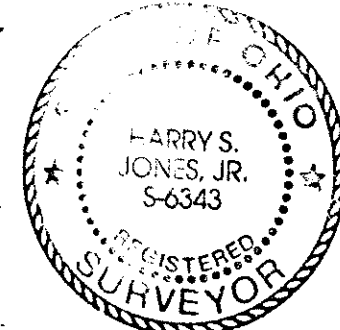
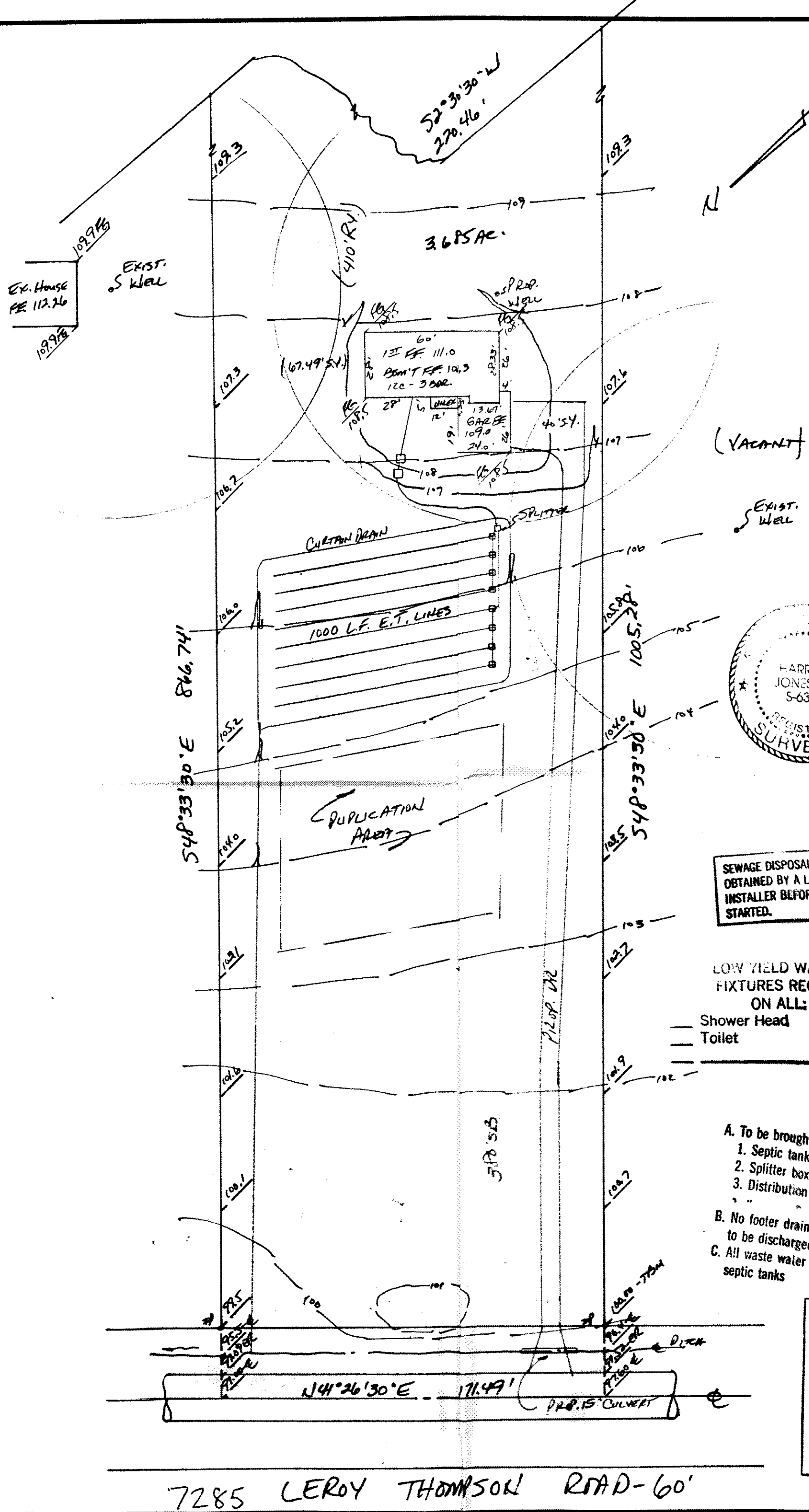
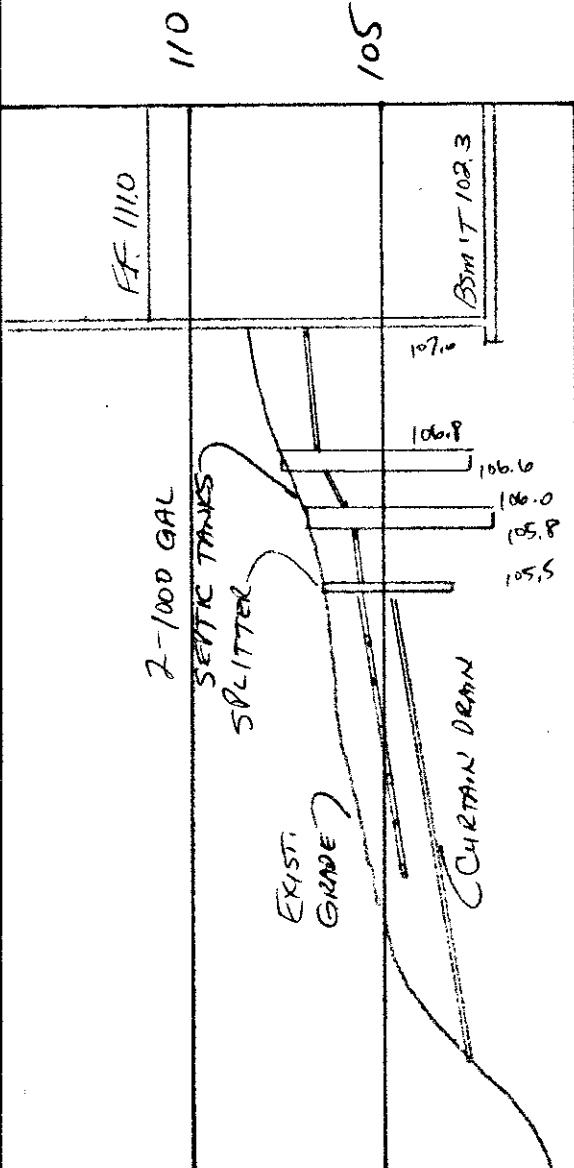
