SITE PLAN

CONCORD TOWNSHIP, LAKE COUNTY, OHIO

for: J. W. BETTELEY BUILDING
CLIENT OWNER

ADDRESS STREET CITY ZIP

EAGLE RIDGE SUB. (SUBDIVISION NAME)	LOT / TRACT
5 (SUBLOT NO.) VOL. PG. PINECREST RD. (STREET)	VOLUME / PAGE
	PERM. PARCEL NO. / STREET

LEGEND

SANITARY MANHOLE
STORM MANHOLE
INLET OR CATCH BASIN
HYDRANT
EXISTING CONTOURS
PROPOSED CONTOURS
EXIST. ELEV. 100.0 / 100.0 PROP. ELEV.
WATER VALVE (GAS)
WATER METER (GAS)
AS BUILT ELEVATION 100.0
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. #6343

CHECK LIST

NO. OF BEDROOMS
DIMENSIONS
BEARINGS
TIE TO NEAREST STREET
SUBLOT NO. PARCEL NO.
SURROUNDING OWNERS
BLDG. DIMENSIONS FIN. GR.
BLDG. TIES FLR. GRADES
APRON TYPE WIDTH THICKNESS
SIDEWALK TYPE WIDTH THICKNESS
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 GRADE CURBS
GAS LINE LOC. SIZE PRESSURE
SEPTIC TANK LOCATION & DUPLICATION AREA
WELL LOCATION
ISOLATION RADIUS FROM WELL

REVISIONS NO.	DATE	BY
1	11/21/88	HT
2		
3		
4		
5		

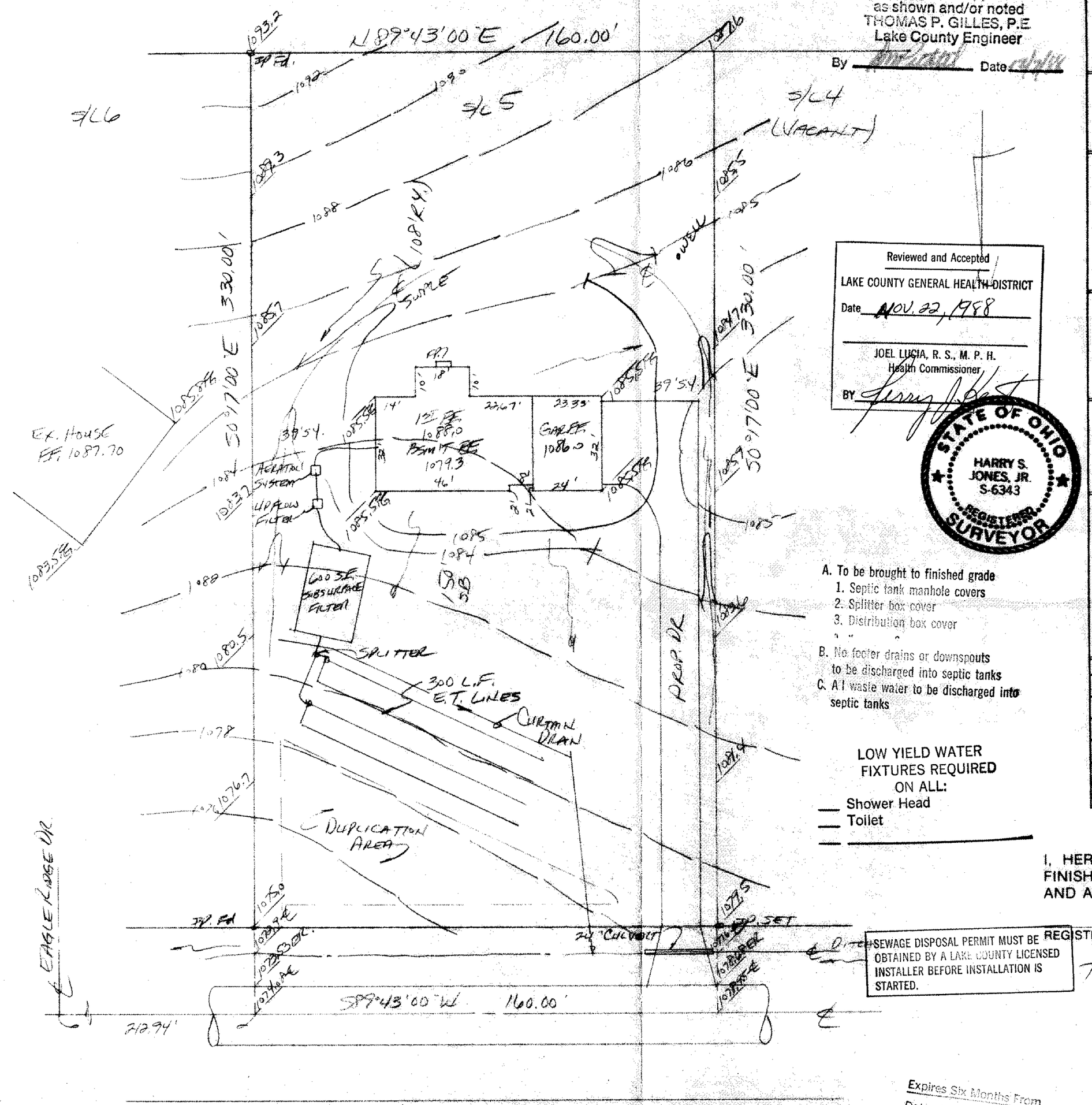
PLAN PREPARED BY:
BABCOCK • JONES & ASSOCIATES, INC.
PAINESVILLE, OHIO

