ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 303640

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

PIN # Multiple Parcels

APPLICANT/OWNER: Nest Homes, LLC | APPLICANT ADDRESS: PO Box 3965 Mooresville NC 28117

SITE ADDRESS: Homer Lane - Mooresville NC 28117 | PHONE: 704-433 9947 | ALT. PHONE

SITE DIRECTIONS: Cornelius Rd to Homer Ln All the Way at the End on the Left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sisters Cove | SECTION: 11 | LOT # 23-25 | LOT AREA: — | DESIGN FLOW: 9,720 | L.T.A.R.: .20

Septic Tank	(gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV (V) VI	☐ Residence	No. Bedrooms
Pump Tank	(gal)	PT	Date	System Description: TS-1 Drip		☐ Business	No. Persons
Pump Make		Model	Serial #	Repair System Description:		☐ Other	No. Employees
# Nitrification Fields		# Lines	Linear Ft	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Purpose of this permit is to extend the Pump line
* Easements must be recorded Prior to A/C - construction
* Well must be Abandoned Prior to A/C *

Well abandoned 8/7/2020
Easement recorded 7/27/2020

INITIAL SITE SKETCH

See attached Plan By Piedmont Design & Approval by NCDHHS Onsite Water Protection Branch.

AS BUILT SKETCH

Held 150 psi for 4hrs. -JB.

Lot #23 (Sawyer) 4648-26-2228 211 Homer Ln - MVL

Lot #24 (old #67) 4648-26-2009 217 Homer Ln - MVL (MAKO)

Lot #25 (old #68) 4648-25-1928 221 Homer Ln - MVL

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: Acknowledgment Received | Date: 4-29-2020 | Installed by: Nest Homes

IMPROVEMENT PERMIT by: Benjamin Boger | Date: 4-24-2020 | OPERATION PERMIT by: | Date: 8-20-2020

AUTHORIZATION TO CONSTRUCT by: Marian Dolan | Date: 8/12/2020 | 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.

Ap- 303640 . . Imp Environ- 211 Homer Ln
12/20/19
$1,200.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

3 lots

(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)

1. **APPLICATION FOR:** ___Improvement Permit ✓Authorization To Construct ___ BOTH ___ Existing System Inspection

****

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. **Applicant Information:**

Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
	PO Box 3965 Mooresville NC 28117		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. **Property Information:**

HOMER LANE - MOORESVILLE NC	SISTERS COVE	PHASE II SUPPLY LINE EXTENSION
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: CORNELIUS RD TO HOMER LN. ALL THE WAY AT END ON LEFT

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
✓ Other REQUESTING AC FOR EXTENSION OF SUPPLY LINE AT END OF HOMER LN.

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ✓ Other COMMUNITY SYSTEM

8. **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. industry) 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.

9. **Signature:** J. Michael Hotter J. 12/9/19

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

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

February 27, 2020

Mr. Heath Snow
Iredell County Health Dept.
610 East Center Ave
Mooresville, NC 28115

Subject: Approval of Engineering Plans and Specifications for Sisters Cove Phase II Extension
Judas Rd, Homer Ln, and Cornelius Rd, Mooresville, Iredell County, North Carolina
Project Number 2008-75-3

Dear Mr. Snow:

Staff has reviewed additional information and engineering plans and specifications for the collection sewer extension for Sisters Cove Phase II. The collection sewer extension will serve an additional four lots. A flow reduction proposed by the Donald Munday, PE, Piedmont Design Associates under S.L. 2013-413 and 2014-120, increases the total number of bedrooms served by Sisters Cove Phase II from 81 to 106.

Enclosed is one copy of the plans and specifications, stamped "Approved by On-Site Wastewater, Department of Health and Human Services." The Improvement Permit and Authorization to Construct to be issued for this system repair must include the approved plans, specifications, system operation and maintenance plan, legal documents and any other conditions deemed appropriate by the health department.