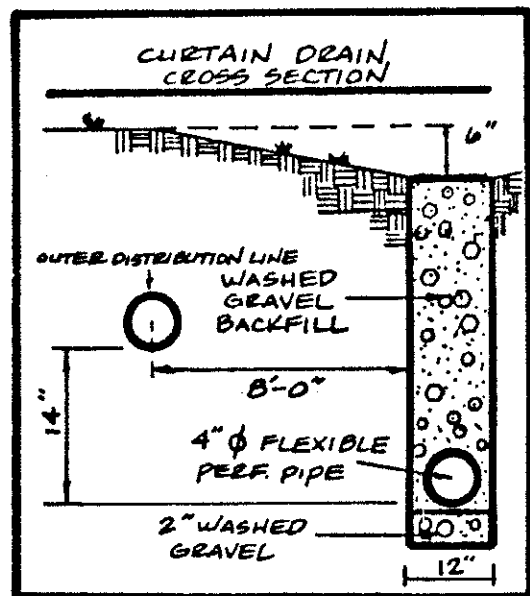
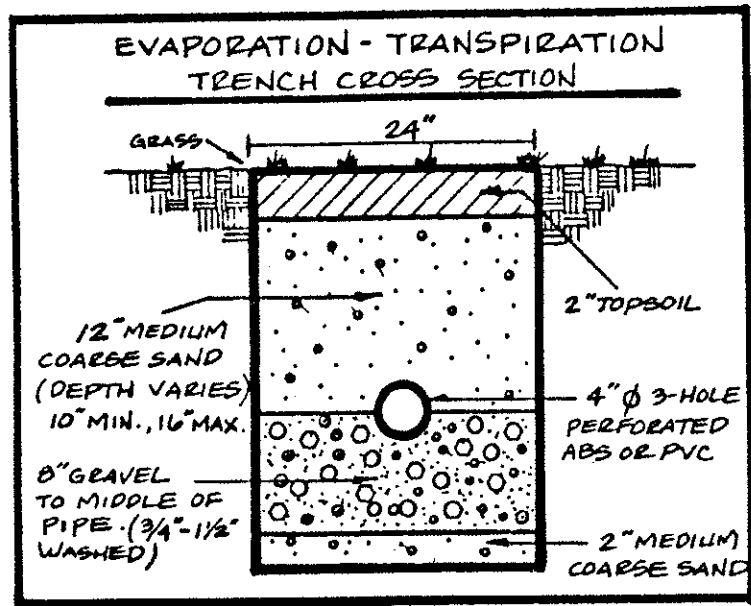




