Grading Plan Approved
as shown and/or noted
THOMAS P. GILLES, P.E.
Lake County Engineer
By HH Date 7.15.93

SITE PLAN

LEROY TWP., LAKE COUNTY, OHIO

for: JOHN HORTON 639-1044
CLIENT OWNER

6886 E. ERIE ST. PAINESVILLE OH 44077
ADDRESS STREET CITY ZIP

SUBDIVISION: KECKMETY ALLOTMENT	LOT: 8
NAME: L-85	TRACT:
VOL.-PG.	VOLUME: 7A-2M-3
SUBLOT NO.: 3	PERM. PARCEL NO.:
STREET: RADCLIFFE RD	PAGE / STREET: RADCLIFFE RD

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.

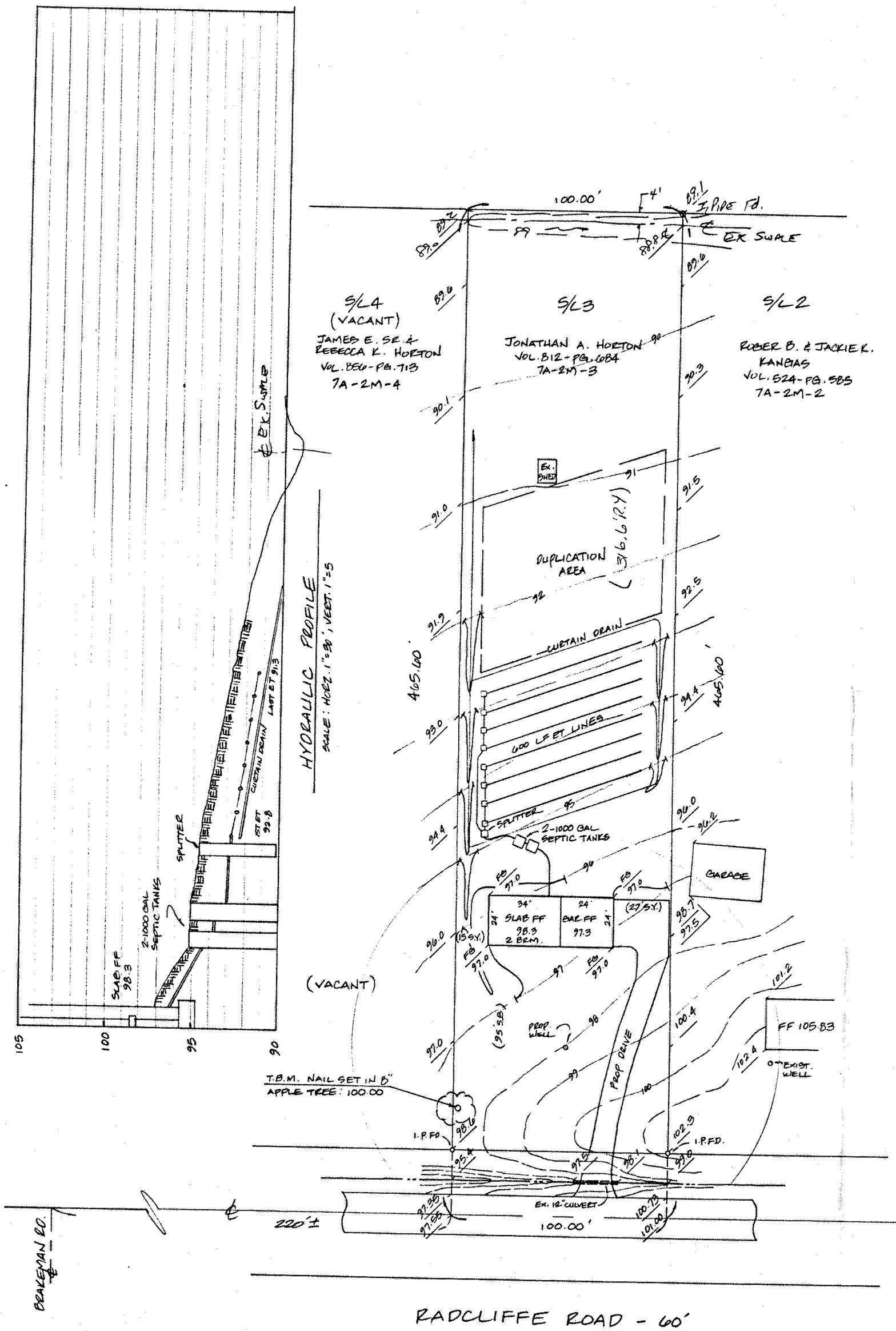
CHECK LIST

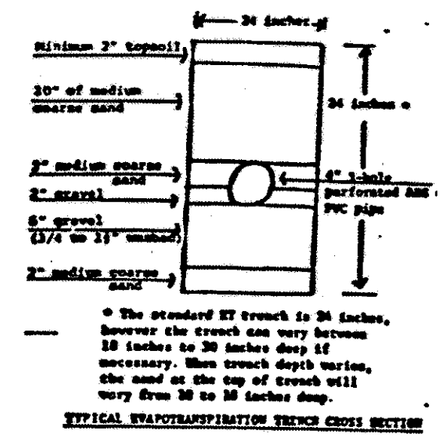
NO. OF BEDROOMS
DIMENSIONS
BEARINGS
TIE TO NEAREST STREET
SUBLOT NO. PARCEL NO.
SURROUNDING OWNERS
BLDG. DIMENSIONS FIN. GR.
BLDG. TIES FL'R. GRADES
APRON TYPE WIDTH THICKNESS
SIDEWALK TYPE WIDTH THICKNESS
CULVERT TYPE DIA., LENGTH
ROCK OUTCROPPINGS
WATER MAIN SIZE, LOCATION
SAN. SEWER SIZE % GR. LOC.
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 WE

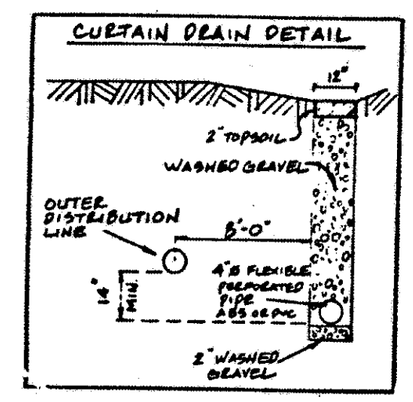
REVISIONS		
NO.	DATE	BY
1	7-2-93	HT
2		
3		
4		
5		

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

DRAWN BY:	SCALE: 1" = 40'	PHONE NO.: 357-1811
CHK'D.: HT	DATE: 6-17-93	DRAWING NO.: 93-109
CREW CHIEF: WB	APP'D.: HT	







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

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

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
___ _____

Reviewed and Accepted
LAKE COUNTY GENERAL HEALTH DISTRICT
Date 7.7.93
JOEL LUCIA, R. S., M. P. H.
Health Commissioner
BY N. Nieves

"I, the undersigned hereby certify that this topography indicated by 6", 1' or 2' contours, and elevations shown hereon represent an actual field survey made by me on the 16th day of June, 1993 and that the elevations were taken at appropriate intervals and that as of that date they existed as indicated hereon."
Name Reg. No. #6343

"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.

LEROY TOWNSHIP
Zoning Approved
#2042
Zoning Inspector