DRAWN BY HT	SCALE 1" = 30'	PHONE NO. 357-1811	
CHK'D. HT	DATE 11/15/88	DRAWING NO. 88-010-5	
CREW CHIEF CC	APP'D. HT		

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

Reviewed and Accepted
LAKE COUNTY GENERAL HEALTH DISTRICT
Date NOV. 22, 1988
JOEL LUCIA, R. S., M. P. H.
Health Commissioner
BY Jerry J. Hart

STATE OF OHIO
HARRY S. JONES, JR.
S-6343
REGISTERED SURVEYOR

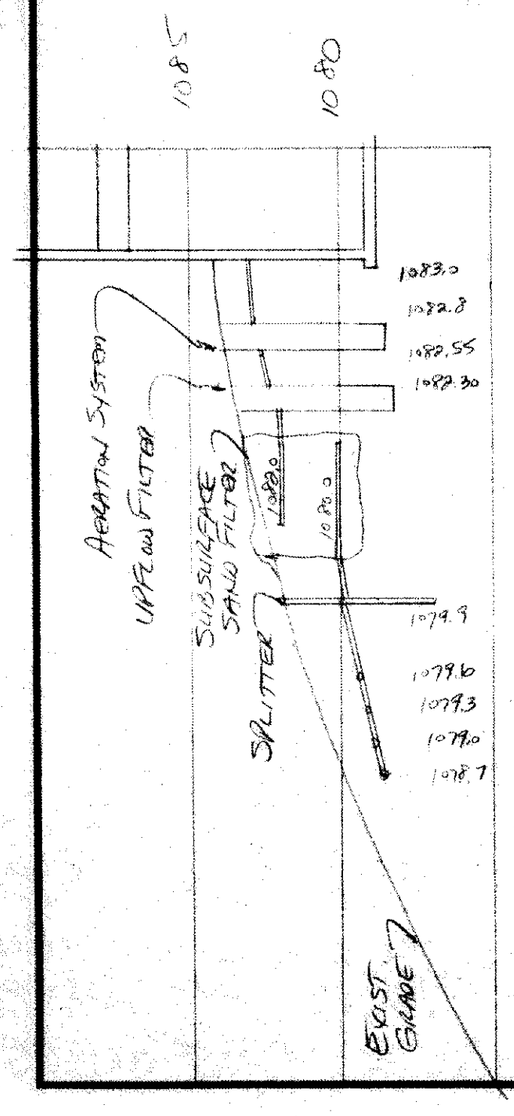


A. To be brought to finished grade
1. Septic tank manhole covers
2. Splitter box cover
3. Distribution box cover

B. No footer drains or downspouts to be discharged into septic tanks

C. All waste water to be discharged into septic tanks

LOW YIELD WATER FIXTURES REQUIRED ON ALL:
__ Shower Head
__ Toilet



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

TBM – RIM STM. M.H. @ N.E. COR. OF EAGLE RIDGE & PINECREST ELEV. = 1068.50

"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.

Expires Six Months From Date of Issue unless authorized work is commenced or extension granted.
First 90 day extension _____
Second 90 day extension _____

ZONING PERMIT #6032
ISSUED 11-22-88
SUBJECT TO APPROVAL BY:
Lake County Sanitary Eng. ☐
Lake County Health Dept. ☒
Lake County Planning Council. ☐
Lake County Plng. Dept. ☒

Terry L. Marano