ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 305525

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

PIN # 4702582440 2614

APPLICANT/OWNER: Shelby Warkenthien APPLICANT ADDRESS: 121 Taft Rd, Stony Point

SITE ADDRESS: 650 Lewis Ferry Rd, Statesville 28677 PHONE: 704-402-2883 ALT. PHONE —

SITE DIRECTIONS: old Mountain Rd → R on Lewis Ferry → on R before Eureka SAP CONTROLLED: ☐ YES ☒ NO

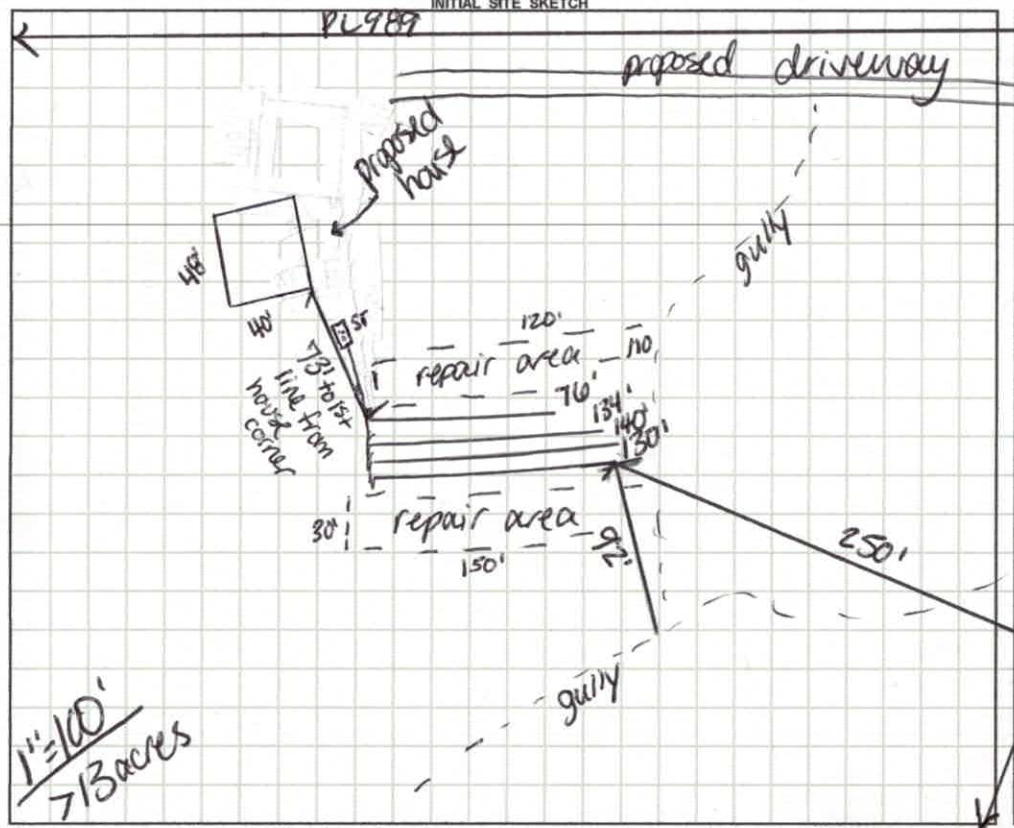
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 13.687 ac DESIGN FLOW: 480gpd L.T.A.R.: .25 (.1R)

Septic Tank	1000 (gal)	STB	760	Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons	8	☐ Private
Pump Make	Model			Serial #		Repair System Description:	drip	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	480'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	27" max	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing

