ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327925

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

PIN # 4774 -- 25 -- 0225

APPLICANT/OWNER: Amanda Templeton APPLICANT ADDRESS: 264 Nottingham Circle, Statesville

SITE ADDRESS: 114 Peacehaven Pl, Statesville 28625 PHONE: 704-450-7382 ALT. PHONE -

SITE DIRECTIONS: 64 E - New Salem - Peacehaven SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: New Salem Estates SECTION: - LOT # 18 LOT AREA: 0.78 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

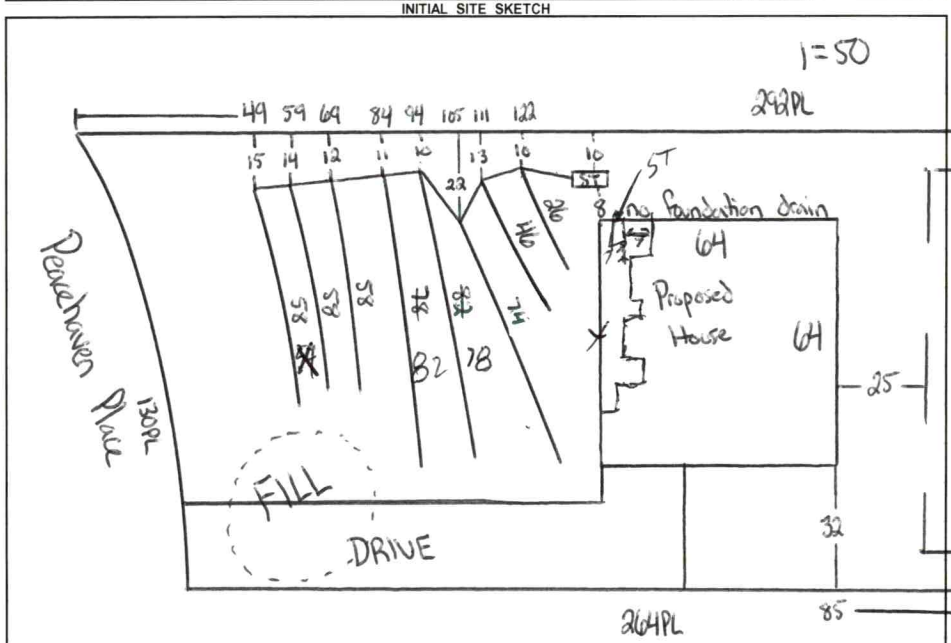
Septic Tank	1000	(gal)	STB	760	Date	4-1-2023	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	LP-PPBPS			
# Nitrification Fields	1	# Lines	8		Linear Ft	480 ft	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth(Low side)	24 in		Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☐ Private	
☐ Other	No. Employees		☒ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour with the land. Do not grade, park, or drive on septic area. Utilize serial distribution. Do not exceed at max of 28" trench bottom.

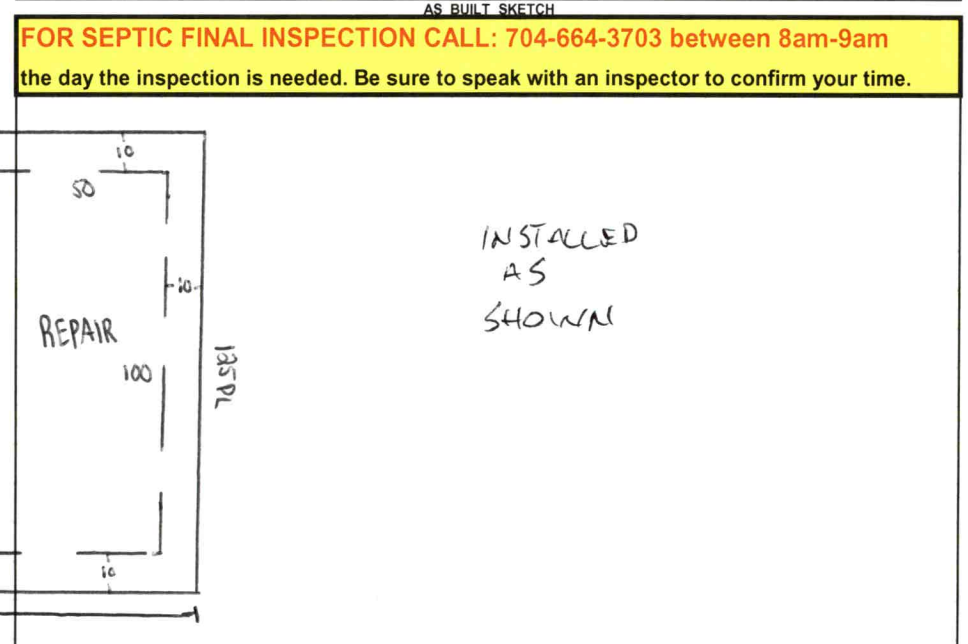
No foundation drains around front and side of house

