ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP - 315864

BB BLDR-2023-39815

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

PIN # 4823 -- 25 -- 3936

APPLICANT/OWNER: STEVEN G. BILLINGS APPLICANT ADDRESS: 14647 EASTFIELD ROAD, HUNTERSVILLE, N.C. 28078

SITE ADDRESS: 3194 WEST MEMORIAL HIGHWAY, UNION GROVE, N.C. 28689 PHONE: 704-201-4287 ALT. PHONE 704-875-9495

SITE DIRECTIONS: (N) ON 77, (L) ON 901, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

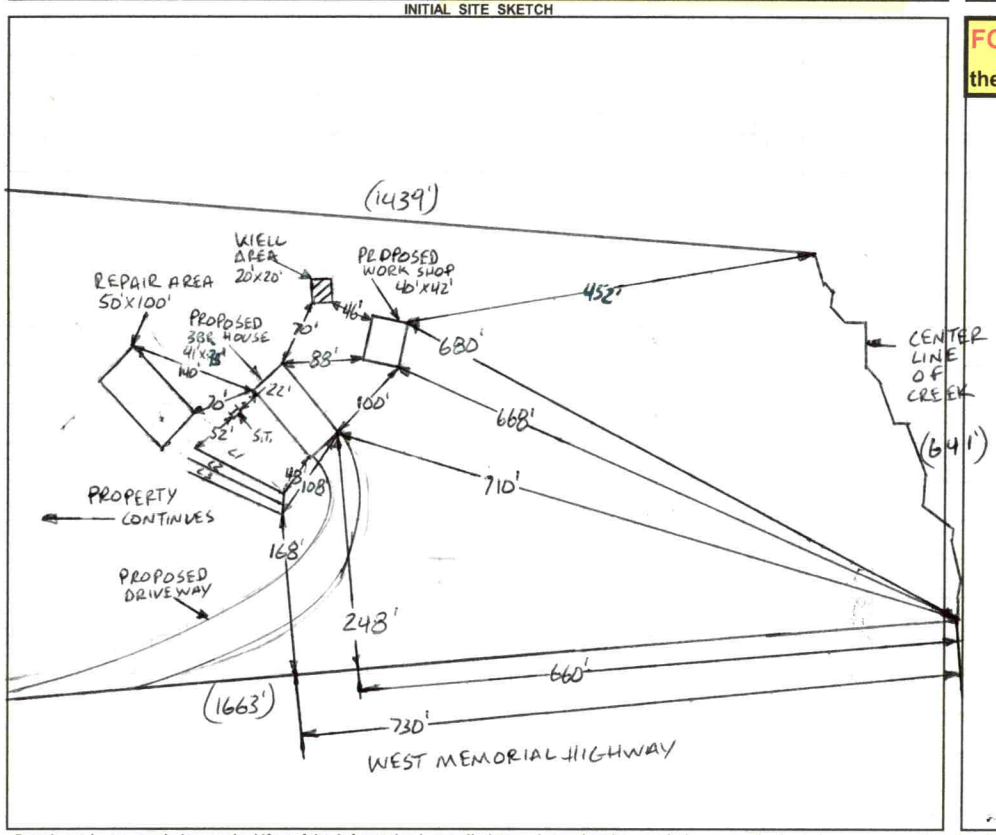
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 19.707 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3 (0.25 REPAIR)

Septic Tank	1000 (gal)	STB	1012-1000	Date	9/13/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	- (gal)	PT	-	Date	-	System Description:	25% REDUCTION		
Pump Make	-	Model	-	Serial #	-	Repair System Description:	25% REDUCTION (SHALLOW)		
# Nitrification Fields	1	# Lines	3	Linear Ft	302 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	**Water Supply**		
☐ Business	No. Persons	6	☑ Private		
☐ Other	No. Employees	-	☐ Public		
☐ Slab	☑ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED 36IN MAX TRENCH DEPTH, MAINTAIN 50 FT FROM ALL WELLS, PRE-CONSTRUCTION MEETING REQUIRED

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.

