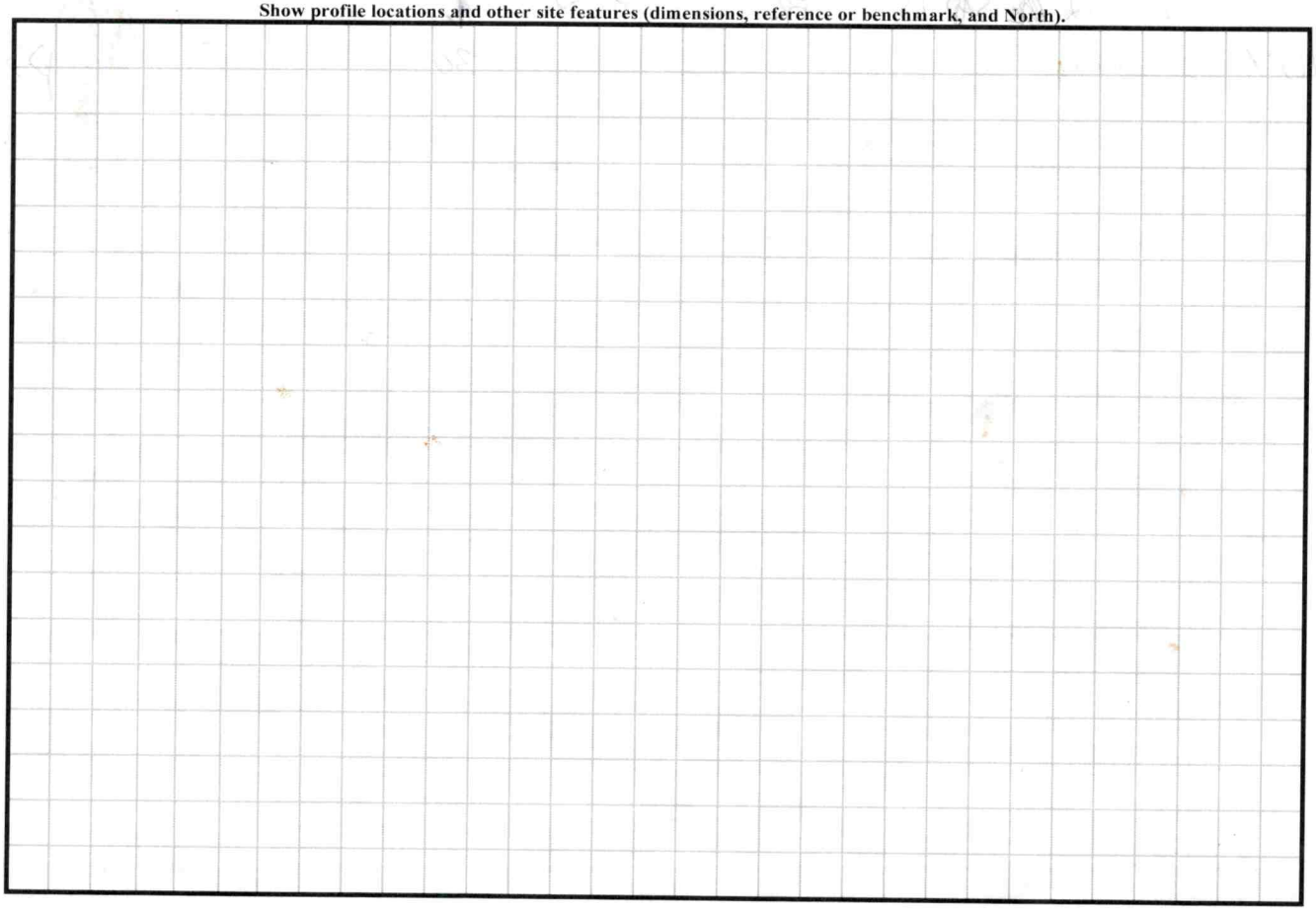
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED MAY 17 2022

BW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 328814 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

****

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: ~~K5 Partners~~ Jen Kane Address: 19409 Laurel Glen Ave Cornelius Zip: 28031

Applicant Email: mysea turtles@gmail.com Phone: 704 770 8350 Alt. Phone: _____

Owner Name: ~~Jen~~ K5 Partners, LLC Address: Same Zip: _____

Owner Email: Same Phone: _____ Alt. Phone: _____

****

Property Information:

Street Address: 237 & 241 Knox Farm Rd Statesville

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Hwy 70 - Knox Farm Rd - +/- 1 mile on (L)

****

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 3 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 2 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