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.



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: Amanda Templeton Date: 6-14-22 Installed by: STEVENS SEPTIC

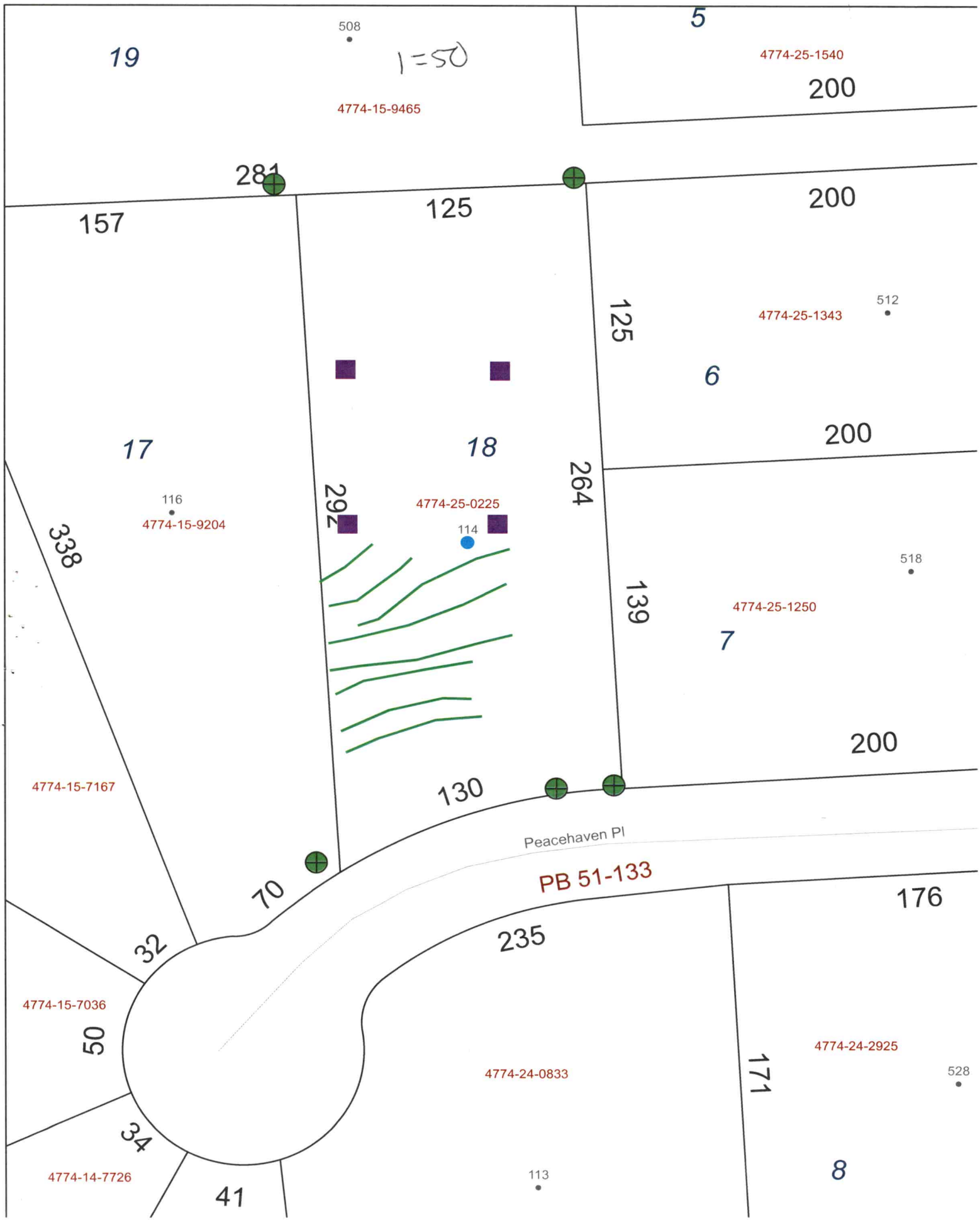
IMPROVEMENT PERMIT by: Cory Wild Date: 6/3/22 OPERATION PERMIT by: Bryant C. White Date: 5-23-2023