1 IN = 200 FT
S.T. = SEPTIC TANK
L1 = 102 FT
L2 = 102 FT
L3 = 98 FT

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: Myra W Billings Date: 08/27/21 Installed by: JW Construction

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-17-2021 OPERATION PERMIT by: Bryant C. White Date: 11/20/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-17-2021 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 #: 4823-25-3936
COUNTY: IREDELL

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

OWNER: STEVEN G. BILLINGS
ADDRESS: 14647 EASTFIELD ROAD, HUNTERSVILLE, N.C. 28078
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 3194 WEST MEMORIAL HIGHWAY, UNION GROVE, N.C. 28689
WATER SUPPLY: ☑ ~~Private~~ ☐ Public ☑ ~~Well~~ ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ ~~Pit~~ ☐ Cut
TYPE OF WASTEWATER: ☑ ~~Sewage~~ ☐ Industrial Process ☐ Mixed

APPLICATION DATE 3-17-2021
DATE EVALUATED: 4-28-2021
PROPERTY SIZE: 19.707 AC
PROPERTY RECORDED: YES

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 4%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	60"+	NA	NA	PS .3
		9-36	C, ABK	FR, S, P, SEXP					
		36-60	CL, WABK	FR, SS, SP, SEXP					
2	HEAD 4%	0-11	SCL, SBK	FR, SS, SP, SEXP	~~SAP~~ ~~INC~~ ~~THRU~~ ~~OUT~~ Y/B MOTS THRU OUT	56"+	NA	NH	PS .25 ABOVE
		11-32	SC, WABK	FR, S, P, SEXP					
		32-50	~~C~~, ABK	FI, S, P, SEXP	10YR 6/6 +	10YR 6/4	11-36	10YR 6/2 30"-33"	30"
3	LINEAR SIDE 7%	0-12	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		12-40	C, ABK	FR, S, P, SEXP					
		40-50	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-12	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	50"	PS II SL	NA	PS .3
		12-36	C, SBK	FR, S, P, SEXP					
		36-50	CL, WSBK	FR, SS, SP, SEXP					
		50-56	SAP, MAS	FR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25% SHALLOW
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Miller
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.

