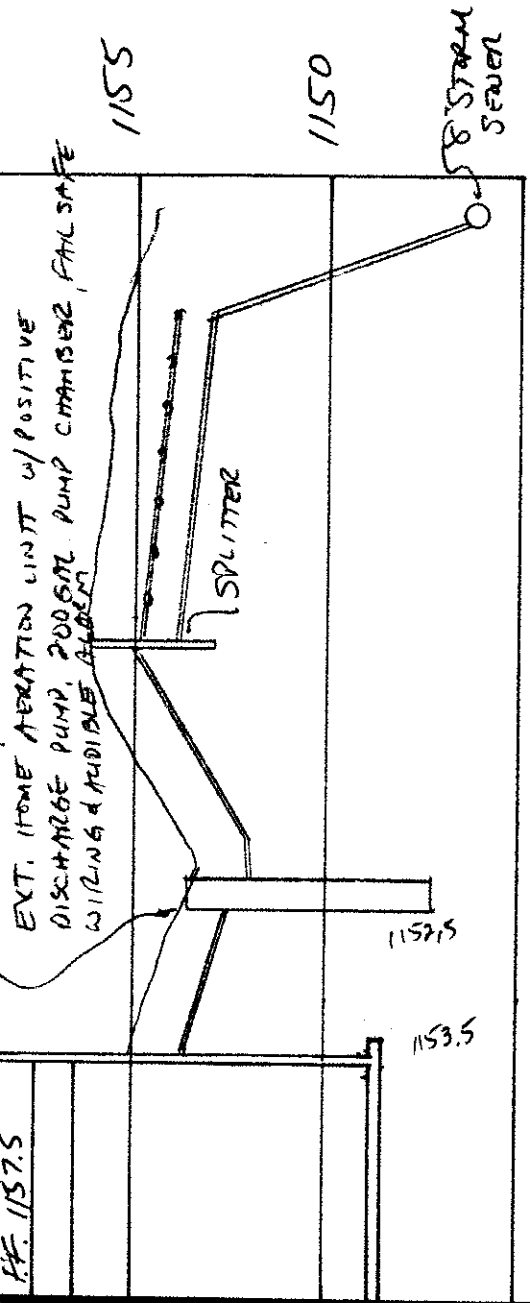
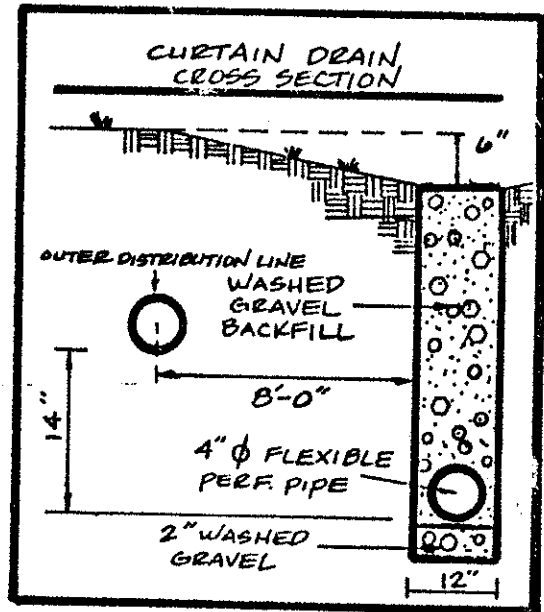
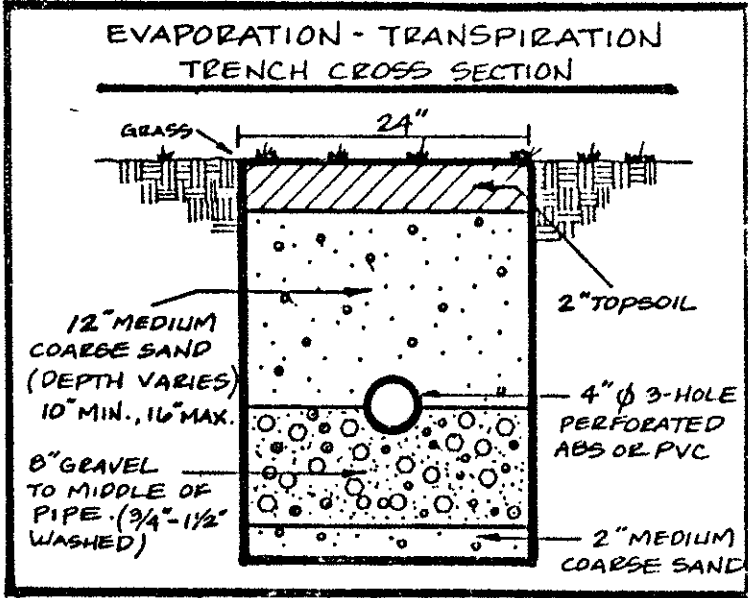
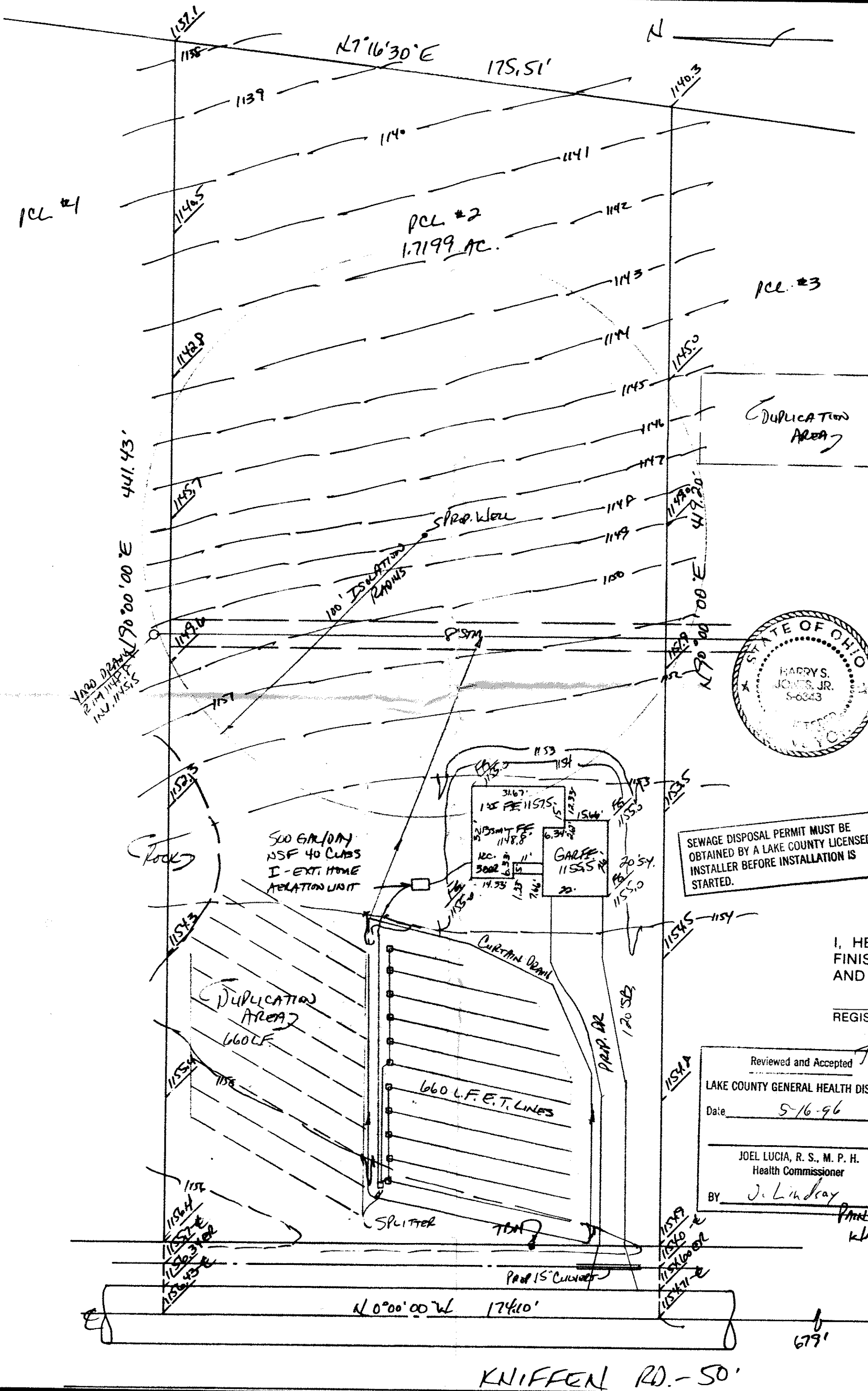