The approved plans and specifications are for the following facilities and system components:

Facilities: Twenty two home subdivision (mix of four bedroom and five bedroom homes, total number of bedrooms - 106)

System: 2-inch STEP collection sewer extension; and four new 2,000 gallon STEP tanks with each utilizing a simplex control panel pumping system (one installed at each home)

Design Flow: 9,720 gallons/day

Drainfield Loading Rate: 0.20 gpd/sq ft

Treatment Standard: TS-I (CBOD < 15 mg/L, TSS < 15 mg/L, Total Ammonia Nitrogen < 10 mg/L or at least 80% removal of NH_3 if influent TKN exceeds 50 mg/L, and fecal coliforms < 10,000 colonies/100 mL)

System Classification: Va, requiring monthly inspections by the ORC with semi-annual inspection reports submitted to the local health department and at least yearly inspection by your department

It is critical that the Health Department require a preconstruction meeting to be held prior to the system installation. This meeting must be attended by representatives of the Health Department, owner, installer, and the engineer certifying the installation. During this meeting, the sequencing of project construction, inspection, and testing activities must be discussed and clearly understood by all parties. Holding such a preconstruction meeting must be listed as a condition in the Authorization to Construct, with attendance required by all key parties prior to the onset of the system installation.

There are several times during the installation of this system when direct supervision by the health department must be provided to ensure proper installation.

1. The new tanks to be provided are installed in accordance with the approved plans and specifications. The tanks are required to be leak tested and shown to be watertight. Surface water must be diverted away from tanks and tank access openings. Tanks must be accessible from the ground surface.
2. The operation permit conditions must include the O&M procedures attached to the approved specifications. It shall also include the necessary information regarding the proposed management entity and certified operator as well as any additional concerns deemed appropriate by the health department for O&M of this system.

A certified subsurface system operator shall be contracted to operate the subsurface system. The operator shall inspect the system monthly and report findings to the health department semi-annually. The health department shall review/inspect system operation annually.

A professional engineer must certify that the system has been installed in accordance with the approved plans and specifications. This certification is based upon periodic observations of construction and a final inspection for design compliance by the certifying engineer or his representative. Record drawings must be provided by the engineer unless the installation is completed without alteration to the approved plans. The installation must be approved by the health department prior to the issuance of an operation permit.

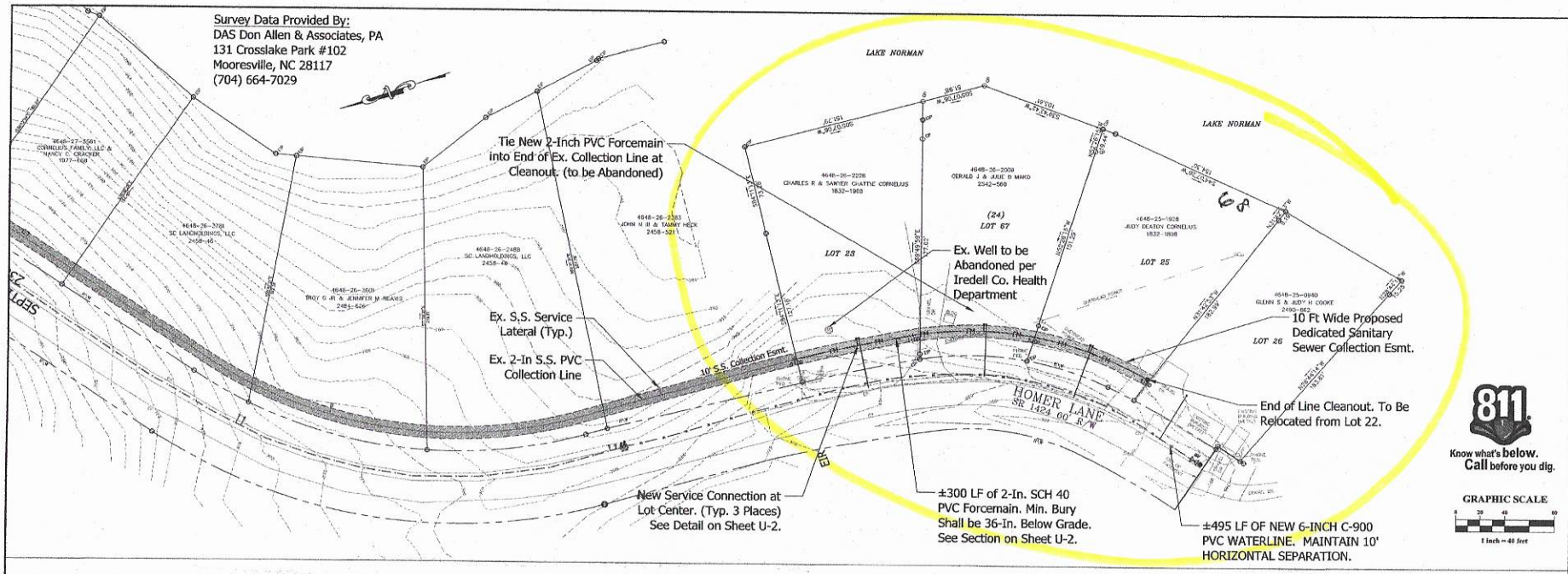
Please contact staff for assistance with the final inspection. Also feel free to contact me if you have any questions pertaining to this letter or if I may be of further assistance with this project. I can be contacted at 919-707-5878 or by email at trish.angoli@dhhs.nc.gov.