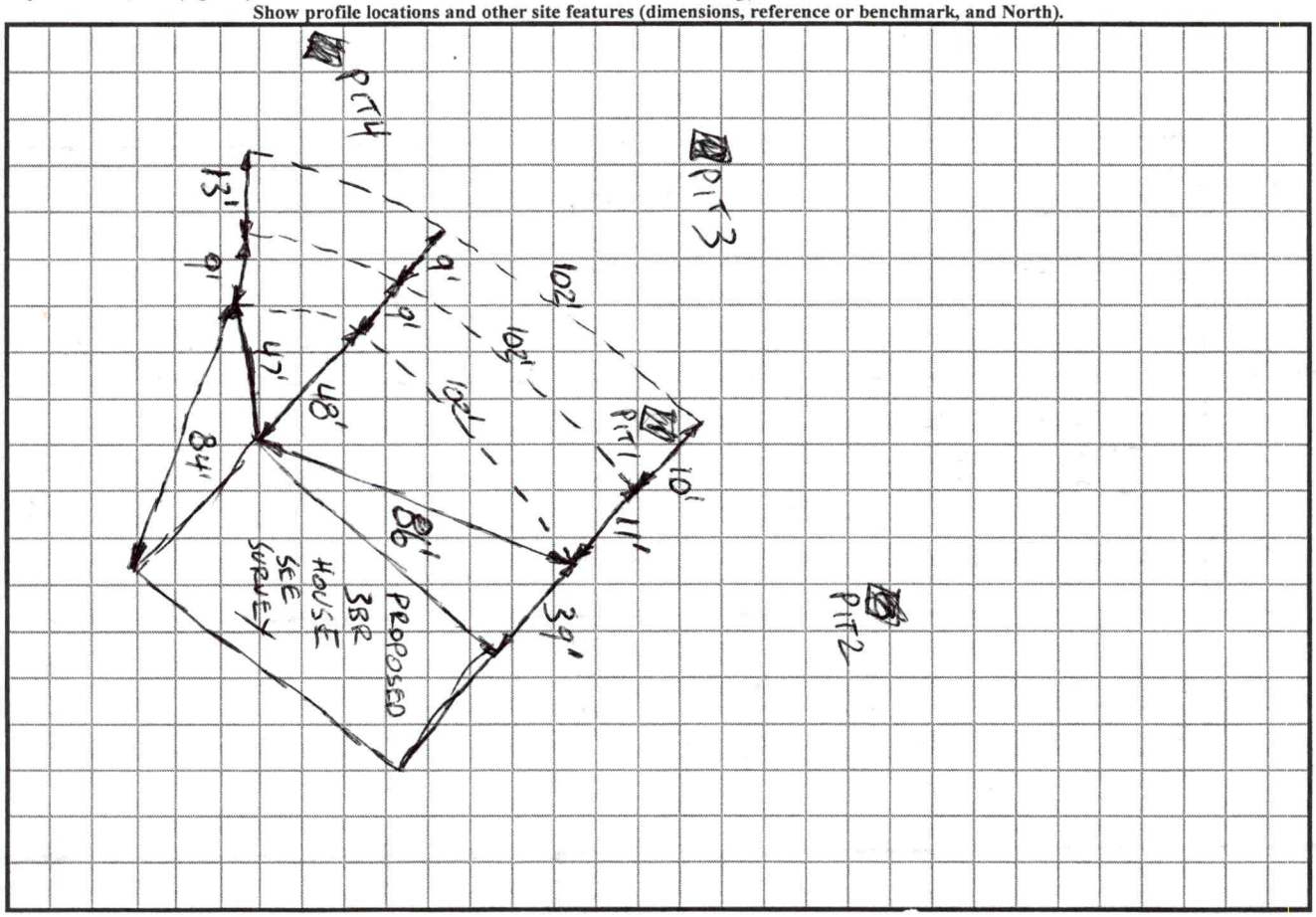
NOTES

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).



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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	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.

