IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22270

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

PIN # 4732056628

APPLICANT/OWNER: SDH Charlotte LLC APPLICANT ADDRESS: Po Box 311 Midland NC

SITE ADDRESS: 140 Autumn Mist Rd Statesville NC 28677 PHONE: 704-944-5557 ALT. PHONE 704-944-5557

SITE DIRECTIONS: Old Mtn Rd Walnut Springs Autumn Mist Rd SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Autumn Brook SECTION: 1 LOT # 51 LOT AREA: .723 DESIGN FLOW: 360 L.T.A.R.: .250

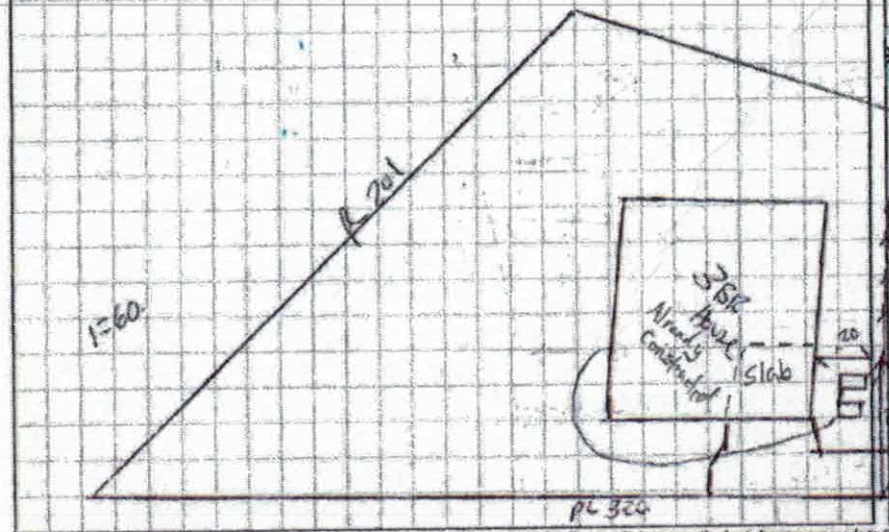
Septic Tank	1000x2	(gal)	STB	Infiltrator	Date	2020	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	–	(gal)	PT	–	Date	–	System Description: 25% Reduction	☐ Business	No. Persons	6	☐ Private
Pump Make	–	Model	–		Serial #	–	Repair System Description: Orenco CP-PPEPS	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	5		Linear Ft	360	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	16 inch		Gravel Depth		☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Eljell Septic Drainfield with Contour Rock Land. Utilize 2 1000 gallon Tanks in Series. Do not exceed Max depth of Trench. Use 2 inch Cap w/ III Type Soil.

The Purpose of this permit is to use a pump in basement w/ no 2 trenches in series

INITIAL SITE SKETCH

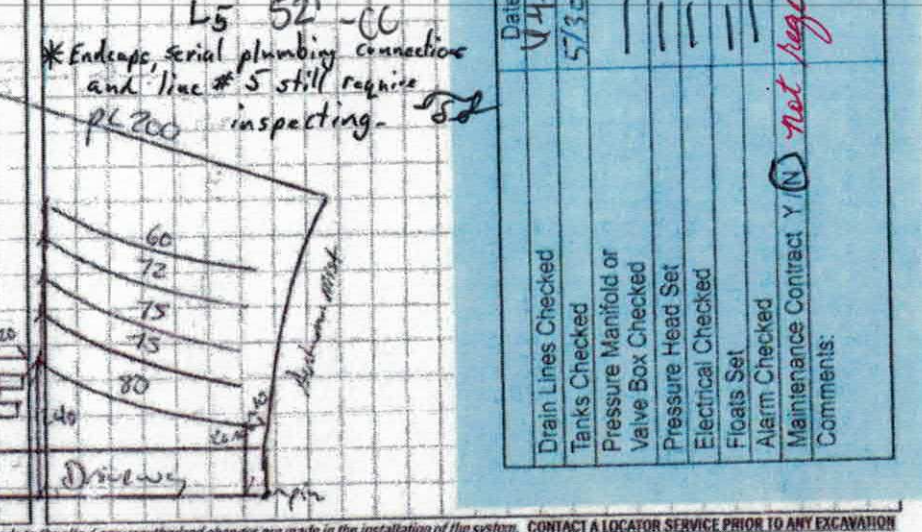
*Repair Area is on Lot 59
PIN# 4732.15.2306



AS BUILT SKETCH

5/31/19:
L1 82 } IQ4W installed
L2 78 } @ 16" TB.
L3 95 } verified by
L4 70 } laser.
L5 52' -CC

*Endcaps, serial plumbing connection and line #5 still require inspecting.