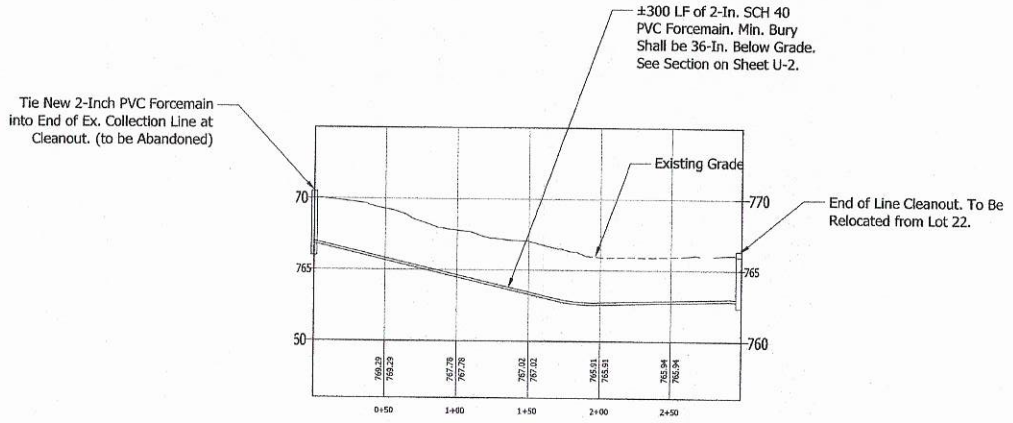
Sincerely,

Tricia Angoli, PE
On-Site Wastewater Engineering

Enclosures

cc: Donald Munday, PE, Piedmont Design Associates, PA





Approved By
ON-SITE WASTEWATER
Department of Health & Human Services
File No: 2008-75-3
Date: 2/5/2020
By:

RECEIVED NOV
MAR 03 2020
DHHS
ON-SITE WATER PROTECTION

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING SURVEYING PLANNING
Suite 101 Westfield Center, 115 East Plaza Drive
Mooresville, North Carolina 28115
Phone: (704) 662-4240 Fax: (704) 662-4241 www.pdapa.com
NCBELS Licensed #C-1109

PREPARED FOR:
NEST HOMES, LLC
236 RACEWAY DRIVE #7
MOORESVILLE, NC
704-208-4251

EFFLUENT COLLECTION LINE EXTENSION
SISTERS COVE PHASE II
HOMER LANE
MOORESVILLE, IREDELL COUNTY, NORTH CAROLINA

REVISIONS	BY

Date: 08/12/19
Scale: 1"=40 FT, 1"=4 FT
Drawn: DMD
Checked: DLM
Project: 2014-10-10-EC
Job: 2018-03-03-EC
Sheet: U-1
of 2 Sheets

Location:

PUBLICATION OR REUSE OF THESE DRAWINGS OR ANY DETAILS WITHIN MUST BE WITH THE WRITTEN CONSENT OF PIEDMONT DESIGN ASSOCIATES, P.A.

Owner: _____ Approved: _____ Date of Issue: _____

I:\Engineering\1-Projects\2014\2014-10-10-EC-Sisters Cove Phase II\dwg\EC-Phase II Flow Reduction.dwg, 8/16/2019 10:55:40 AM, dbacarin

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Gerald & Julie Mako, am the legal owner(s) of the property located at XXX Homer Ln. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4648262009, located in Iredell County, North Carolina. Lot #24

I do hereby authorize (print legal representative/company name) Nest Homes, LLC, 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.