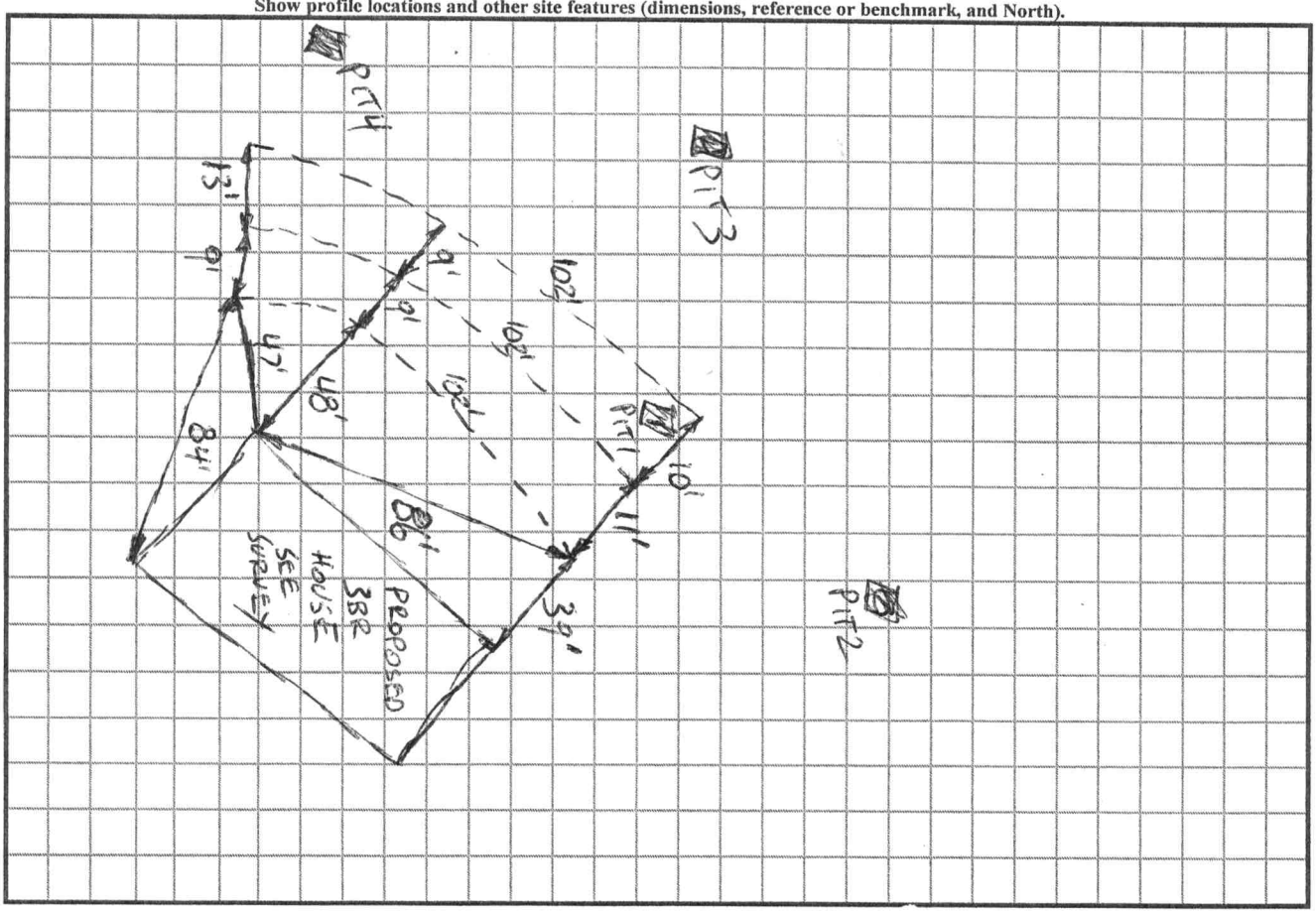
NOTES

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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).



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RECEIVED MAR 1 8 2021

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-315864 $500.00

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: Steven G Billings (Current) Address: 14647 Eastfield Rd, Huntersville, NC Zip: 28078
Applicant Email: 2Retiredbillings@gmail.com Phone: cell-(704)201-4287 Alt. Phone: (home) 704-875-9495
Owner Name: Susan Templeton Weaver Address: 370 Ivy Circle, Elkin, NC Zip: 28621
Owner Email: stnwoke80@aol.com Phone: (336) 413-5450 Alt. Phone: (336) 835-7221

Property Information:

Street Address: TBD W. Memorial Hwy Union Grove, NC - 19.75 +/- Acres Near Intersection of Hwy 901 and Hwy 115
3194 W. Memorial Hwy, Union Grove, NC 28689
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4 3 H 24 21
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: Carport

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: 4000 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 3

(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: _____
(5) No Preference (4) Alternative (1) Conventional (3) 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: Steven G. Billings / Tonya W Billings 03/17/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 1F92280C-2D7B-49AA-9E8C-95939AC195F0

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*) _____

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, Susan Templeton Neaves, am the legal owner(s) of the property located at TBD W. Memorial Hwy Union Grove, NC (19.75 +/- Acres), identified as PIN (Parcel Identification Number) Partial - 4823350988, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Steven G. Billings or Agent, Tim Queen, 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.