	Initials	Date
Drain Lines Checked	CC	5-4-19
Tanks Checked	BB	5/30
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y (N)	Not required	
Comments:		

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

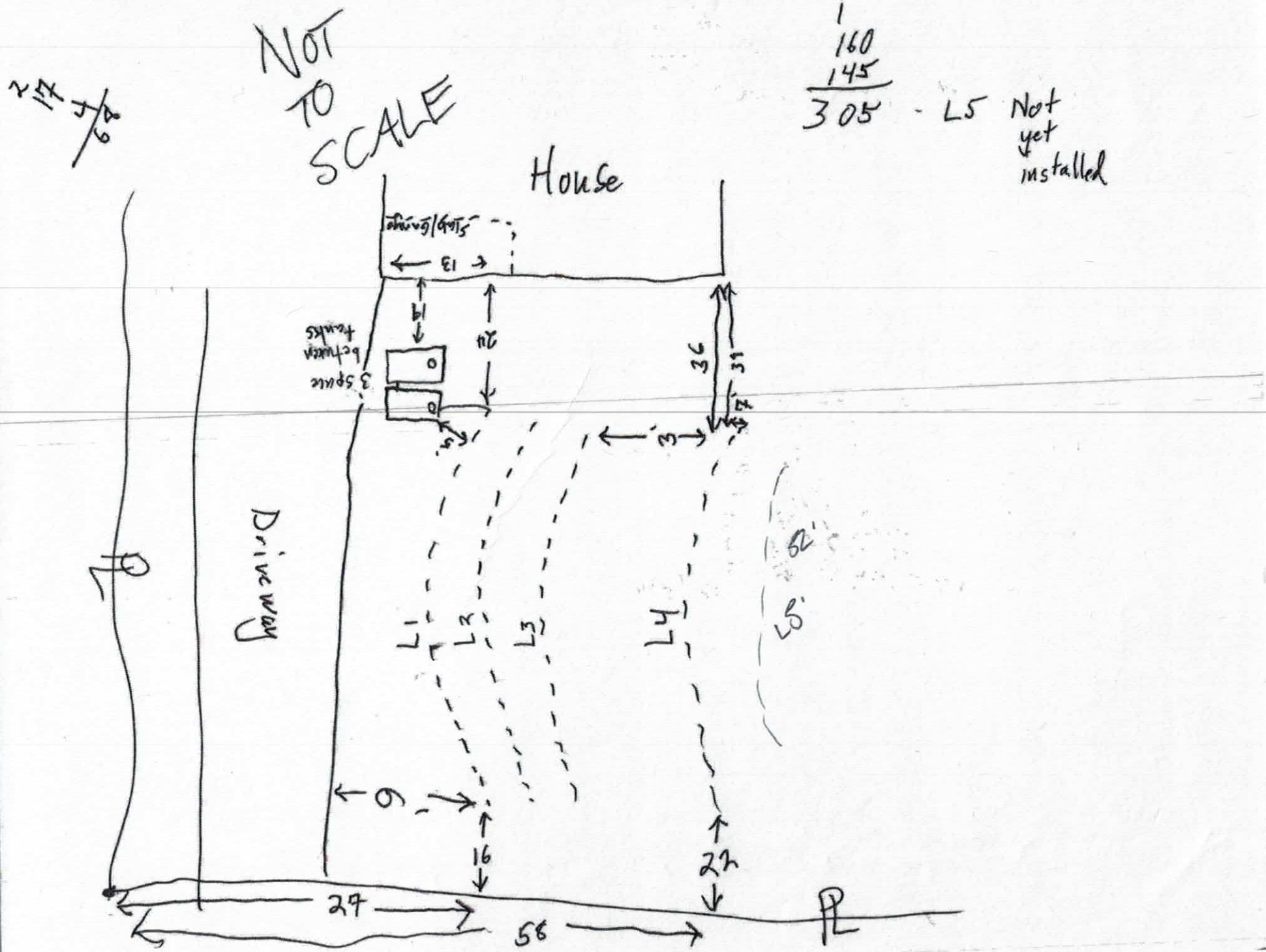
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 5/29/19 Installed by: Jamie O'Daniel Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A Beam Date: 5/28/19 OPERATION PERMIT by: Carla C. Cave Date: 6-4-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Beam Date: 5/28/19 Existing System Inspected by: Date:

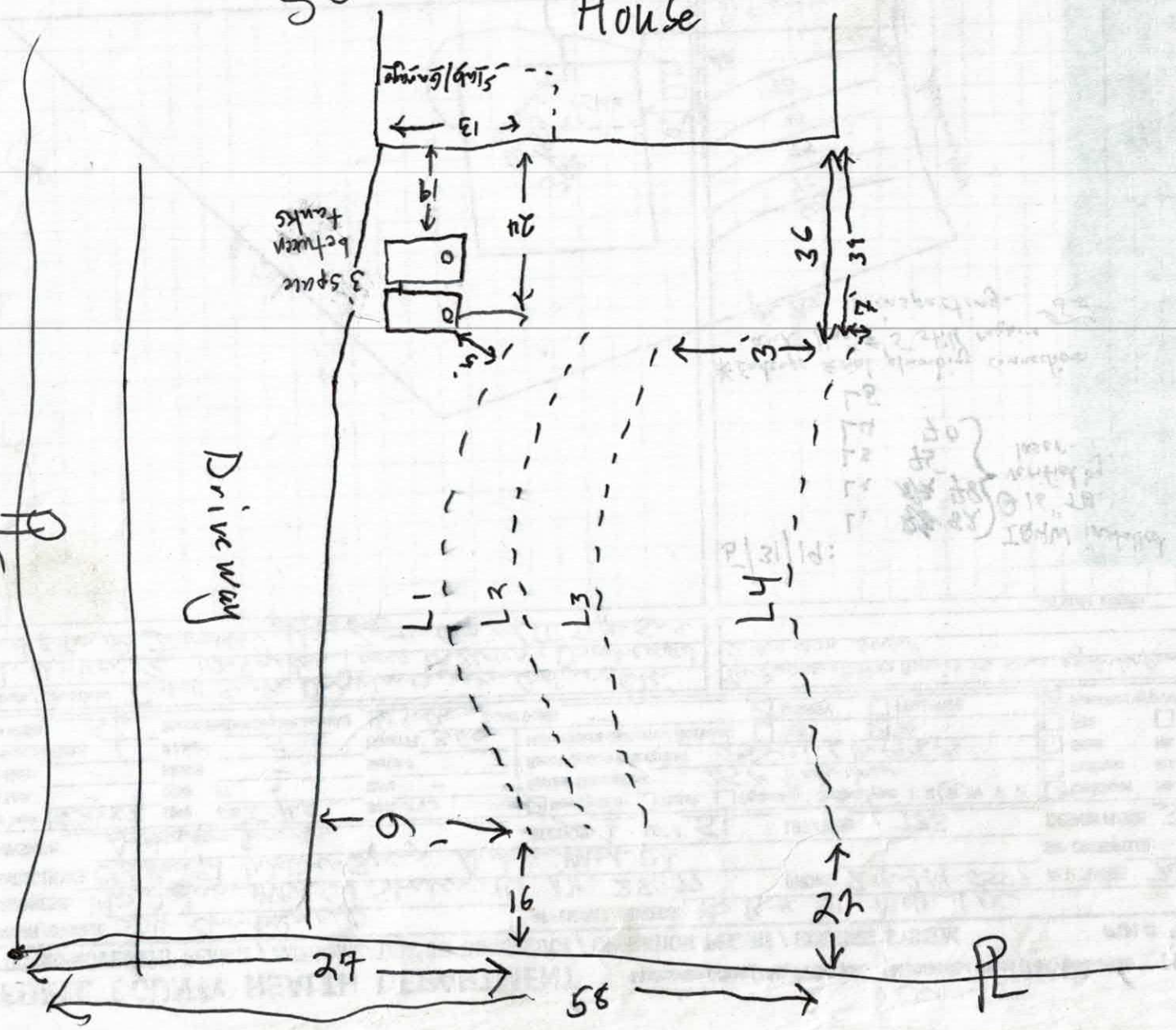
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.



1
160
145
305 - L5 Not yet installed

NOT TO SCALE

1
160
145
305 - L5 Not yet installed



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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

lot 51

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-5	SCL,	Fr, SEXP					PS .275
		5-23	ABK, CL	Fi, SEXP					
		23-52	WABKBC, CL	Fi, SEXP					
2		0-30	C, SBK	Fi, SEXP					PS .25
		30-40	CL, SBKBC	Fi, SEXP					
		40-56	CL, SAP	Fr, SEXP					
3	repair	0-9	SCL, Gr	Fr SEXP	N/A	54	N/A	N/A	PS .3
		9-54	C, SBK	Fr SEXP					
		36-54	WABKBC	Fr SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Johnson Group — APPLICATION DATE 6/08
ADDRESS: 132 Court St. Statesville NC 28677 — DATE EVALUATED: 4/08
PROPOSED FACILITY: 4 BRM — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 0.723 Ac
LOCATION OF SITE: Autumn Brook Subdivison (off Wallace Springs Rd) Lot 51 — PROPERTY RECORDED: NO
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
51A 1	LSS 5-10%	0-8	B scl Gr	SS, SP, Fr SExP	Chr 2 @ 38"	52"	—	38" Chroma 2	PS .25 to 38"
		8-36	R C MFABK	SS, SP, Fr SExP					
		36-52	R C/CL WSBK	SS, SP, Fr SExP	YB's @ 36"				
51B 2	LSS 5-10%	0-18	RC MFSBK	SS, SP, Fr SExP	—	46"	PS	—	PS — .3
		18-46	R CL WFSBK	SS, SP, Fr SExP	com Sap				
		46-55	Var. SL Sap Mass	SS, SP, Fr SExP					
46B 3	SS 5-10% offsite area	0-9	B SCL Gr	SS, SP, Fr SExP	—	45"	PS	—	PS .3
		9-27	R C MFSBK	SS, SP, Fr SExP					
		27-45	RY CL WFSBK	SS, SP, Fr SExP	com Sap				
		45-60	Var SL Sap Mass	SS, SP, Fr SExP	com Cl inc!				
51C 4		0-4	scl			30"	PS		.3
		4-12	mo sbk/gbk c. fr sssp						
		12-30	mo c sbk fr sssp						
		30-60	l sap	fr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