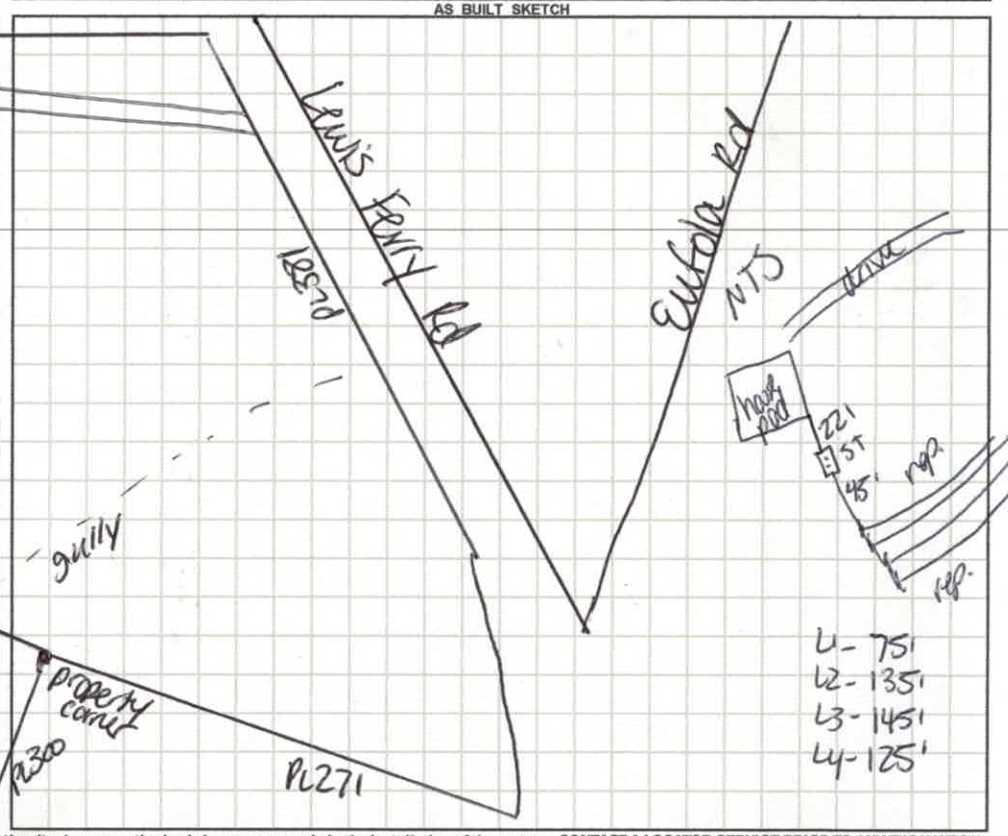
Comments / Conditions: Install on contour + utilize serial distribution. Do not pave/grade septic area. Do not exceed max depth of 27".

Maintain 15' from house with septic tank.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Acceptance of Permit Rec'd Date: 4-13-20 Installed by: Grandbreakers

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 3-16-20 OPERATION PERMIT by: Carla C. Nicks Date: 6-11-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 3-16-20 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent Promote Protect
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Shelby Warkentnien, am the legal owner or the agent of the property located at 605 Lewis Ferry Rd. Statesville, NC 28677 identified as PIN(Parcel Identification Number) 4702582610, located in Iredell County, North Carolina.
Permit # 305525.

I do hereby agree to the permit design and the conditions of this permit.

Shelby A. Warkentin 4/9/2020
Signature of Owner Date

_____ _____
Signature of Witness Date

hodge2485@yahoo.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 663-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

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

Sheet 1 of 1
PROPERTY ID #: 17625820010
COUNTY: Wake

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

OWNER: Shelby Warcenthien
ADDRESS: 121 Taft Rd
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 450 Lewis Ferry
APPLICATION DATE: 3-3-20
DATE EVALUATED: 3-11-20
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 13+ ac
PROPERTY RECORDED: Y

