



SITE PLAN

LEROY TOWNSHIP, LAKE COUNTY, OHIO

for: WILSHIRE HOMES

CLIENT: _____ OWNER: _____

ADDRESS: _____ STREET: _____ CITY: _____ ZIP: _____

ETHEL BROOK SUB. NO. 1

SUBDIVISION: 24-7 NAME: _____ LOT: _____ TRACT: _____

SUBLOT NO. 3 VOL. PG. JENNINGS DR. VOLUME: _____ PAGE: _____

PERM. PARCEL NO. _____ STREET: _____

LEGEND

SANITARY MANHOLE	---	○	WATER VALVE (GAS)	---	+
STORM MANHOLE	---	●	WATER METER (GAS)	---	+
INLET OR CATCH BASIN	---	○	AS BUILT ELEVATION	---	100.0
HYDRANT	---	○	INDICATES DIRECTION OF SURFACE DRAINAGE	---	↓
EXISTING CONTOURS	---	---			
PROPOSED CONTOURS	---	---			
EXIST. ELEV.	---	---			
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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	WATER MAIN SIZE, LOCATION
DIMENSIONS	SAN. SEWER SIZE % GR. LOC.
BEARINGS	SAN. MH. CAST. ELEV. INV. ELEV.
TIE TO NEAREST STREET	SAN. CONN. SIZE, LOC. DEPTH
SUBLOT NO. PARCEL NO.	STORM SEWER SIZE % GR. LOC.
SURROUNDING OWNERS	STORM MH. CAST. ELEV. INV. ELEV.
BLDG. DIMENSIONS FIN. GR.	PAV'T TYPE GRADE CURBS
BLDG. TIES FLR. GRADES	GAS LINE LOC. SIZE PRESSURE
APRON TYPE WIDTH THICKNESS	SEPTIC TANK LOCATION & DUPLICATION AREA
SIDEWALK TYPE WIDTH THICKNESS	WELL LOCATION
CULVERT TYPE DIA., LENGTH	ISOLATION RADIUS FROM WELL
ROCK OUTCROPPINGS	

REVISIONS			PLAN PREPARED BY:		
NO.	DATE	BY	BABCOCK • JONES & ASSOCIATES, INC.		
1	4/18/96	KT	PAINESVILLE, OHIO		
2	5/6/96	KT			
3			DRAWN BY	SCALE	PHONE NO.
4			CHK'D.	DATE	357-1811
5			CREW CHIEF	APP'D.	DRAWING NO.
					95-027-3

"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.

A. To be brought to finished grade _____ REG. NO. _____

B. No footer drains or downspouts _____

C. All waste water to be discharged into septic tanks _____

LOW YIELD WATER FIXTURES REQUIRED ON ALL:

Shower Head _____

Toilet _____

Reviewed and Accepted _____

LAKE COUNTY GENERAL HEALTH DISTRICT

Date: 5-9-96

JOEL LUCIA, R. S., M. P. H.

Health Commissioner

BY: J. Lindberg

61A 5-13-96

under the undersigned hereby certify that the topography indicated by 6", 1" or 2" contours, and elevations shown hereon represent an actual field survey made by me on the 15th day of April, 1996 and that the elevations were taken at appropriate intervals and that as of that date they existed as indicated hereon.

Harry Jones #6343

Reg. No. _____