DocuSigned by:
Susan Templeton Neaves
573E56FCAEBB470... Signature of Owner(s)

2/3/2021
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

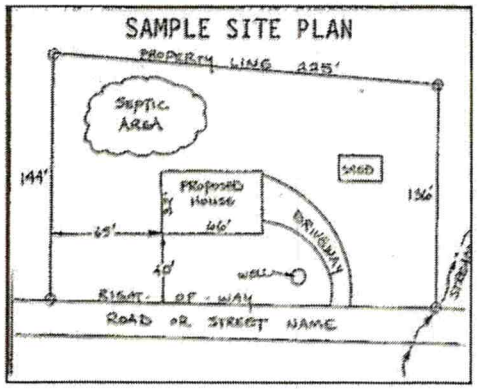
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IREDELL COUNTY HEALTH DEPARTMENT

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

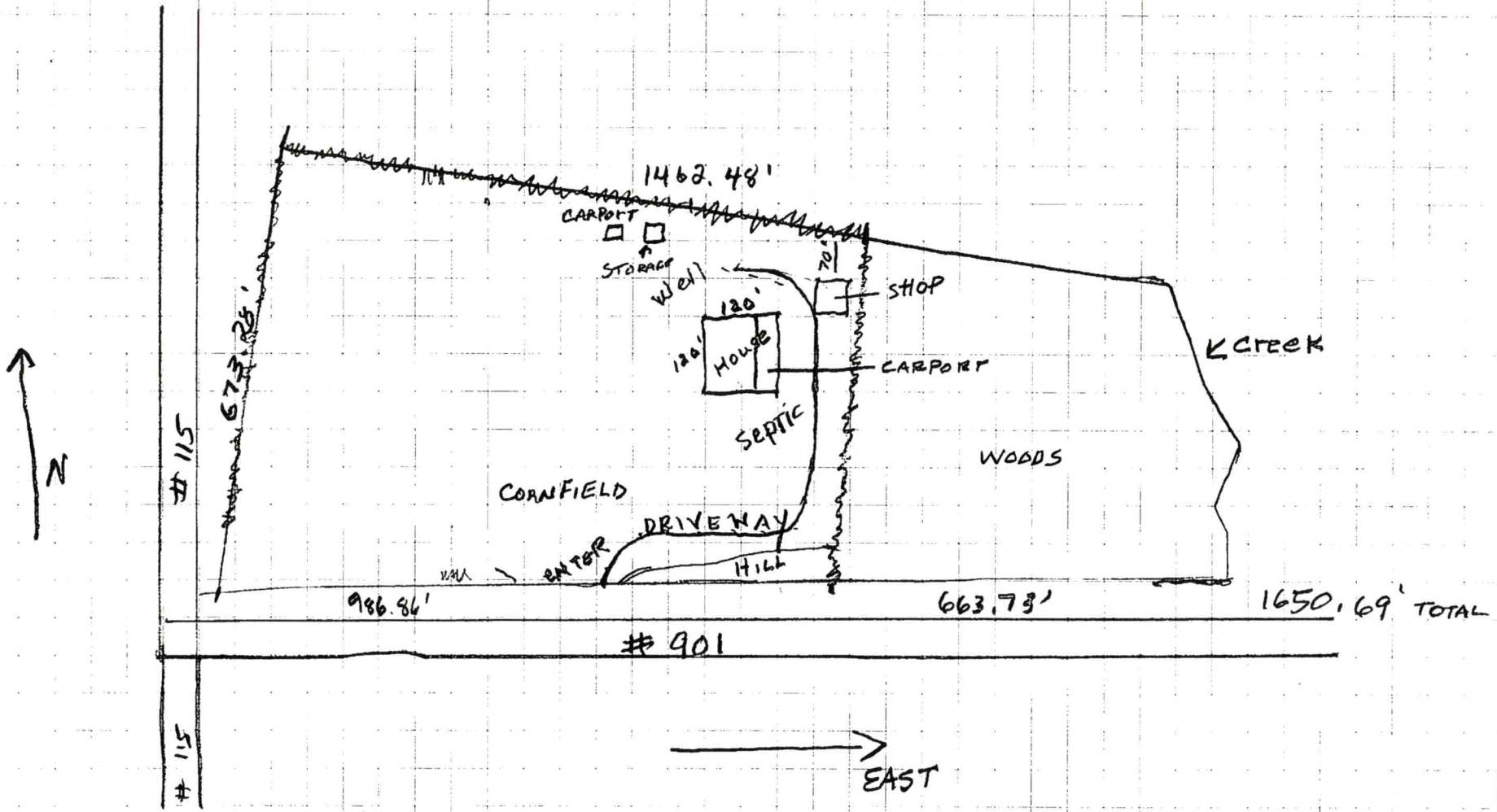
See attached

Signature: Steven S. Bailey

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

3/16/2021

DATE



SCALE - App. 59 feet WIDE
3481 sq ft
per square □

TS OF WAY OF
EXIST.