Gerald Mako, Julie Mako — Signature of Owner(s) — 11/13/19 — Date

Signature of Witness — 11/13/19 — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Type: GRP
Recorded: 03/05/2018 at 01:50:04 PM
Fee Amt: $26.00 Page 1 of 5
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2542 PG 555-559

PREPARED BY & AFTER RECORDING

MAIL TO:

Todd Jason Farlow

PO Box 3965

Mooresville, NC 28117

STATE OF NORTH CAROLINA)

) EASEMENT

COUNTY OF IREDELL)

THIS EASEMENT AGREEMENT (the "Agreement") is made and entered into as of the 26 day of February, 2018, by and between **Nest Homes, LLC**, a North Carolina Limited Liability Company (hereinafter "Grantor") and **Sisters Cove of LKN LLC**, a Delaware Corporation (hereinafter referred to as "Grantee"); and

WITNESSETH:

The following recitals of fact are a material part of this instrument:

A. Grantor is the owner of that certain parcel of land located in the County of Iredell, State of North Carolina and described as Iredell County Tax Parcel 4648 26 2009.000, located at Homer Lane, Mooresville, NC 28117 and more particularly described as Lot 67 Sisters Cove PH VII, PB 67 at page 135 (being formerly known as Lot 24 Cornelius Property PB 51-34 in Deed recorded in Record Book 1832, at page 1900, Iredell County Register of Deeds (the "Grantor's Property" and/or "Burdened Property"); and

B. Grantee is the developer of Sisters Cove Subdivision which includes property adjoining Grantor's Property on Homer Lane and further property on Homer Lane which Grantee intends to bring into the plan of development for Sisters Cove Subdivision (the "Grantee's Property and/or Benefitted Property"). It is the intent of the Grantee to annex said Property into the plan of development for Sisters Cove Subdivision. In order to

further Grantee's plan of development, Grantee requires an easement across Grantor's Property to extend, install, and connect, a sewer main and other utilities. Further, in order to install and maintain said Sewer Main extension and other utilities, the Grantee will be required to enter upon the land of the Grantor.

C. Grantor desires to grant the Grantee easement rights over a portion of Grantor's property, as set forth below, to enable Grantee to construct, install and maintain a Sewer Main line extending across Grantor's Property as well as other utilities; and Grantor further desires to grant the Grantee rights of access to and over Grantor's Property for purposes of maintenance and upkeep of said Sewer Main line and other utilities; all subject to certain terms and conditions contained herein.

NOW THEREFORE, for good and valuable consideration, as set forth below, the sufficiency of which is hereby acknowledged by the parties due execution of this Agreement, Grantor and Grantee agree as follows:

PERMANENT GRANT OF EASEMENT

1. Grantor, for themselves, their successors and/or assigns, hereby gives, grants, and conveys to Grantee, their successors and assigns, a perpetual easement across that portion of Grantor's Property being ten feet (10') in depth beginning at the front property line adjacent to Homer Lane and running the width of Grantor's lot. Grantor agrees that this easement area shall be granted to Grantee for the installation of various utilities to service Grantor's lot and other lots on Homer Lane.

2. Grantor, for themselves, their successors and/or assigns, hereby further gives, grants, and conveys to Grantees, their successors and assigns, a general easement for access, ingress, and egress over Grantor's Property for purposes of maintenance and upkeep of any utilities constructed and/or installed in the "Utility Easement" identified in paragraph 1 above. Said access easement is limited to that which is reasonably necessary to perform construction, installation, maintenance, and upkeep activities of the "Utility Easement" area.

3. The grant of easement contained herein shall not be limited to solely a Sewer Line, instead the Grantees shall be allowed to construct and install any type of utility in the "Utility Easement" allowable in addition to the Sewer Main Line.

4. Grantee, and its agents, successors and/or assigns, agrees that it is solely responsible for all costs incurred in the construction and installation of utilities in the "Utility Easement" and shall further bear sole responsibility for maintenance and upkeep of the "Utility Easement" and the utilities contained therein.

5. Grantee agrees, in the event of any damage to Grantor's Property, to return to the same to substantially similar condition as existed prior to any of Grantee's work upon the Property.

6. Grantor shall not be liable for any damage to the landscape easement area, other than for intentional or grossly negligent acts of Grantor.

7. Nothing herein shall limit Grantor's use of, or access to, the easement area.

STANDARD PROVISIONS

8. This Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina.

9. The parties hereto agree that this Agreement shall be recorded in the Office of the Register of Deeds for Iredell County, North Carolina.