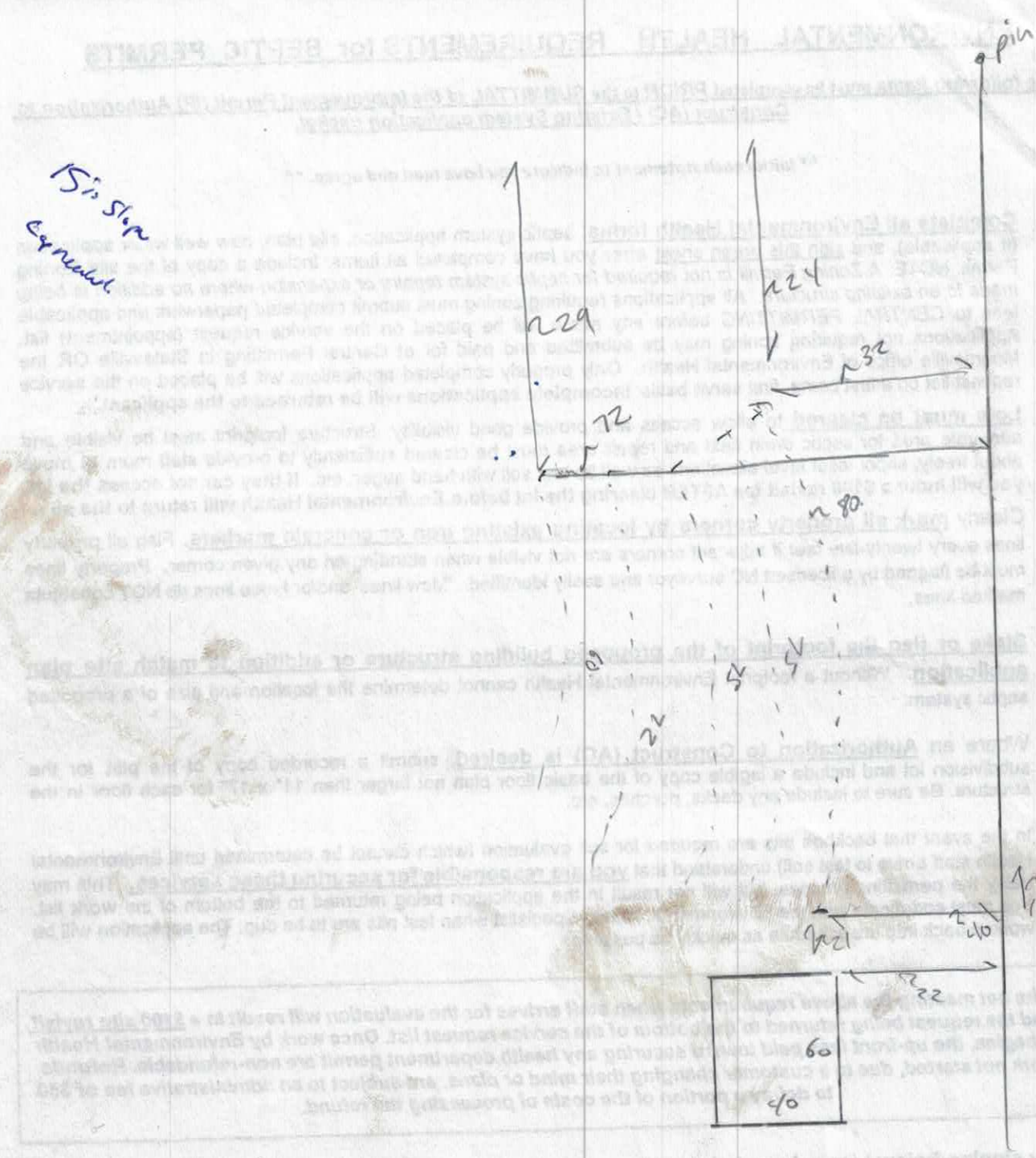
OVER for SLD

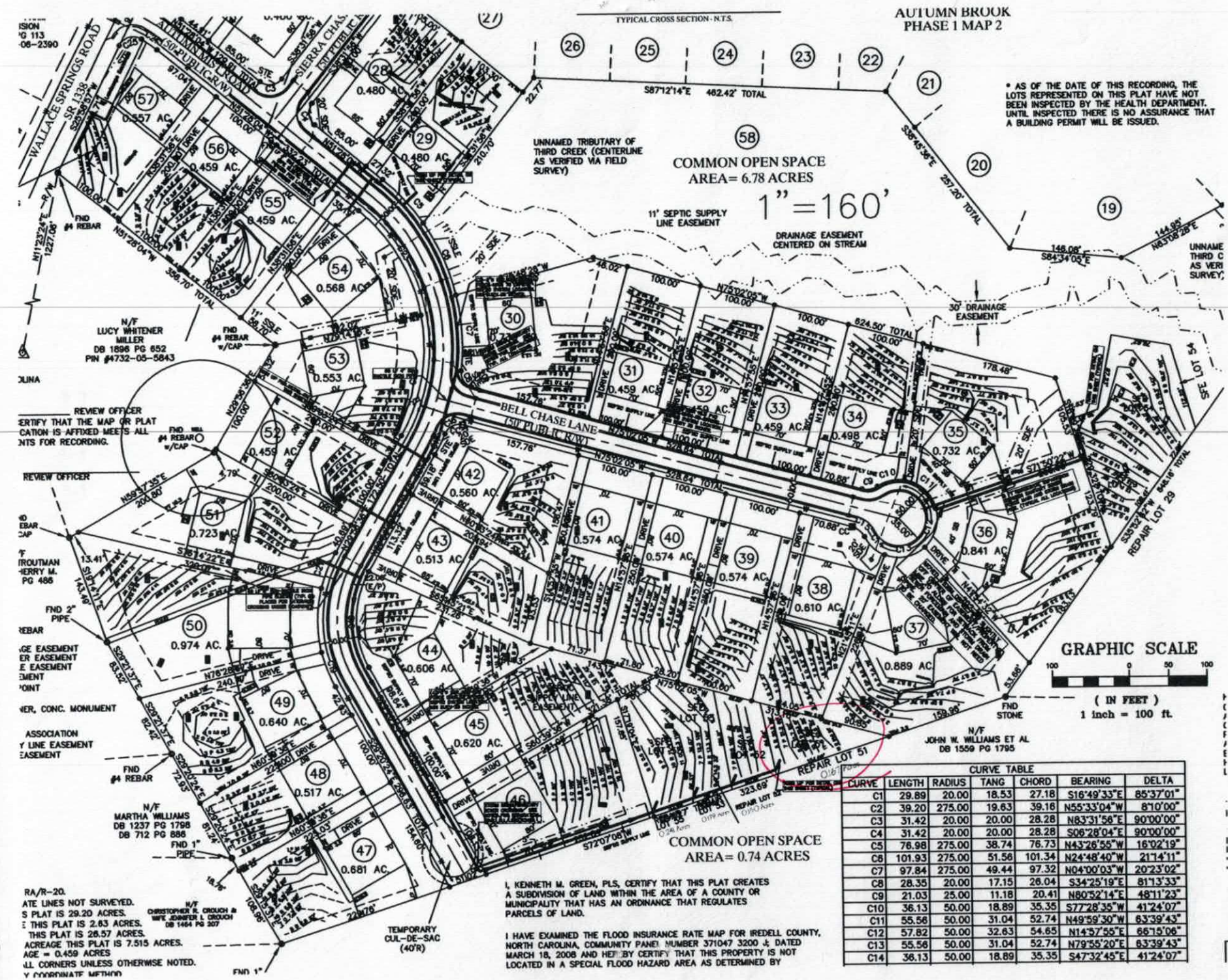
Depth

51 D 0-4 B, scl sl 48" .3

4-48 mms bk RC fr s p

48-60 L sap fr PS sap


pin
15% Slope
Easement
229
124
32
72
80
90
60
40
22



CURVE TABLE						
CURVE	LENGTH	RADIUS	TANG	CHORD	BEARING	DELTA
C1	29.89	20.00	18.53	27.18	S16°49'33"E	85°37'01"
C2	39.20	275.00	19.63	39.16	N55°33'04"W	8°10'00"
C3	31.42	20.00	20.00	28.28	N83°31'56"E	90°00'00"
C4	31.42	20.00	20.00	28.28	S06°28'04"E	90°00'00"
C5	76.98	275.00	38.74	76.73	N43°26'55"W	16°02'19"
C6	101.93	275.00	51.56	101.34	N24°48'40"W	21°14'11"
C7	97.84	275.00	49.44	97.32	N04°00'03"W	20°23'02"
C8	28.35	20.00	17.15	26.04	S34°25'19"E	81°13'33"
C9	21.03	25.00	11.18	20.41	N80°52'14"E	48°11'23"
C10	36.13	50.00	18.89	35.35	S77°28'35"W	41°24'07"
C11	55.56	50.00	31.04	52.74	N49°59'30"W	63°39'43"
C12	57.82	50.00	32.63	54.65	N14°57'55"E	66°15'06"
C13	55.56	50.00	31.04	52.74	N79°55'20"E	63°39'43"
C14	36.13	50.00	18.89	35.35	S47°32'45"E	41°24'07"

RECEIVED MAY 10 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Online Payment $320.00 #222770

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: SDH Charlotte, LLC Address: PO Box 311 Midland, NC Zip: 28107
Applicant Email: arandall@smithdouglas.com Phone: 704-781-5158 Alt. Phone: _____
Owner Name: SDH Charlotte Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 140 Autumn Mist Road
Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 51
Driving Directions: Old Mountain Rd, Wallaa Springs, Autumn Mist Rd