****

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other: _____

****

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

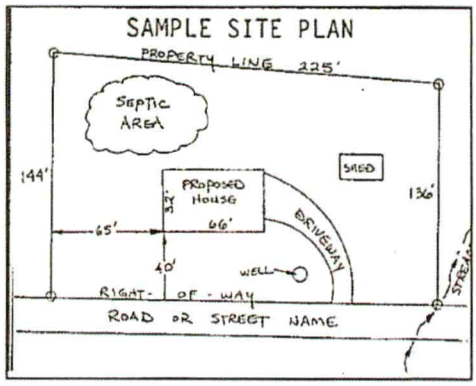
Signature: _____ 5/2/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 5/2/2022

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☑ **2.** I, K5 Partners, LLC, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ Signature of Owner(s)

5-17
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

Complete all Environmental Health forms:

- Application
- Site Plan including the dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- Copy of Zoning Permit when applicable
- Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 5/17/2027

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
328814 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4772992751.000	241 KNOX FARM RD	Iredell County

Owner Information	Applicant Information
Name: K5 PARTNERS LLC Address: Phone:	Name: K5 PARTNERS LLC Address: Phone: (704)770-8350

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5	35	35	15	15		NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 05/17/2022

Permit Number	328814	TOTAL FEES:	$77.25

241 Knox Farm

WINDOW SCHEDULE

MARK	OPENING SIZE	DESCRIPTION	QTY.	MARK	OPENING SIZE	DESCRIPTION	QTY.
A	3'-0" × 7'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	12	E	3'-0" × 6'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	2
B	2'-0" × 4'-0"	4 LITE VINYL FIXED WINDOW INSULATED (SEE ELEVS)	3	F	1'-8" × 4'-0"	4 LITE VINYL FIXED WINDOW INSULATED	2
C	2'-0" × 4'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	4	G	3'-8" × 5'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	1
D	4'-0" × 4'-0"	DBL 6 LITE VINYL CASEMENT WINDOW INSULATED	1				

DOOR SCHEDULE

MARK	SIZE	DESCRIPTION	QTY.
1	DBL 3'-6" × 8'-0"	EXTERIOR 4 LITE 3/4 FRENCH SOLID WOOD DOORS	1 PAIR
2	3'-0" × 8'-0"	EXTERIOR 1 LITE FULL FRENCH WOOD DOOR	1
3	3'-0" × 8'-0"	EXTERIOR 6 PANEL METAL DOOR	1
4	2'-8" × 6'-8"	EXTERIOR 6 PANEL METAL DOOR	1
5	6'-0" × 8'-0"	EXT. OVER-HEAD METAL CARRIAGE-STYLE ROLL-UP DOOR	1
6	16'-0" × 8'-0"	EXT. O.H. METAL CARRIAGE-STYLE GARAGE DOOR W/ OPENER	1
7	2'-8" × 6'-8"	EXTERIOR 4 LITE 1/2 FRENCH METAL DOOR	1
8	2'-8" × 8'-0"	EXTERIOR 6 PANEL METAL DOOR	1
9	3'-0" × 8'-0"	CASED OPENING	2
10	2'-0" × 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	2
11	2'-4" × 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	4
12	2'-8" × 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	3
13	3'-0" × 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	3
14	DBL 2'-4" × 8'-0"	INTERIOR BARN DOORS- OWNER SELECT	1 PAIR
15	2'-4" × 8'-0"	INTERIOR BARN DOOR- OWNER SELECT	1
16	2'-0" × 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE POCKET DOOR	2
17	DBL 1'-6" × 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOORS	1 PAIR
18	3'-0" × 8'-0"	CASED OPENING	1
19	2'-0" × 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
20	2'-4" × 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	2
21	3'-0" × 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
22	2'-8" × 6'-8"	INTERIOR HORIZONTAL 6 PANEL SOLID CORE MASONITE DOOR	1

SQUARE FOOTAGE

LIVING	2435
FRONT PORCH	337
REAR PORCH	471
GARAGE/STORAGE	833
BONUS ROOM	474
TOTAL LIVING TOTAL	2907
TOTAL SQ. FT.	4886

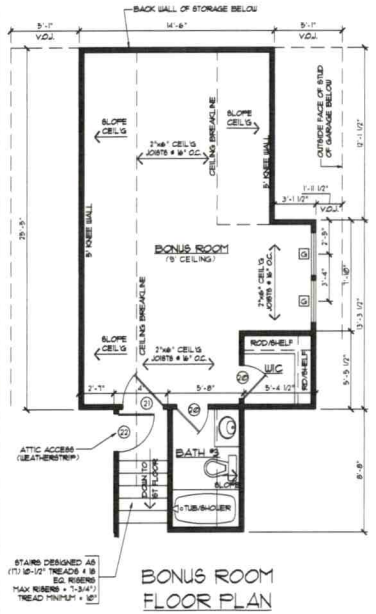
IMPORTANT NOTE:
ALL EGRESS OR RESCUE WINDOWS FROM SLEEPING ROOMS
CLEAR OPENING WIDTH SHALL BE 20" MINIMUM
CLEAR OPENING HEIGHT SHALL BE 24" MINIMUM
CLEAR OPENING WIDTH SHALL BE 20" MAXIMUM SILL HEIGHT - 44" A.F.F.