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 18%	0-8 8-34 34-48	GR SCL SBK C SBK CL	FR SS SP SOP " "	few Y/BS 35-40"	48"	—	—	PS .275
2	L 18%	0-6 6-38 38-48	GR SCL SBK C SBK CL	FR SS SP SOP " " " "	V few Y/BS	48"	—	—	PS .275
3	L 18%	0-9 9-29 29+	GR SCL SBK/ABK C M SOP	FR SS SP SOP " " Firm	—	29"	—	—	PS / drip
4	L 18%	0-5 5-38 38-48	SBK SCL ABK C SBK CL	FR SS SP SOP " " " "	25-40 few Y/BS	48"	—	—	PS .25

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	480 sq ft
System Type(s)	25%	drip
Site LTAR	.25	.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. NICKS
OTHER(S) PRESENT: N/A

COMMENTS:

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

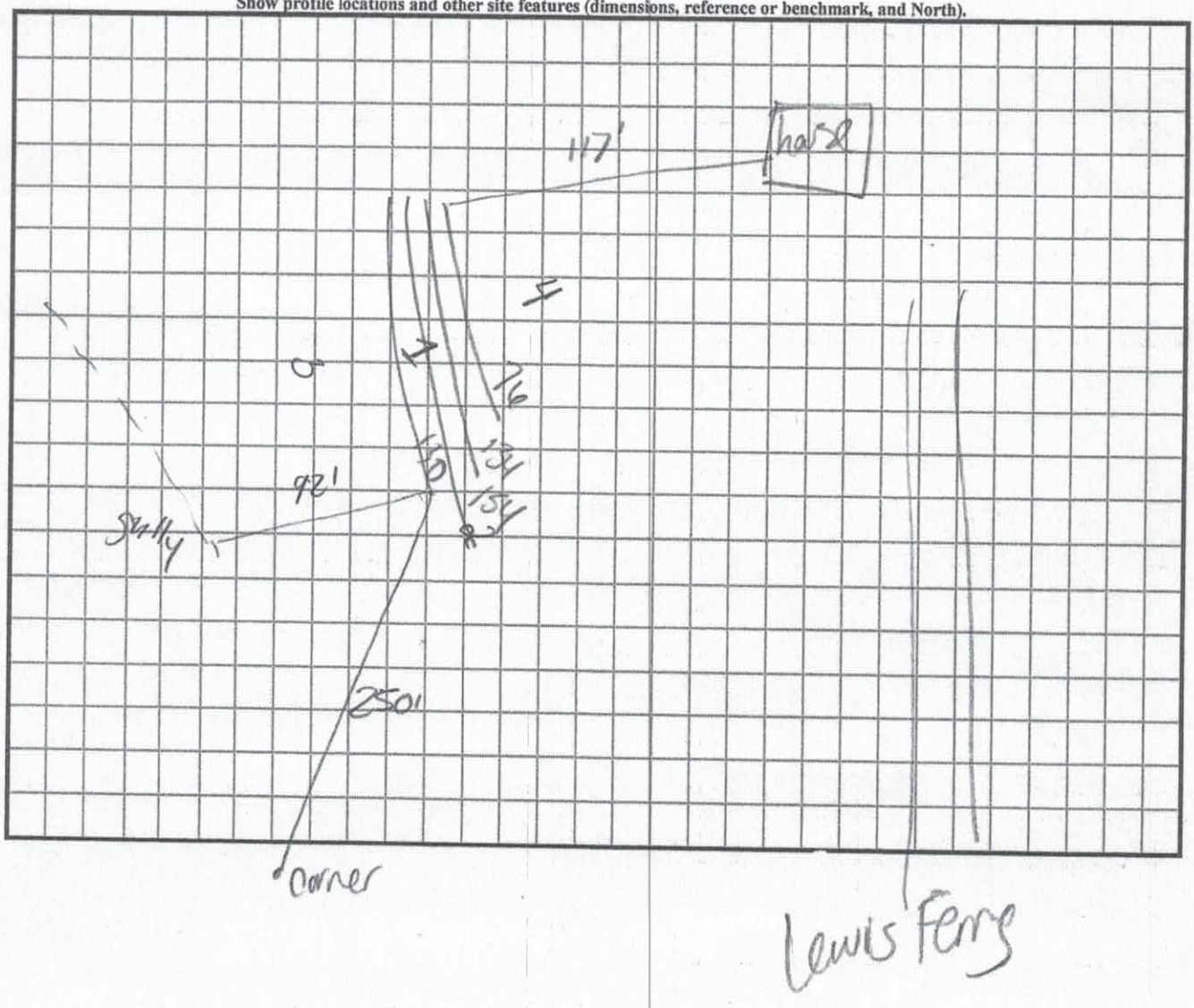
NOTES

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 MAR 0 3 2020 AP-305525 $500.00

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Shelby Warkentrien Address: 121 Taft Rd. Stony Point, NC Zip: 28678