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) 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: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) 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: Andrea Randall 5/7/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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)* Autumn Brook Development, LLC By: Ray A. Killian, Jr

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.

Autumn Brook Development, LLC

2. I, By: Ray A. Killian, Jr., am the legal owner(s) of the property located at 140 Autumn Mist Rd, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Smith Douglas Homes, 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.

Autumn Brook Development, LLC
By: Ray A. Killian, Jr
Signature of Owner(s)

4-25-19
Date

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

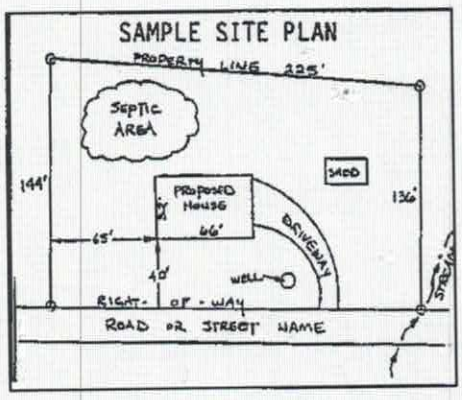
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

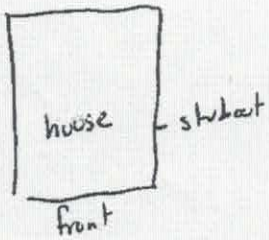
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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

We are requesting a re-layout to use a lift station, settling tank, septic tank, and gravity system. Plumbers stubbed out too close to the well on adjacent property.

well ↗



Signature: Andrea Raddell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/7/19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 222770

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

PIN # 4732056628

APPLICANT/OWNER: SDH Charlotte LLC

APPLICANT ADDRESS: 10130 Mallard Creek Rd #218 Charlotte NC 28262

SITE ADDRESS: 140 Autumn Mist Rd Statesville NC 28677

PHONE: 704-944-5557 ALT. PHONE 704-944-5557

SITE DIRECTIONS: Old Mtn Rd (R) on Wallace Springs (L) on Autumn Mist Lot on Right

SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: Autumn Brook

SECTION: 1 LOT # 51 LOT AREA: .723

DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Date		[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	1000	(gal)	PT	Date		System Description:	Pressure Manifold 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	OFFsite LP PPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	360	Maintenance Agreement Required:	[ ] YES	[x] NO	
Trench Width	36	Trench Bottom Depth(Low side)	16inch	Gravel Depth	~		[ ] GRAVITY	[x] PRESSURE	

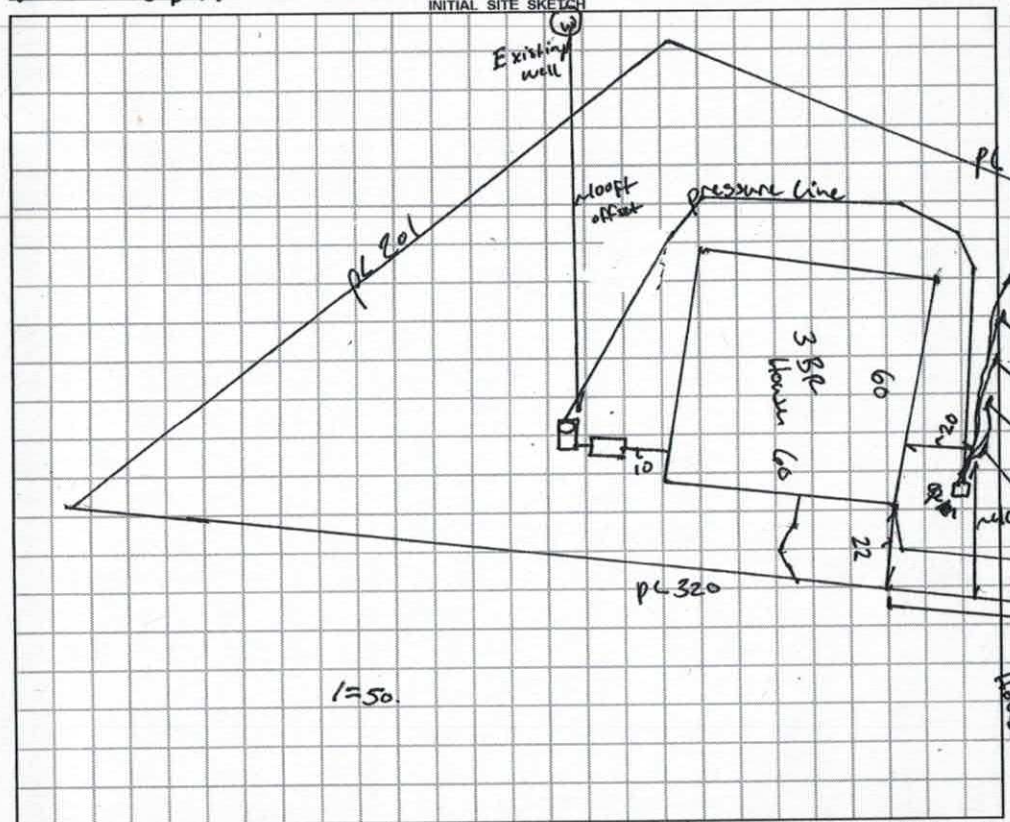
[x] Residence No. Bedrooms 3
[ ] Business No. Persons 6
[ ] Other No. Employees
[x] Slab [ ] Crawl Space
[x] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [x] Public [ ] Community

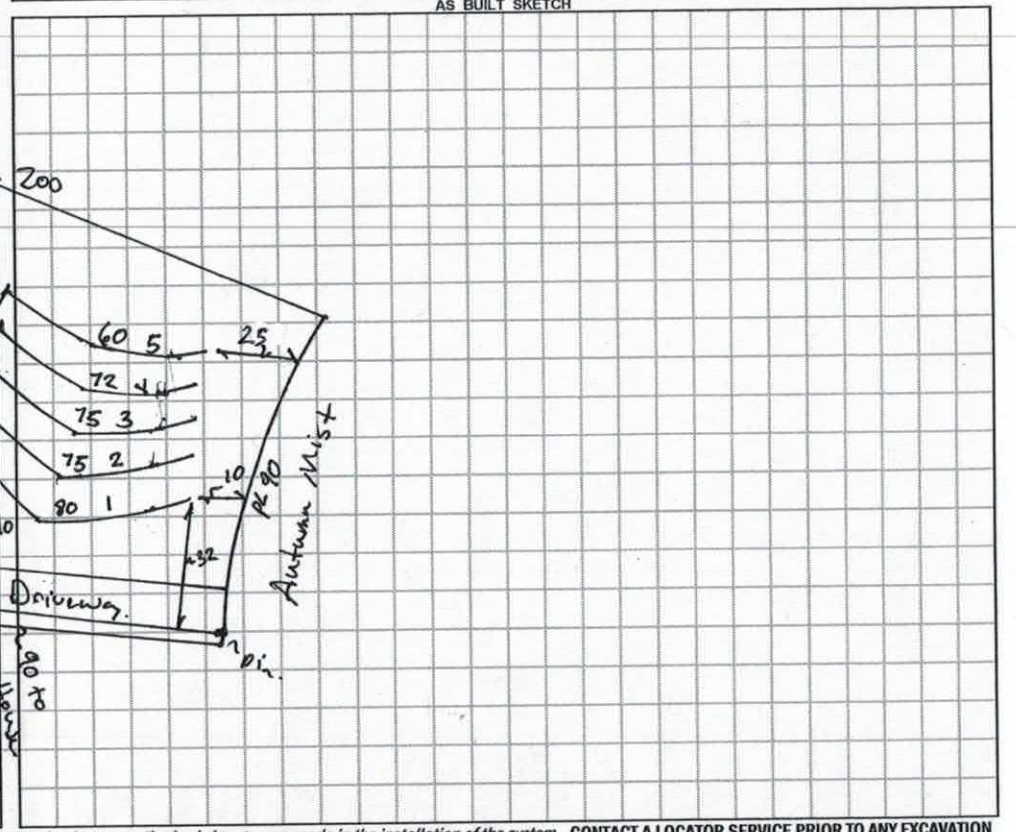
Comments / Conditions: Install Septic Drainlines on the contour of the land utilize Pressure Manifold to distribute the wastewater. Due to slope + max depth of 22 inches a 2 inch cap must be used with III Type Soil. OFFsite Pin # 4732152306