HYDRAULIC PROFILE
SCALE: HORIZ: 1"=30'
VERT: 1"=5'



SITE PLAN

LERoy TOWNSHIP, LAKE COUNTY, OHIO

for: WILSHIRE HOMES

CLIENT OWNER

ADDRESS STREET CITY ZIP

SUNSHINE FARMS No. 2
SUBDIVISION L-11 NAME
11.5/17 VOL. PG. KNIFFEN RD.
SUBLOT NO. STREET

LOT TRACT
VOLUME PAGE
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 ---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 Harry Jones 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 FL'R. 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			

PLAN PREPARED BY:

BABCOCK • JONES & ASSOCIATES, INC.
PAINESVILLE, OHIO

REVISIONS			DRAWN BY			SCALE			PHONE NO.		
NO.	DATE	BY	CHK'D.	DATE	APP'D.	1" = 30'	DATE	3/5/96	357-1811	DATE	DRAWING NO.
1	5/13/96	HT									
2											
3											
4											
5											
6											

"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. _____

Reviewed and Accepted TBM - LAKE COUNTY MCH.
LAKE COUNTY GENERAL HEALTH DISTRICT
Date 5-16-96
JOEL LUCIA, R. S., M. P. H.
Health Commissioner
BY J. L. Lucia

ELEV. 2 1/2" W/ 6" D. LOW YIELD W/ 6" D. FIXTURES REQUIRED ON ALL:
Shower Head
Toilet

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

I, the undersigned hereby certify that the topography indicated by 6", 1" or 2" contours, and elevations shown hereon are based on an actual field survey made by me on the 4th day of March, 1996, and that the elevations were taken at appropriate intervals and that as of that date they existed as indicated hereon.

Name Harry Jones Reg. No. 6343

6343 5-20-96