Applicant Email: hodge2485@yahoo.com Phone: 704-902-8041 Alt. Phone: 704-402-2883
Owner Name: David Brady Address: 496 EUFOLA ROAD Zip: 28677
Owner Email: _____ Phone: 704-838-2636 Alt. Phone: _____

Property Information:

Street Address: 650 Lewis ferry Rd Statesville NC 28677

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

Driving Directions: I-40(W) - take exit for old mountain Rd. turn Left and go back over I40. Drive until you come to Lewis Ferry Rd. Turn Rt onto Lewis Ferry Rd. Drive to the end of Lewis Ferry. Property is on the Right.

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water County Water

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

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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.

X Signature: David Brady 2-7-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

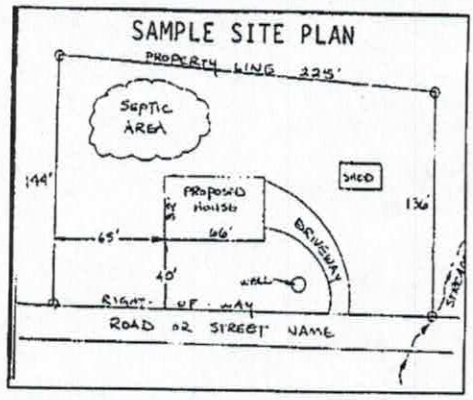
305525

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:

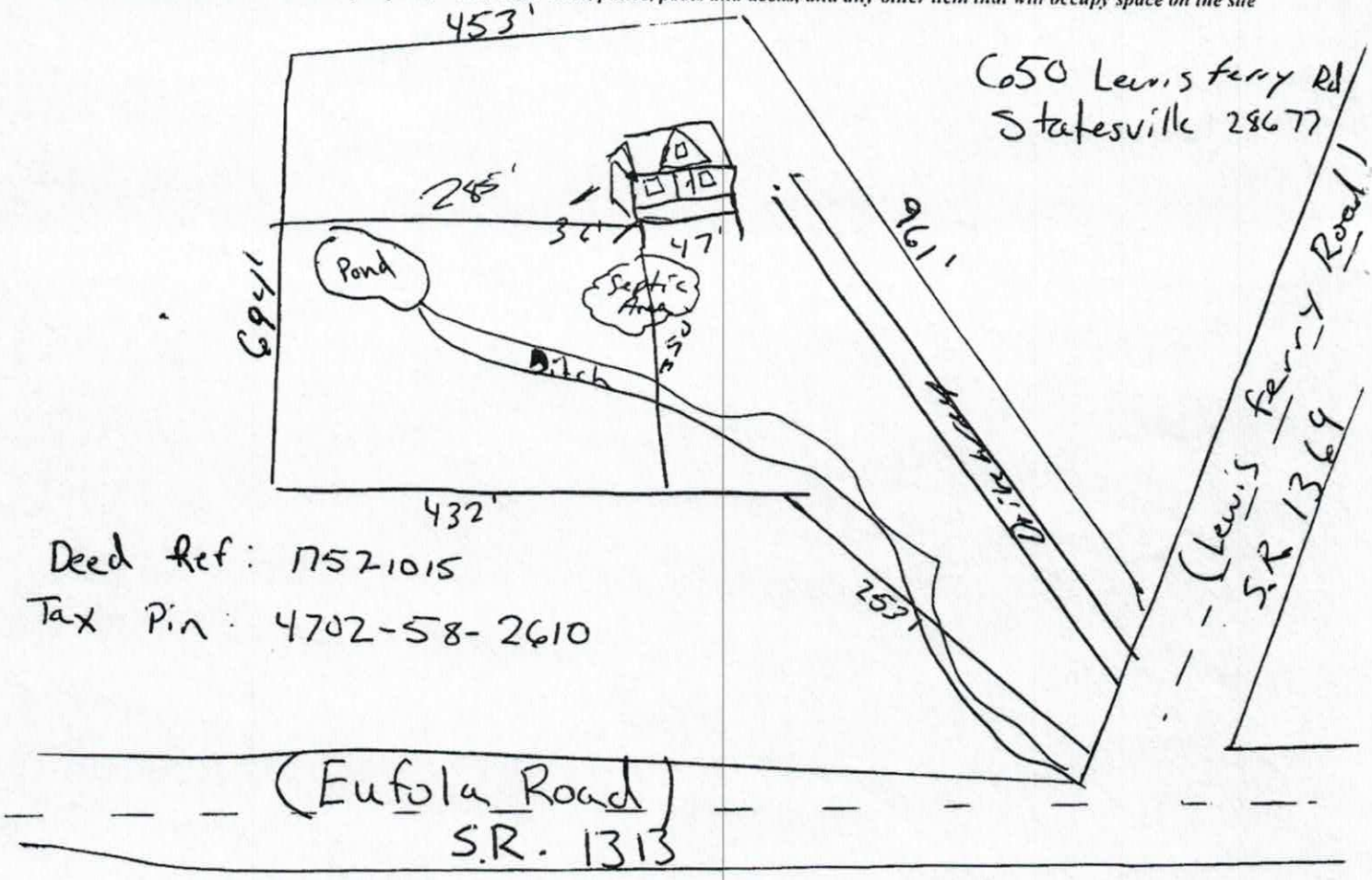
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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


453'
285'
36'
47'
Pond
Septic Area
50'
694'
Ditch
432'
961'
Ditch
257'
C650 Lewis ferry Rd
Statesville 28677
(Lewis ferry Road)
S.R. 1369
(Eufola Road)
S.R. 1313

Deed Ref: 1752015

Tax Pin: 4702-58-2610

X **Signature:** _____ 2/7/2020

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

305525

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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)* DoA 1 Brady

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, David Brady / Brawtus MGM, LLC am the legal owner(s) of the property located at N/A, identified as PIN (Parcel Identification Number) 4702-58-2610, 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.