AUTHORIZATION TO CONSTRUCT by: Cory Wild Date: 8/3/22 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? _____	


19
508
1=50
4774-15-9465
5
4774-25-1540
200
281
157
125
200
125
512
4774-25-1343
6
200
17
18
116
4774-15-9204
292
4774-25-0225
114
264
338
518
139
4774-25-1250
7
200
4774-15-7167
130
Peacehaven Pl
PB 51-133
70
176
32
235
4774-15-7036
50
4774-24-2925
4774-24-0833
171
528
34
4774-14-7726
41
113
8

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

Sheet 1 of 1
PROPERTY ID #: 4774250225
COUNTY: Iredell

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

OWNER: Amanda Templeton
ADDRESS: 2104 Nottingham Circle Statesville
PROPOSED FACILITY: 4 bdrs home
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 114 Pencehaven Pl, Statesville
APPLICATION DATE 4/21/22
DATE EVALUATED: 5/10/22
PROPERTY SIZE: 0.78
PROPERTY RECORDED: yes

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	Linear 8%	0 - 8	FILL	–	–	53	SAP CL	inc in layer	.3 PS
		8 - 25	C SBK	SS SP FR SE					
		25 - 53	CL SBK	SS SP FR SE					
2	Linear 4%	0 - 34	FILL	–	–	57			DEEP .25 PS
		34 - 51	C SBK	SS SP FR SE					
3	Linear 6%	0 - 16	FILL		Chroma 2 at 48" Yellow/Browns throughout C layer	52	–	–	.25 PS
		16 - 52	C ABK	S P FR SE					
4	Linear 8%	0 - 8	FILL		Chroma 2 at 40"	49	–	–	.25 PS
		8 - 24	C SBK	SS SP FR SE					
		24 - 49	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	.25	.3

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

COMMENTS:

Updated February 2014

Pit 5 0 - 16 C ABK SS SP FR SE SAP inc in .3
9% 16 - 49 CL SBK SS SP FR SE CL layer PS

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.