Acknowledgement Of Plans Submittal ONLY!

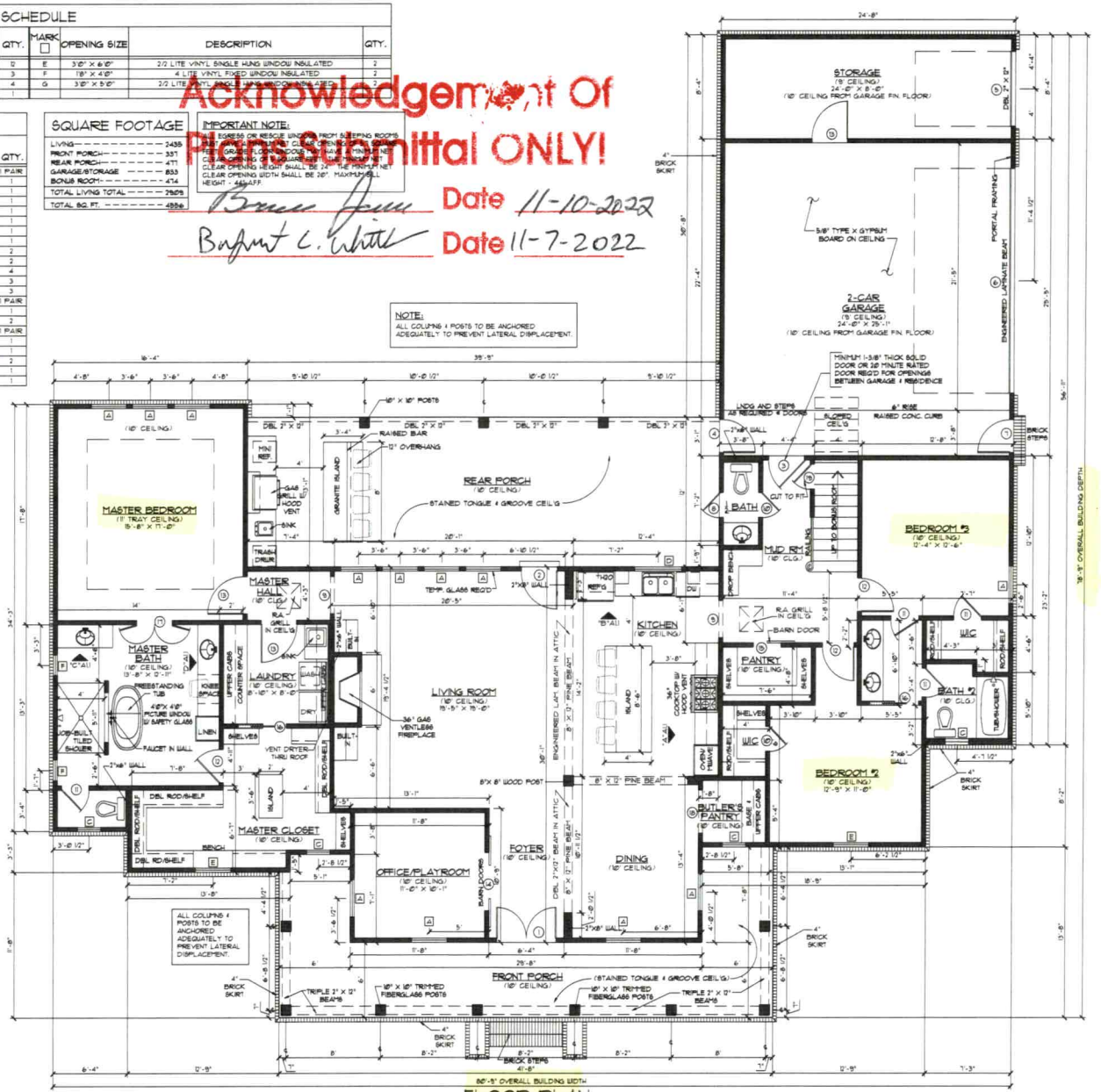
Bruce Jones Date 11-10-2022

Bryant C. White Date 11-7-2022

NOTE:
ALL COLUMNS & POSTS TO BE ANCHORED ADEQUATELY TO PREVENT LATERAL DISPLACEMENT.