Lines 1,2,3,4 each to have 1/2 Sch 40 @ 7.11 33gpm Dose @ 163 gallons
Lines 5 to Recive 1/2 Sch 80 @ 5.4/8 pump time of 5 mins 7.7 inch Drawdo

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.*

[x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.*

[x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

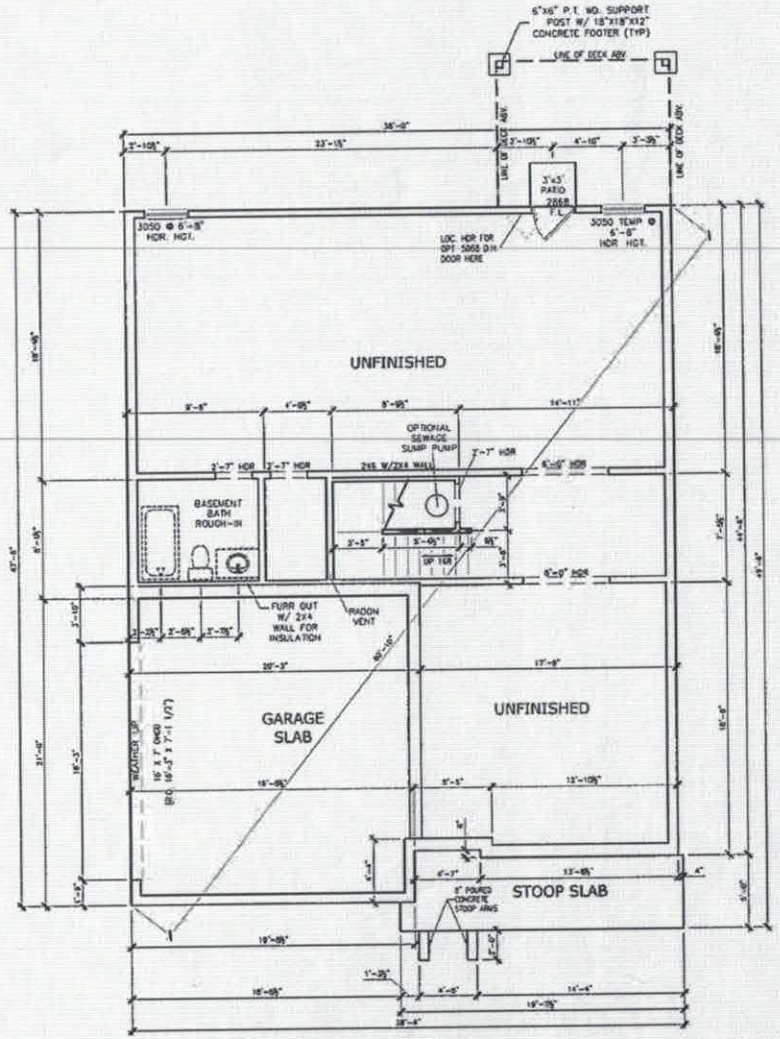
Owner / Applicant Signature: _____ Date: 8/27/18 Installed by: _____

IMPROVEMENT PERMIT by: Benjamin A. Bethke Date: 8/23/2018 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bethke Date: 8/23/2018. 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.