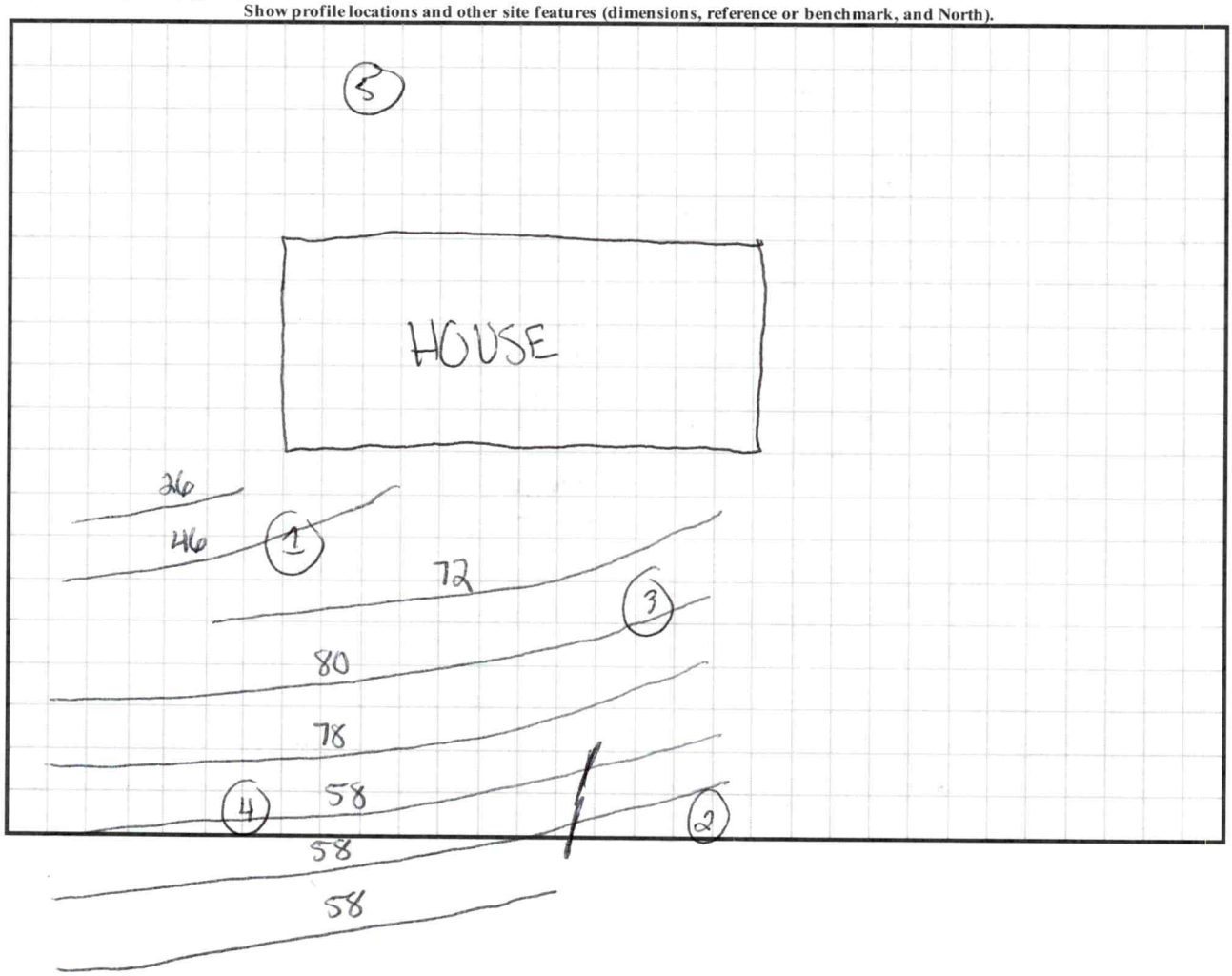
NOTES

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).



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RECEIVED APR 2 1 2022

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-327925 $000.00

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: Amanda Templeton Address: 2104 Nottingham Circle Statesville NC Zip: 28625
Applicant Email: AmandaKHastelson@hotmail.com Phone: 704 450 7382 Alt. Phone: _____
Owner Name: Providence Farm, LLC Address: 615 New Salem Rd, Statesville Zip: 28625
Owner Email: Linda.e.eudy@gmail.com Phone: _____ Alt. Phone: _____

Property Information: 114

Street Address: Lot 18 Peacehaven Place 114 Peacehaven Place
Subdivision Name: New Salem Estates Section/Phase: _____ Lot Number: 18
Driving Directions: 64 to New Salem Road, turn right. Right on Peacehaven.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) 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: 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: _____
( ) No Preference ( ) Alternative (X) 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 (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: Amanda Templeton 3-22-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 1024080E-4977-4418-B9A3-BA28E25D7EDB

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, Linda Eudy for Providence Farm, LLC., am the legal owner(s) of the property located at Lot 18, Peacehaven Place, New Salem Estates, identified as PIN (Parcel Identification Number) 4774-25-0225, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Amanda Templeton _____, 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:
Linda E Eudy for Providence Farm, LLC
F8506128AD0E4D8... Signature of Owner(s)

3/16/2022
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

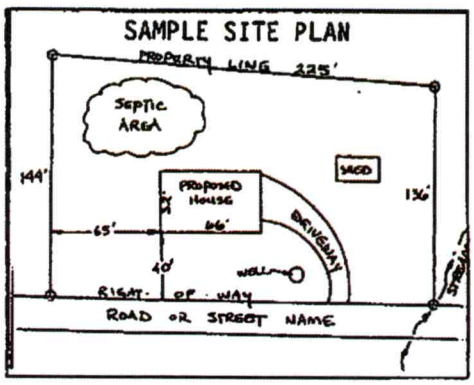
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IREDELL COUNTY HEALTH DEPARTMENT

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:

( ) **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**

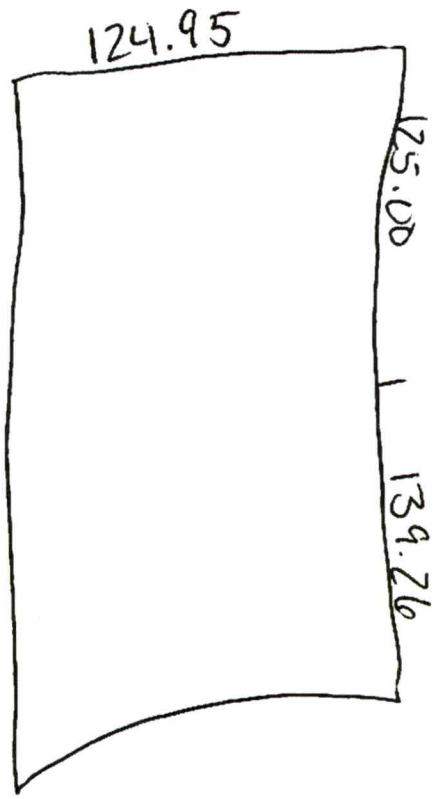
Circle N/A on the following if appropriate:

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

To Be Determined See attached sheet



Signature: Amanda Taylor

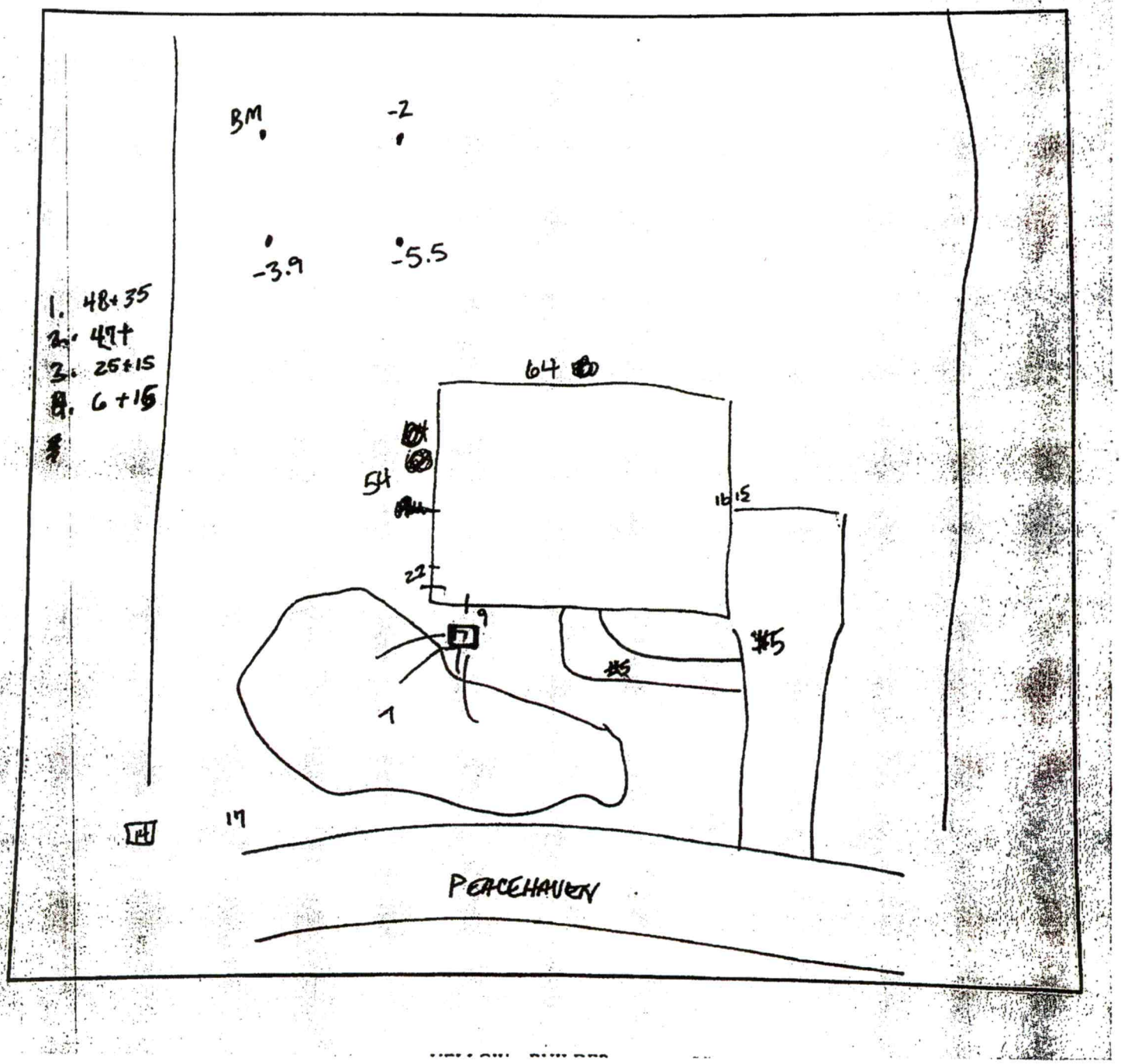
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-22-22

