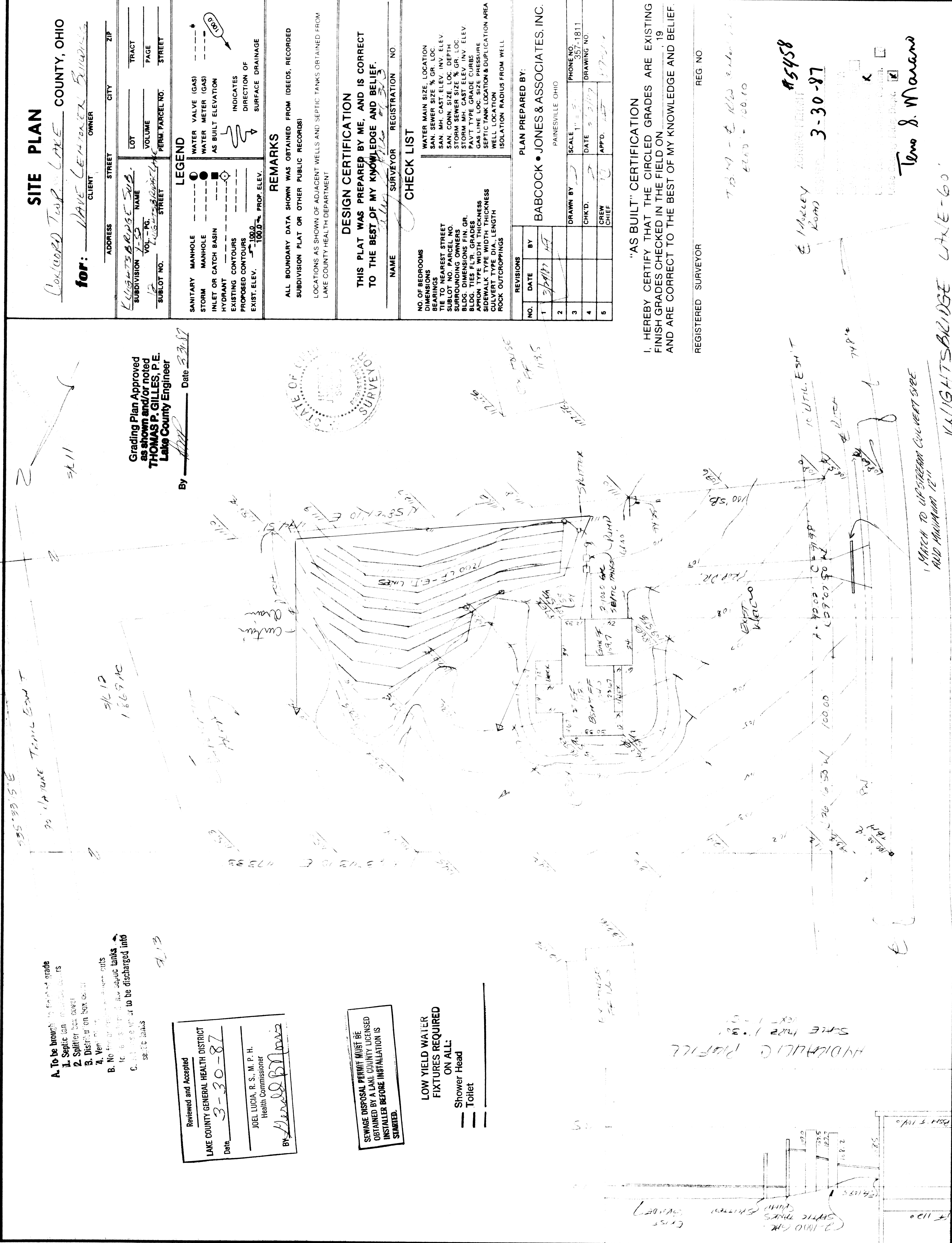




SITE PLAN

CONCORD TWP. LAKE COUNTY, OHIO
for: DAVE LENTONER BUILDING
CLIENT OWNER

ADDRESS _____ STREET _____ CITY _____ ZIP _____
SUBDIVISION 7-33 NAME LIGHTS BRIDGE SUB. LOT _____ TRACT _____
VOL. - PG. 12 100.00 VOLUME _____ PAGE _____
SUBLOT NO. _____ STREET _____ PERM. PARCEL NO. _____ STREET _____

LEGEND

- SANITARY MANHOLE
- STORM MANHOLE
- INLET OR CATCH BASIN
- HYDRANT
- EXISTING CONTOURS
- PROPOSED CONTOURS
- EXIST. ELEV. 100.0 PROP. ELEV. 100.0
- WATER VALVE (GAS)
- WATER METER (GAS)
- AS BUILT ELEVATION
- INDICATES DIRECTION OF SURFACE DRAINAGE