BONUS ROOM FLOOR PLAN
SCALE: 1/4" = 1'-0"



FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTE: ALL DIMENSIONS ARE FROM EDGE OF WALL (NOT INCLUDING BRICK SKIRT)

MADDEN HOME DESIGN, LLC NOT BEING AN ARCHITECTURAL OR ENGINEERING FIRM ASSUMES NO LIABILITY FOR STRUCTURAL, ARCHITECTURAL OR ENGINEERING ACCURACY. EVERY EFFORT HAS BEEN MADE TO INSURE ALL DIMENSIONS ARE CORRECT AND NO ERRORS OR OMISSIONS HAVE BEEN MET. IF AN ERROR OR OMISSION DOES OCCUR, IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR AND/OR OWNER AT HIS OWN EXPENSE AND NOT THE RESPONSIBILITY OF THE ARCHITECT. IT IS THE CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF DIMENSIONS IN THE FIELD AND SHALL BE RESPONSIBLE TO COMPLY WITH THE INTERNATIONAL RESIDENTIAL CODE 2018.

RESIDENCE OF
BRUCE E. JONES

Project:

MADDEN HOME DESIGN
8375 Rushing Road
Denham Springs, Louisiana
70726
Phone: (225) 791-2912

A|BD

Project No.: The Rosewood
DATE: AUGUST 22, 2022
DRAWN BY: Steven Madden
DESIGNED BY: Steven Madden

COPYRIGHT NOTE: © These Plans Are Subject To Federal Copyright Laws And Are To Be Used For The Lot Number And Subdivision Indicated In This Title Block Only. Use On Any Other Site Is Prohibited.
© COPYRIGHT 2022

Sheet Title
FLOOR PLAN

☐ Preliminary Dwg.
☐ Bidding Doc.
☐ Construction Doc.

Sheet:
A1.0

Type: CONSOLIDATED REAL PROPERTY
Recorded: 7/20/2022 3:06:28 PM
Fee Amt: $326.00 Page 1 of 2
Revenue Tax: $300.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2934 PG 445 - 446

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $300.00

Parcel Identifier No. LOT 1-4772-99-2859. Verified by _____ County on the ____ day of_____, 20____
By: Lot 2-4772-99-2751

Mail/Box to: Thebeau & Associates, PA, 19600 W. Catawba Ave., Bldg. A, Ste. 100, Cornelius, NC 28031

This instrument was prepared by: Thebeau & Associates, PA, 19600 W. Catawba Ave., Bldg. A, Ste. 100, Cornelius, NC 28031

Brief description for the Index: LOT 1-2, Subdivision Plat for Jennifer Kane

THIS DEED made this 20th day of July, 20 22, by and between

GRANTOR	GRANTEE
K5 Partners LLC, a North Carolina Limited Liability Company 19409 Laurel Glen Avenue Cornelius, NC 28031	Bruce Jones and wife, Laurie M. Jones 512 Ostwalt Amity Road Troutman, NC 28166

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

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, parcel of land or condominium unit situated in the City of Statesville, _____ Township, Iredell County, North Carolina and more particularly described as follows:

BEING all of Lots 1 and 2 according to the "Subdivision Plat for Jennifer Kane", as shown on map recorded in Map Book 76 at Page 9, Iredell County Public Registry.

Submitted electronically by "Thebeau and Associates"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

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The property hereinabove described was acquired by Grantor by instrument recorded in Book 2881 page 1341.
All or a portion of the property herein conveyed ___ includes or _X_ does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 76 page 9.

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 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, other than the following exceptions:
All such valid and enforceable easements and restrictions of record.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

K5 Partners LLC, a North Carolina Limited Liability Company (SEAL)
(Entity Name)
By: _____ Print/Type Name: _____
Print/Type Name & Title: Jennifer Kane, Member/Manager

_____ (SEAL)
Print/Type Name: _____

By: _____ _____ (SEAL)
Print/Type Name & Title: _____ Print/Type Name: _____

By: _____ _____ (SEAL)
Print/Type Name & Title: _____ Print/Type Name: _____

State of _____ - County or City of _____
I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20___.

My Commission Expires: _____ _____ Notary Public
(Affix Seal) Notary's Printed or Typed Name

State of _____ - County or City of _____
I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20___.

My Commission Expires: _____ _____ Notary Public
(Affix Seal) Notary's Printed or Typed Name

State of North Carolina - County or City of ~~Iredell~~ Mecklenburg
I, the undersigned Notary Public of the County or City of ~~Iredell~~ Mecklenburg and State aforesaid, certify that Jennifer Kane personally came before me this day and acknowledged that he is the Member/Manager of K5 Partners LLC, a North Carolina, ~~a North Carolina or~~ corporation/limited liability company/~~general partnership/limited partnership (strike through the inapplicable)~~, and that by authority duly given and as the act of such entity, she signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this 20th day of July, 20 22.

My Commission Expires: 1-17-2027 _____ Cheri Thebeau Notary Public
(Affix Seal) Notary's Printed or Typed Name

CHERI THEBEAU NOTARY PUBLIC MECKLENBURG COUNTY, NC

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