SEWAGE DISPOSAL PERMIT MUST BE OBTAINED BY A LAKE COUNTY LICENSED INSTALLER BEFORE INSTALLATION IS STARTED.

LOW YIELD WATER FIXTURES REQUIRED ON ALL:
 Shower Head
 Toilet

SITE PLAN

LEROY TOWNSHIP, LAKE COUNTY, OHIO

for: MALKAMALI BUILDERS
CLIENT OWNER

ADDRESS _____ STREET _____ CITY _____ ZIP _____

SUBDIVISION _____ NAME _____ VOL. - PG. _____ SUBLOT NO. _____ STREET _____	LOT <u>31</u> TRACT _____ VOLUME <u>7A-8E-12PS</u> PAGE <u>12</u> PERM. PARCEL NO. <u>12PS</u> STREET <u>LEROY THOMPSON RD.</u>
---	---

LEGEND

SANITARY MANHOLE ----- (1)	WATER VALVE (GAS) ----- (1)
STORM MANHOLE ----- (2)	WATER METER (GAS) ----- (1)
INLET OR CATCH BASIN ----- (1)	AS BUILT ELEVATION ----- (1)
HYDRANT ----- (1)	
EXISTING CONTOURS ----- (1)	INDICATES DIRECTION OF SURFACE DRAINAGE
PROPOSED CONTOURS ----- (1)	
EXIST. ELEV. ----- (1)	
100.0 ----- (1)	
100.0 ----- (1)	

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 S. Jones, Jr. SURVEYOR REGISTRATION NO. 5-6343

CHECK LIST

NO. OF BEDROOMS _____ DIMENSIONS _____ BEARINGS _____ TIE TO NEAREST STREET _____ SUBLOT NO. PARCEL NO. _____ SURROUNDING OWNERS _____ BLDG. DIMENSIONS FIN. GR. _____ BLDG. TIES FLTR. 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			PLAN PREPARED BY:		
NO.	DATE	BY	BABCOCK • JONES & ASSOCIATES, INC.		
1			PAINESVILLE, OHIO		
2					
3					
4			DRAWN BY <u>HT</u>	SCALE <u>1" = 40'</u>	PHONE NO. <u>357-1811</u>
5			CHK'D. <u>HT</u>	DATE <u>7/12/96</u>	DRAWING NO. <u>96-208</u>
			CREW CHIEF <u>WB</u>	APP'D. <u>HT</u>	

"AS BUILT" CERTIFICATION

HEREBY CERTIFY THAT THE CIRCLED GRADES ARE EXISTING AND ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

REGISTERED SURVEYOR _____ REG. NO. _____

A. To be brought to finished grade TBM - TOP OF IRON PIN @ RIGHT FRONT CORNER OF THIS LOT. ELEV. = 100.00

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

Zoning Inspector 65H

Reviewed and Accepted

LAKE COUNTY GENERAL HEALTH DISTRICT

Date 7-18-96

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

BY J. Lucia

Name Harry S. Jones, Jr. Reg. No. 5-6343