

SEPTIC SYSTEM PROFILE

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE TOPOGRAPHY SHOWN HEREON, INDICATED BY ONE FOOT CONTOURS, REPRESENTS AN ACTUAL FIELD TOPOGRAPHIC SURVEY MADE BY ME, AND THAT THE ELEVATIONS AS SHOWN HEREON EXISTED ON THE GROUND AS OBSERVED ON THE 1ST DAY OF JULY, 1996

CROSS-SECTION

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APPROVED

MADISON TOWNSHIP ZONING

JUL 12 1996

PERMIT # 15036

ZONING INSPECTOR

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

Reviewed and Accepted

JANESVILLE GENERAL HEALTH DISTRICT

7-1-96

STATE OF OHIO
REGISTERED SURVEYOR
JAMES M. PETER
6420