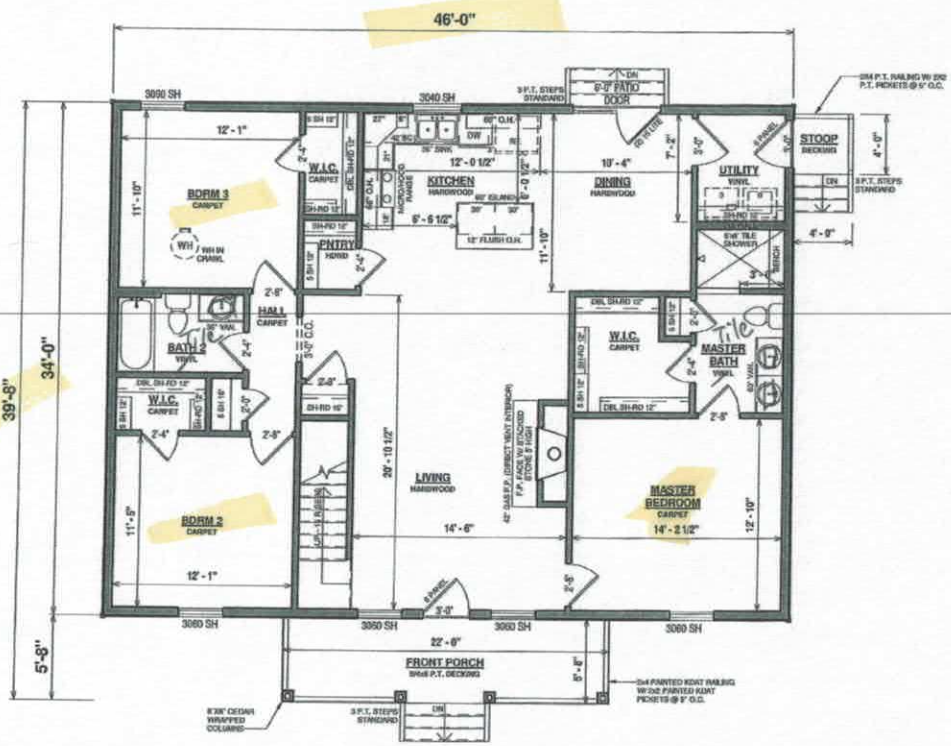
DoA 1 Brady for Brawtus MGM, LLC
Signature of Owner(s)

2/7/2020
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

– Lvl 3 tile backsplash



FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Shelby A. Warkenthien Date 4-9-20

Date 3-13-20

AREAS:	
FIRST FLOOR HEATED	1,564 SF
FINISHED BONUS ROOM	305 SF
	1,869 SF
UNFINISHED BONUS ROOM	433 SF
FRONT PORCH	125 SF
	558 SF
TOTAL UNDER ROOF	2,428 SF
STOOP	16 SF
TOTAL UNCOVERED	16 SF

Revision Schedule			
Revision Number	Revision Description	Revision Date	
1	PRELIMINARY PLAN	01/01/20	

THE: WALTON III B

FOR: WARKENTHIEN, SHELBY

Euforia Rd. Statesville NC 28677
Iredell - NC

SERIES: STATESVILLE

SOLD BY: J. SCHOOLEY

JOB# 87-20-011

DRAWN BY: J. VALLES

CHECKED BY: R. THOMPSON

PRINT DATE: 2/3/2020 9:54:46 PM

2X6 EXTERIOR WALLS UNLESS OTHERWISE NOTED

FOUNDATION TYPE: CRAWLSPACE

PROPERTY OF:

©COPYRIGHT - 2020

SHEET NUMBER: DP-3

FLOOR PLAN

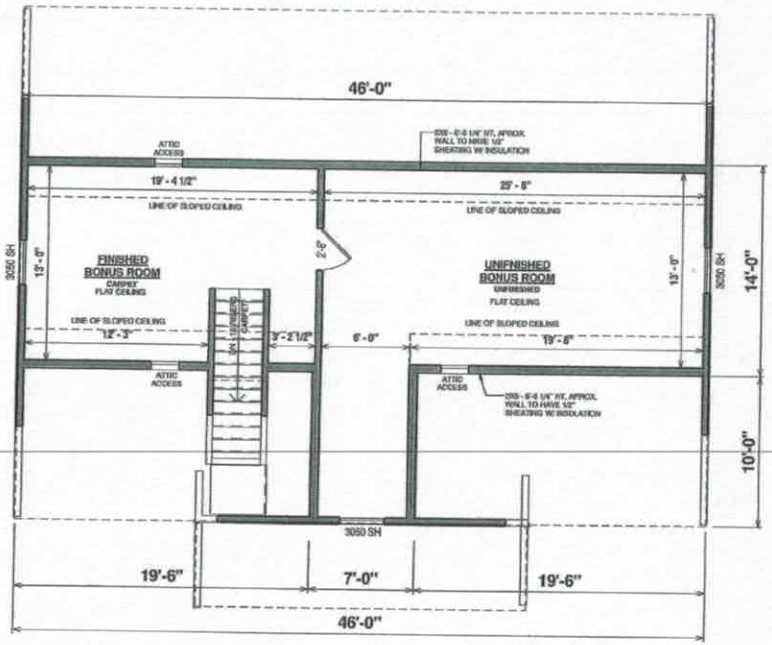
OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLANS

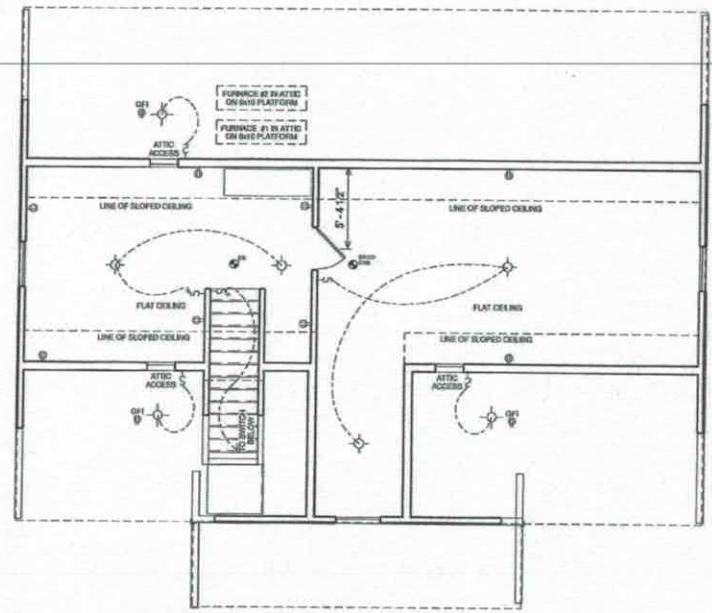
PAPER SIZE: 11" x 17"

SCALE: 1/8" = 1'-0"

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BONUS ROOM FLOOR PLAN



BONUS ROOM ELECTRICAL PLAN

Revision Schedule		
Revision Number	Revision Description	Revision Date
1	PRELIMINARY PLAN	01/21/20

AREAS:	
FIRST FLOOR HEATED	1,564 SF
FINISHED BONUS ROOM	305 SF
	1,869 SF
UNFINISHED BONUS ROOM	433 SF
FRONT PORCH	125 SF
	558 SF
TOTAL UNDER ROOF	2,428 SF
STOOP	16 SF
TOTAL UNCOVERED	16 SF

THE: WALTON III B

FOR: WARKENTHIEN, SHELBY

Eufola Rd, Statesville NC 28677
Iredell - NC

OFFICE: STATESVILLE

SCALE/BY: J. SPHOOLEY

DRAWN BY:	J. VALLES
CHECKED BY:	R. THOMPSON
PRINT DATE:	2/2/2020 8:54:46 PM
JOB#:	87-20-011
2X6 EXTERIOR WALLS UNLESS OTHERWISE NOTED	
FOUNDATION TYPE:	CRAWLSPACE

PROPERTY OF:

©COPYRIGHT - 2020

SHEET NUMBER: DP-4

BONUS ROOM

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLANS

PAPER SIZE: 11" x 17"

SCALE: 1/8" = 1'-0"

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
305525 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4702582610.000	650 Lewis Ferry Road Statesville, NC 28677	Iredell County

Owner Information	Applicant Information
Name: BRAWTUS MANAGEMENT CO LLC Address: Phone:	Name: BRAWTUS MANAGEMENT CO LLC Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.687	35	35	15	15	WSIV-PA Catawba/Lake Norman	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.