10. This grant of Easement contains the entire agreement and understanding between the Grantor and the Grantee; there are no oral understandings, terms or conditions, and neither the Grantor nor the Grantee has relied upon any representation, express or implied, not contained herein.

IN WITNESS WHEREOF, the Grantor and Grantee have set their hand and seal below the day and year first written.

GRANTOR:

Nest Homes, LLC

By: _____ (SEAL)

Eric M. Wood

Member/Manager

The Grantee herein joins in this instrument to acknowledge the terms and conditions of the grant of easement by Grantor.

GRANTEE:

SISTERS COVE OF LKN LLC

A Delaware Limited Liability Company

By: Highland Hinckley NC, LLC

Its Manager

By: _____

Printed Name: **Eric M. Wood**

Title: Member/Manager

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

I certify that the following person(s) personally appeared before me this day, and I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a NC driver license; each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: **Eric M. Wood, Member/Manager of Highland Hinckley NC, LLC, Manager of Sisters Cove of LKN LLC**, Grantee (persons signing)

Date: February 28, 2018

TODD JASON FARLOW
NOTARY PUBLIC
Iredell County
North Carolina
My Commission Expires Mar. 7, 2021

Notary Public

Printed Name of Notary: Todd Jason Farlow

My Commission Expires: March 7, 2021

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

I certify that the following person(s) personally appeared before me this day, and I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a NC driver license; each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: **Eric M. Wood, Member/Manager of Nest Homes, LLC**, Grantee (persons signing)

Date: February 28, 2018

TODD JASON FARLOW
NOTARY PUBLIC
Iredell County
North Carolina
My Commission Expires Mar. 7, 2021

Notary Public

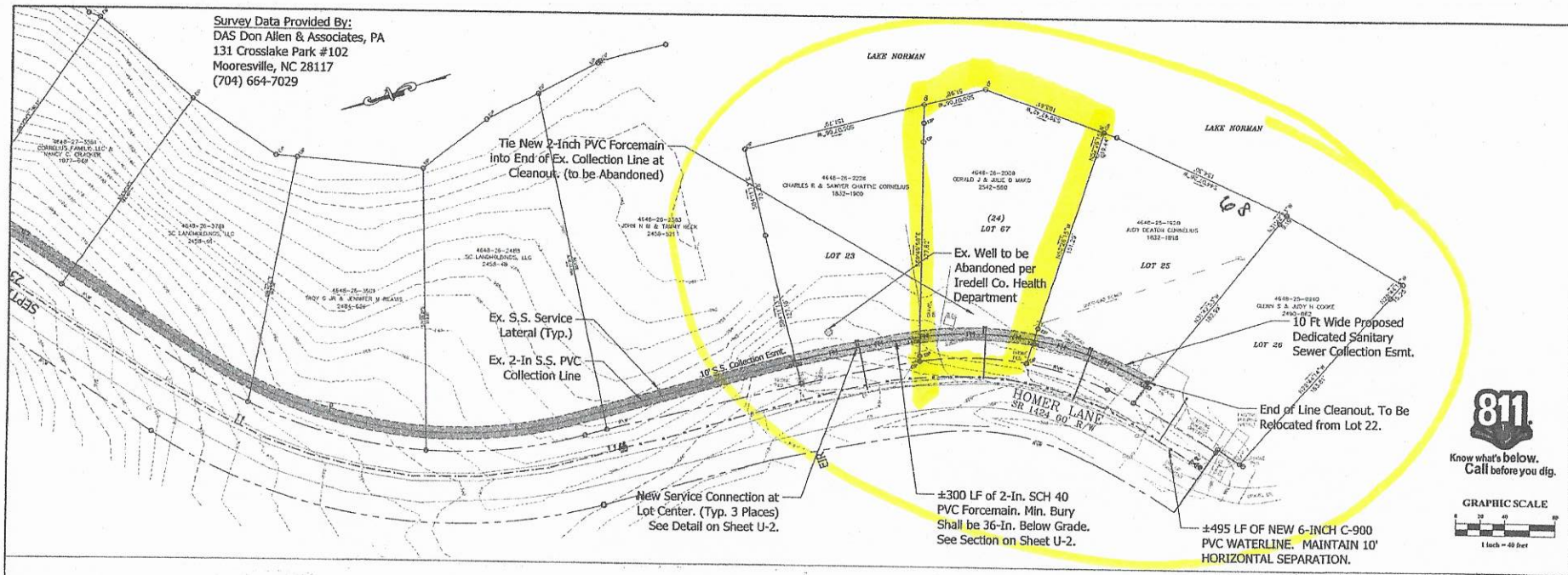
Printed Name of Notary: Todd Jason Farlow