DATE

BUILDER TO SHOW THE FOLLOWING ITEMS ON SITE SKETCH BELOW FROM THE HOMESITE INSPECTION

1. Front Set Back
2. Rear Set Back
3. Right Set Back
4. Left Set Back
5. Driveway / Sidewalks
6. ~~Existing Structures~~
7. ~~Septic Location~~
8. ~~Sewer Tap~~
9. ~~Sewer / Septic Exit~~
10. ~~Well Location~~
11. Water Tap
12. Water Entry
13. ~~Well Pressure Tank~~
14. ~~Nearest Transformer~~
15. ~~Electric Meter Base~~
16. ~~Breaker Panel~~
17. ~~Temp Power Pole~~
18. ~~Propane Tank~~
19. ~~Gas Line Stub~~
20. ~~Natural Drain~~
21. ~~Sump Crocks~~
22. ~~Foundation Door~~
23. Identify Bench Mark
24. Identify High Corner
25. Shoot Existing Grade Elevations
26. Approximate distance top of foundation will be above existing grade at high corner: 40



IREDELL COUNTY · NC

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

APPLICATION NUMBER

327925
Issue Date: 04/21/2022

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4774250225.000	114 PEACEHAVEN PL	Iredell County

Owner Information	Applicant Information
Name: PROVIDENCE FARM LLC	Name: AMANDA TEMPLETON
Address: 615 NEW SALEM RD	Address: 264 NATTINGHAM CIR.
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: (704)450-7382

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	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.