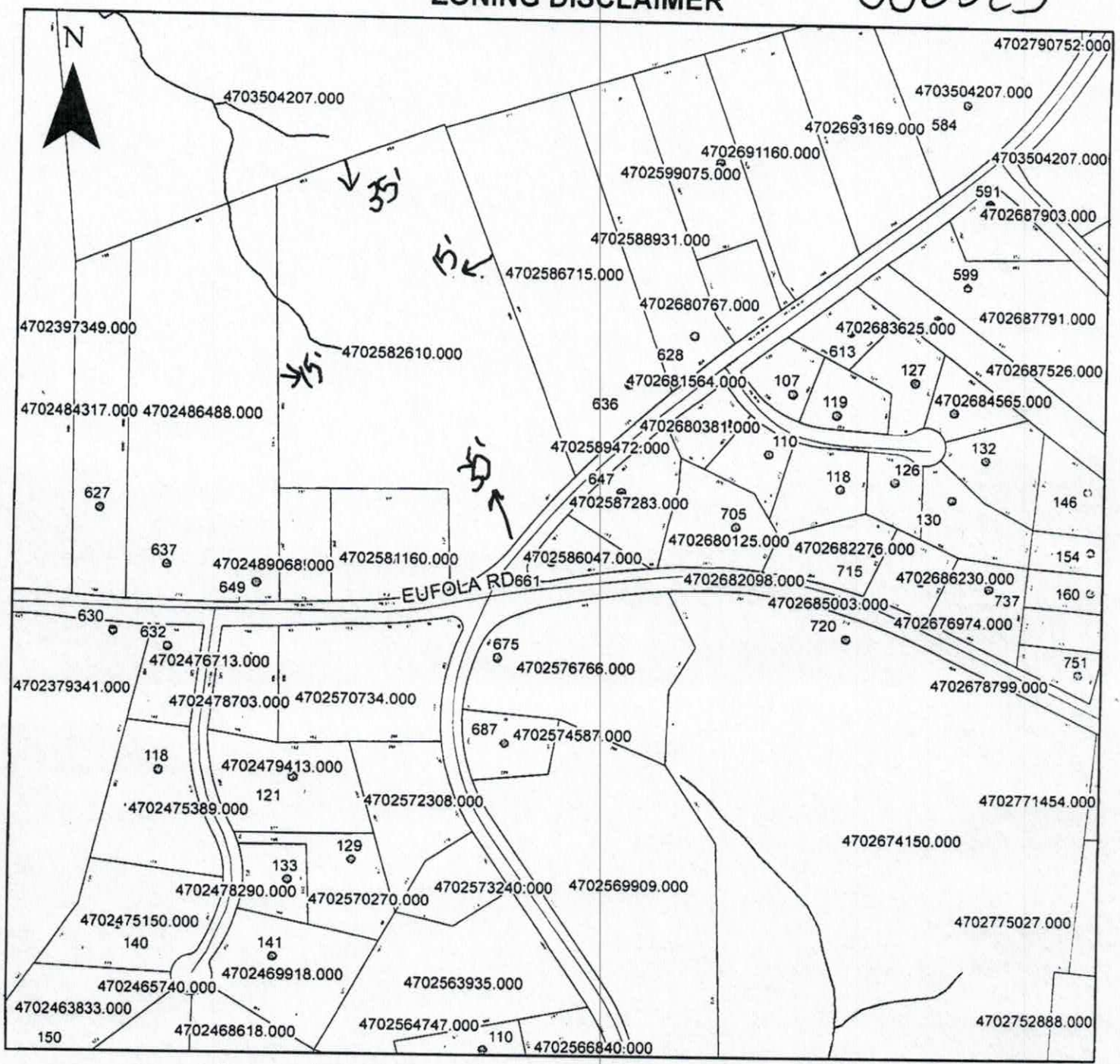
Signature of Owner/Contractor

Date: 03/03/2020

Permit Number	305525	TOTAL FEES:	$77.25

ZONING DISCLAIMER

305525



Property Address 650 Lewis Ferry

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. Applicant further acknowledges that the 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.

Applicant

mrch-3-20

Date