AUTUMN BROOK - 51



BASEMENT PLAN

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

*RADON VENT PROVIDED PER LOCAL CODE

Acknowledgement of Plans Submitted On Date

7/30/18 BAB 8/03

REVISION	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FOUNDATION PLAN
BASEMENT PLAN
MADISON

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30188
www.smithdouglas.com

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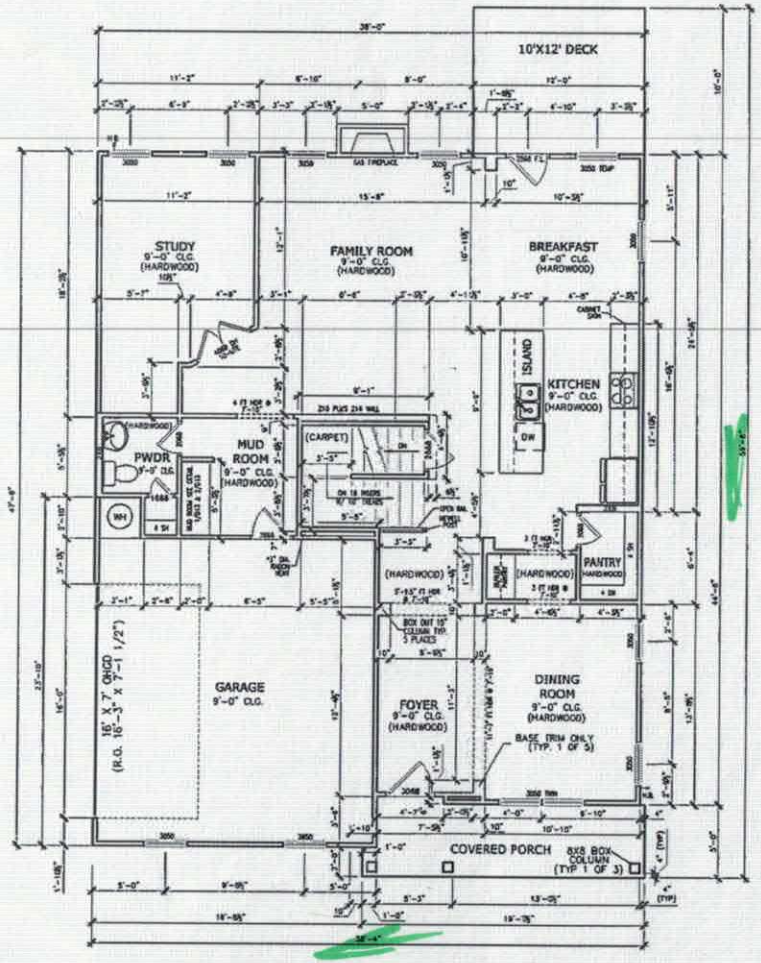
ED	AW
DATE: 7/12/18	
PLAN SET: B	
PLAN NO: 3015	
ELEV: ALL	B
SHEET NO: A4.1	

© SMITH DOUGLAS HOMES 2018

AUTUMN BROOK - 51

Acknowledgement Of
Plans Submitted On
Date

7/30/18
8/13/18



FIRST FLOOR PLAN

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

*RADON VENT PROVIDED PER LOCAL CODE

BY	REVISION	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
MADISON

SMITH DOUGLAS HOMES
118 VILLAGE TRAIL
SUITE 218
WOODSTOCK, GA 30188
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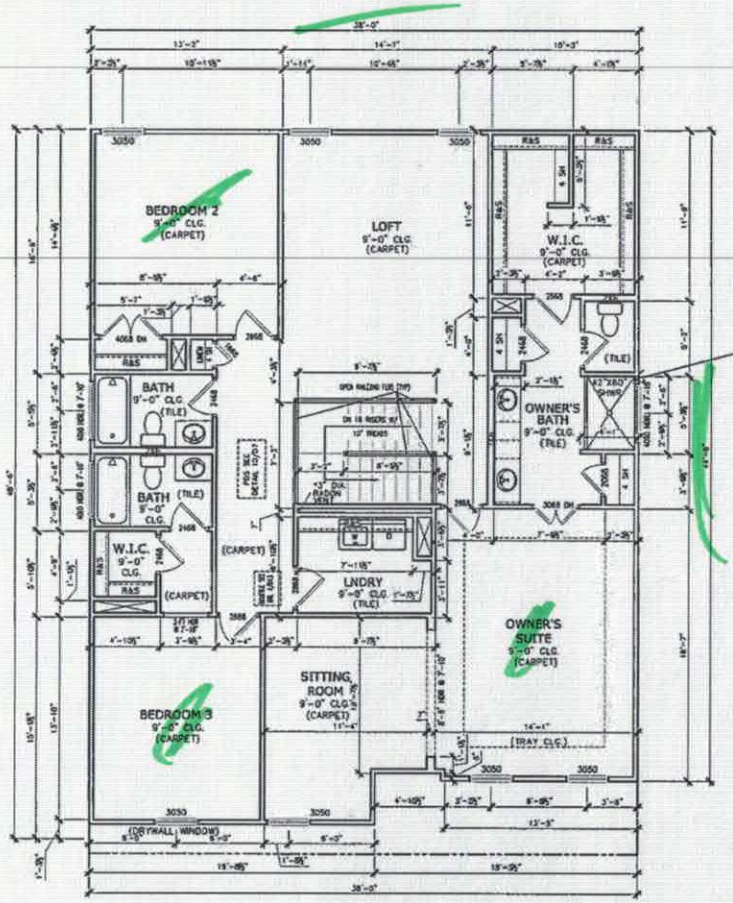
BY	CK
ED	AW

DATE: 7/12/18
CROSS REF: B
PLAN NO: 3015
ELEV: ALL
SCALE: B
SHEET NO: A5.1

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AUTUMN BROOK - 51

Acknowledgement Of
Plans Sold - Final ONLY
JPA 7/30/18 Date
BAB 8/23/18 Date



SECOND FLOOR PLAN ELEV B

triangular shelf 24" 5' off the floor add blocking

*RADON VENT PROVIDED PER LOCAL CODE

REFER TO MANUFACTURER'S SPECS. FOR DRAIN LOCATIONS ON DETAIL SHEETS D12,D12.1,D12.2 & D12.3

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REVISION	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
MADISON

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA. 30188

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ED	AW
DATE	7/12/18
ELEV	B
PLAN ID	3015
ELEV	ALL / B
SHEET NO.	A5.2