Signature of Owner/Contractor

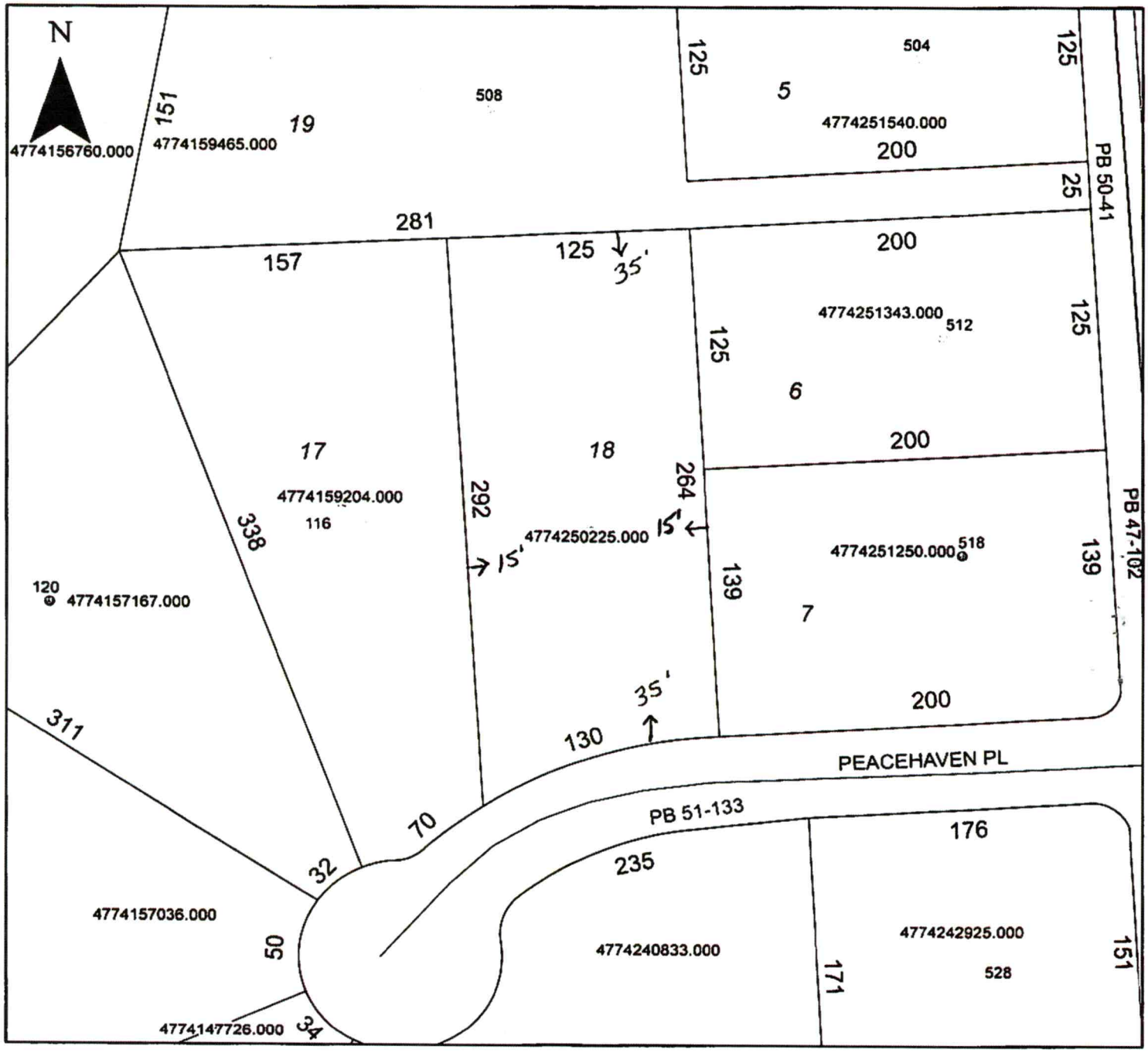
Date: 04/21/2022

Permit Number	327925	TOTAL FEES:	$77.25

3211CJ

R-20
WS-NO
FL-NO

ZONING DISCLAIMER

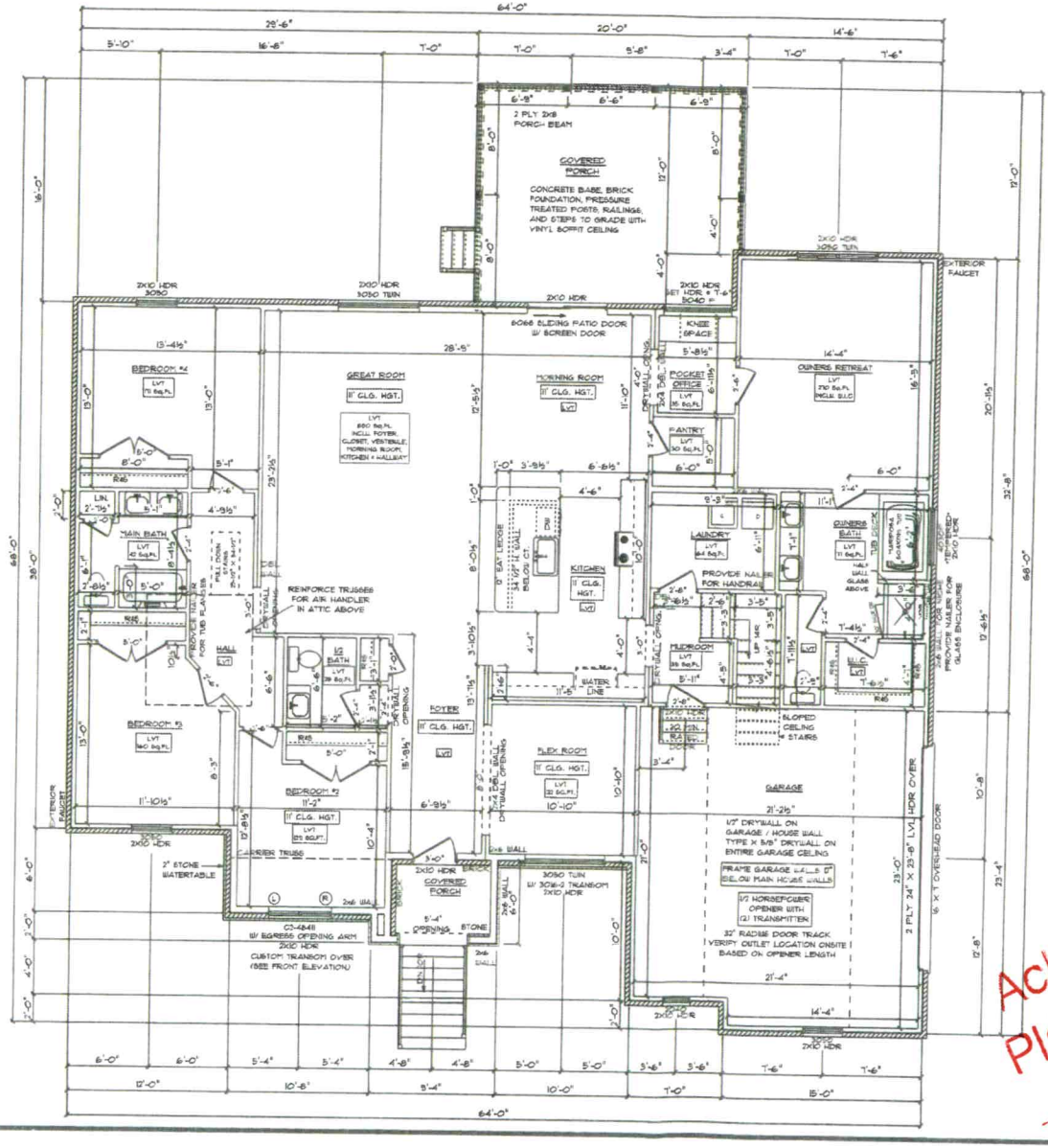


Property Address 114 Peacehaven Pl.

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

4-21-22
Date



FINAL DRAWINGS APPROVED: 07-06-22
REVISED: 07-13-22

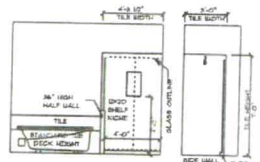
GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 8'-0" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 2-PANEL 80 HOLLOW CORE MOLDED INTERIOR DOORS
- SILVERLINE, SINGLE-HUNG LOW-E VINYL WINDOWS W/ SOLAR GLAZING

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.



CHARLESTON AMERICAN TRADITION / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

CUSTOM BUILT FOR: AMANDA TEMPLETON
LOT #: 33734 | PH #: TE 234
LOCATION: PEACHTREE PLACE, LOT 18 PEACHTREE VILLAGE, NC 28625 REBEL LOT 1

SQUARE FOOTAGES:
MAIN FLOOR = 3488 SQFT