COVENANTS.

L ORDINANCES,
THE DIVISION

IIS SITE.

UST OR OTHER LIENS.

ION ON THE

1IN = 200ft

L1	S 17°13'02" E	27.64'
L2	S 43°23'31" E	15.35'
L3	S 08°39'14" W	16.57'
L4	S 46°38'37" E	24.52'
L5	N 85°53'21" E	22.01'
L6	S 02°35'06" E	49.63'
L7	S 49°20'26" E	21.96'
L8	S 18°49'46" E	45.33'
L9	N 87°49'49" E	15.62'
L10	S 21°28'40" E	55.95'
L11	S 03°08'51" W	30.89'
L12	S 52°12'10" E	42.25'
L13	S 13°45'27" W	11.30'
L14	S 15°09'41" E	43.46'
L15	S 07°02'04" W	20.22'
L16	S 00°38'17" E	31.93'
L17	S 13°37'55" E	17.57'
L18	S 13°37'55" E	21.93'

North Orientation Based On
N.C. Grid North (N.A.D. 83)

Now or Formerly
Judith F. Jackson and
Diane F. Mahoney
962–1500

Tie Only
S 56°32'44" W 1288.32'

Now or Formerly
Dwight Cole Younger
20E–851
Back Ref.: WB 7, PG. 162
Item 6

Branch

Ditch

Cherry Tree To CP
S 86°42'52" E 1439.47' Total
(1418.80')

Tie Only
EIR To CP
N 86°42'52" W 322.38'

IRS At
(20.67')

CP

EIR

157.8'

Proposed
Workshop

Proposed
House Site

70'

25'

40.5'

Tract 1

Total Area = 19.707 +/– Acres

(Area Outside of Road Right–of–Way = 17.805 +/– Ac.)

(Area Of Road Right–of–Way = 1.902+/– Ac.)

Now or Formerly
Susan T. Neaves, ETAL
2032–1801

With Property Line
Centerline Branch
All New Lines

Point on the Top and Center
Of the North End of Culvert

Ditch

R/W

50'

Guard Rail

S 84°32'00" W 1247.90'
Not A Deed Line
Tie Only

IRS

CP

POB

Guard Rail

R/W

S 84°32'00" W 675.23'
A New Line

Concrete
Box Culvert

CP

24" RCP

tpd

EIP

Tie Only
N 05°50'12" W
50.00'