REMARKS

ALL BOUNDARY DATA SHOWN WAS OBTAINED FROM (DEEDS, RECORDED SUBDIVISION PLAT OR OTHER PUBLIC RECORDS)
LOCATIONS AS SHOWN OF ADJACENT WELLS AND SEPTIC TANKS OBTAINED FROM LAKE COUNTY HEALTH DEPARTMENT

DESIGN CERTIFICATION

THIS PLAT WAS PREPARED BY ME, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME _____ SURVEYOR REGISTRATION NO. _____
CHECK LIST

- NO. OF BEDROOMS
- DIMENSIONS
- BEARINGS
- TIE TO NEAREST STREET
- SUBLOT NO. PARCEL NO.
- SURROUNDING OWNERS
- BLDG. DIMENSIONS FIN. GR.
- BLDG. TIES FL'R. GRADES
- APRON TYPE WIDTH THICKNESS
- SIDEWALK TYPE DIA. LENGTH
- CULVERT TYPE DIA. LENGTH
- ROCK OUTCROPPINGS
- WATER MAIN SIZE, LOCATION
- SAN. SEWER SIZE, % GR. LOC.
- SAN. MH. CAST. ELEV. INV. ELEV.
- SAN. CONN. SIZE, LOC. DEPTH
- STORM SEWER SIZE, % GR. LOC.
- STORM MH. CAST. ELEV. INV. ELEV.
- PAV'T TYPE, CASTE CURBS
- GAS LINE LOC. SIZE PRESSURE
- SEPTIC TANK LOCATION & DUPLICATION AREA
- WELL LOCATION
- ISOLATION RADIUS FROM WELL

REVISIONS

NO.	DATE	BY
1	3/29/87	HG
2		
3		
4		
5		

PLAN PREPARED BY: **BABCOCK • JONES & ASSOCIATES, INC.**
PAINESVILLE, OHIO

DRAWN BY _____ SCALE 1" = 30' PHONE NO. 357-1811
CHK'D. _____ DATE 3/31/87 DRAWING NO. _____
CREW CHIEF _____ APP'D. _____

"AS BUILT" CERTIFICATION

I, HEREBY CERTIFY THAT THE CIRCLED GRADES ARE EXISTING FINISH GRADES CHECKED IN THE FIELD ON _____, 19____ AND ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

REGISTERED SURVEYOR _____ REG NO. _____

Grading Plan Approved as shown and/or noted
THOMAS P. GILLES, P.E.
Lake County Engineer

By _____ Date 3-30-87

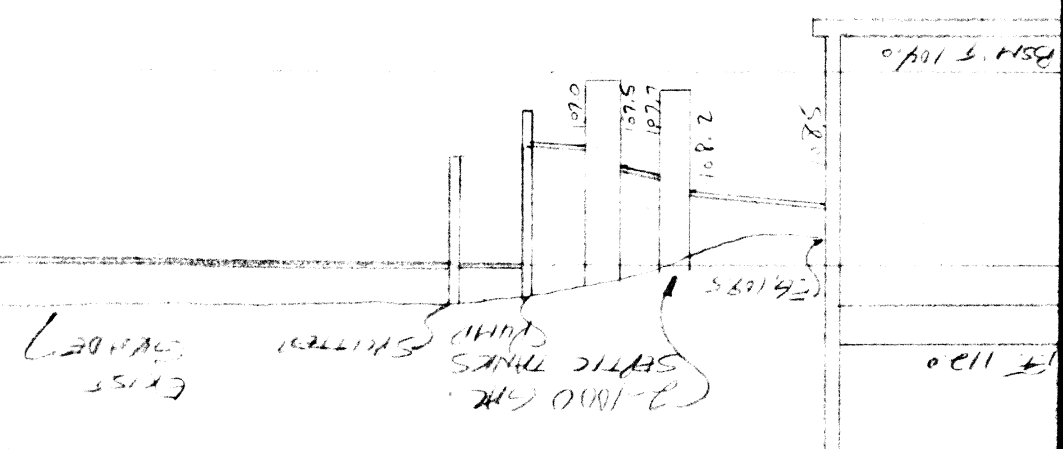
Reviewed and Accepted
LAKE COUNTY GENERAL HEALTH DISTRICT
Date 3-30-87
JOEL LUCIA, R. S., M. P. H.
Health Commissioner
By [Signature]

SEWAGE DISPOSAL PERMIT MUST BE OBTAINED BY A LAKE COUNTY LICENSED INSTALLER BEFORE INSTALLATION IS STARTED.

LOW YIELD WATER FIXTURES REQUIRED ON ALL:
Shower Head
Toilet

- A. To be brought to finished grade
1. Septic tank
 2. Splitter box
 3. Distribution box
 4. Vent pipe
- B. No. of bedrooms and septic tanks
- C. All sewage to be discharged into septic tanks

HYDRAULIC PROFILE



MATCH TO UPSTREAM CULVERT SIZE AND MAXIMUM 12"

LIGHTS BRIDGE LAKE-60

Temo J. Morano

#5458

3-30-87