GARAGE = 514 SQFT
PORCHES = 396 SQFT
UNFIN. BONUS = 340 SQFT

DRAWN BY: DMB | DATE: 7/13/2022 | SCALE: 1/8" = 1'-0" | SHEET: 6

© THIS SITE PLAN/FLOOR PLAN/ELEVATION, ETC. ALL RIGHTS RESERVED. THE PLANS AND / OR DESIGNS EMBODIED HEREIN ARE THE EXCLUSIVE PROPERTY OF SCHUMACHER HOMES, THESE PLANS ARE NOT TO BE USED TO CREATE DERIVATIVE WORKS, THESE PLANS ARE NOT TO BE USED TO CREATE DUPLICATES (FOUNDATION NOTED), THESE PLANS ARE NOT TO BE USED TO CREATE DUPLICATES OF ANY KIND, IN WHOLE OR PART, WITHOUT THE EXPRESS, WRITTEN CONSENT OF SCHUMACHER HOMES. ANY UNAUTHORIZED USE OR COPYING IS A VIOLATION OF UNITED STATES AND STATE COPYRIGHT LAW AND SHALL BE ENFORCED TO THE FULL EXTENT OF THE LAW. ANY UNAUTHORIZED USE OR COPYING OF ADOCUMENT PER ACT OF INFRINGEMENT

Schumacher Homes
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

Acknowledgement Of Plan Submittal ONLY!!
Date
Date
NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 041321 07-13-2022