R/W

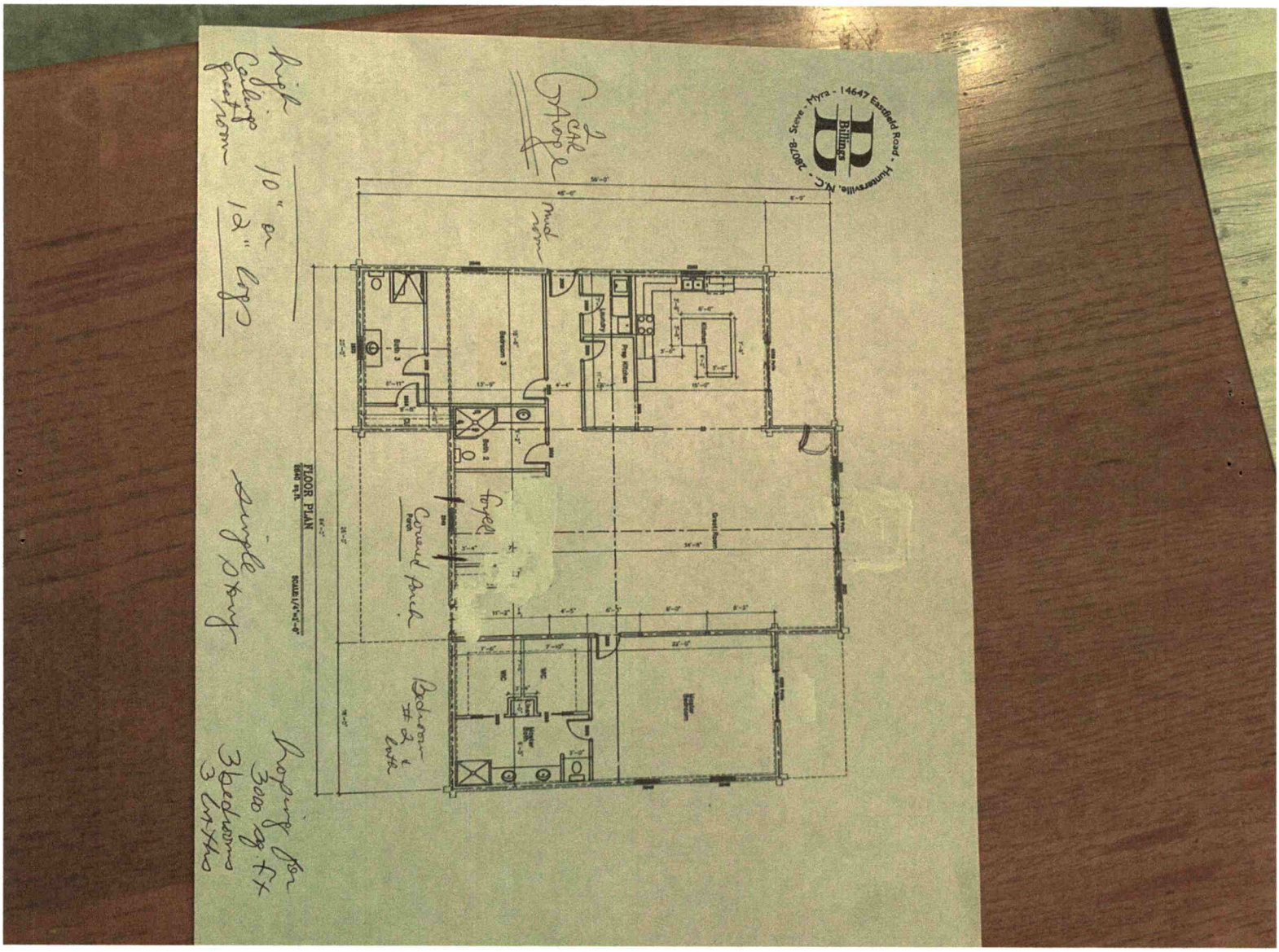
NOTE:
N.C. HIGHWAY 901 HAS A 100 FT. RIGHT OF WAY
AS PER NC STATE HIGHWAY AND PUBLIC WORKS
COMMISSION PLANS PROJECT NUMBER 6395.

Now or Formerly
Susan T. Neaves, ETAL
2032–1801

Acknowledgement Of Plans Submittal ONLY!

Myra W Billings Date 8/27/21

Burt C. Miller Date 8-20-2021



IREDELL COUNTY · NC

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

APPLICATION NUMBER
315864 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4823350988.000	3194 W. Memorial Hwy	Iredell County

Owner Information	Applicant Information
Name: NEAVES SUSAN T ETAL	Name: STEVEN AND MYRA BILLINGS
Address:	Address: 14647 EAST FIELD RD
	HUNTERSVILLE , NC 28078
Phone:	Phone: (704)875-9495

Use Requested	Zone Code
Single Family Dwelling	RA NB

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
74.84	35	35	15	15	N/A	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.

Date: 03/17/2021

Signature of Owner/Contractor

Permit Number	315864	TOTAL FEES:	$77.25