My Commission Expires: March 7, 2021

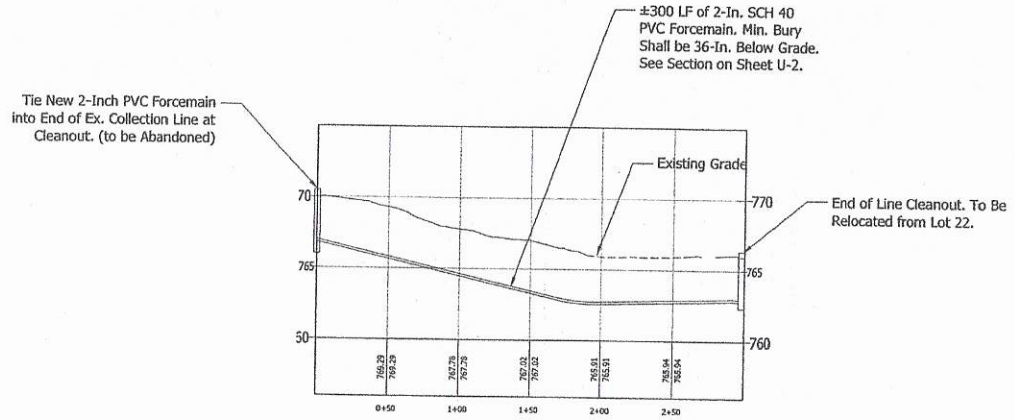
EXHIBIT "A"

(INSERT SURVEY OF EASEMENT AREAS)

Survey Data Provided By:
DAS Don Allen & Associates, PA
131 Crosslake Park #102
Mooresville, NC 28117
(704) 664-7029



811 Know what's below. Call before you dig.



Approved by
ON-SITE WASTEWATER
Department of Health & Human Services
File No: 2018-75-3
Date: 2/7/2019
By:

RECEIVED MAR 07 2019 DHHS ON-SITE WATER PROTECTION

PIEDMONT DESIGN Associates, P.A.
Site 131 Westfield Center, 131 East Plaza Drive, Mooresville, North Carolina 28115
Phone (704) 664-7029 Fax (704) 664-1778 www.pdpa.com
NORTH CAROLINA FIRM LICENSE C-2570

PREPARED FOR:
NEST HOMES, LLC
236 RACEWAY DRIVE #7
MOORESVILLE, NC
704-208-4251

EFFLUENT COLLECTION LINE EXTENSION
SISTERS COVE PHASE II
HOMER LANE
MOORESVILLE, IREDELL COUNTY, NORTH CAROLINA

REVISIONS	BY

Date: 08/12/19
Scale: 1"=40 FT
1"=4 FT
Drawn: DMD
Checked: DLM
Project: 2014-10-10-EC
Job: 2018-03-03-EC
Sheet U-1
of 2 Sheets

PUBLICATION OR REUSE OF THESE DRAWINGS OR ANY DETAILS WITHIN MUST BE WITH THE WRITTEN CONSENT OF PIEDMONT DESIGN ASSOCIATES, P.A.

Location: Owner: Approved: Date of Issue:

I:\Engineering\14-Projects\2014\2014-10-10-EC-Sisters Cove Phase II\dwg\SC Phase II Plan Reduction.dwg, 8/19/2019 10:35:40 AM, EStearn

IREDELL COUNTY

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

APPLICATION NUMBER
302741 Issue Date: 11/18/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4648262009.000	217 Homer Ln	Iredell County

Owner Information	Applicant Information
Name: MAKO GERALD J+JULIE D	Name: NEST HOMES LLC
Address:	Address: PO BOX 3965 MOORESVILLE, NC 28117
Phone:	Phone: (704)208-4251

Lot 34

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.58	35	50	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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: 11/18/2019

Permit Number	302741

TOTAL FEES:	$77.25