

SITE PLAN

PAINESVILLE TOWNSHIP, LAKE COUNTY, OHIO

for: BOB SELAN

ADDRESS STREET CITY ZIP

SUBDIVISION NAME LOT 30 TRACT 84
VOL.-Pg. VOLUME 118-34C-25 PAGE BIRCH RD.
SUBLOT NO. STREET PERM. PARCEL NO. STREET

LEGEND

SANITARY MANHOLE --- 1
STORM MANHOLE --- 2
INLET OR CATCH BASIN --- 3
HYDRANT --- 4
EXISTING CONTOURS --- 5
PROPOSED CONTOURS --- 6
EXIST. ELEV. 100.0
100.0 ± 2 PROP. ELEV.
AS BUILT ELEVATION
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 WELL

REVISIONS

NO.	DATE	BY
1		
2		
3		
4		
5		

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

DRAWN BY T.R. SCALE 1"=20' PHONE NO. 216-357-1811
CHK'D. H.J. DATE 11/12/97 DRAWING NO. 97-258
CREW CHIEF K.J. APP'D H.J.

"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.

TBM-TOP HYD. EAST SIDE OF BIRCH RD. 177'
SOUTH OF THIS LOT. ELEV.=100.00

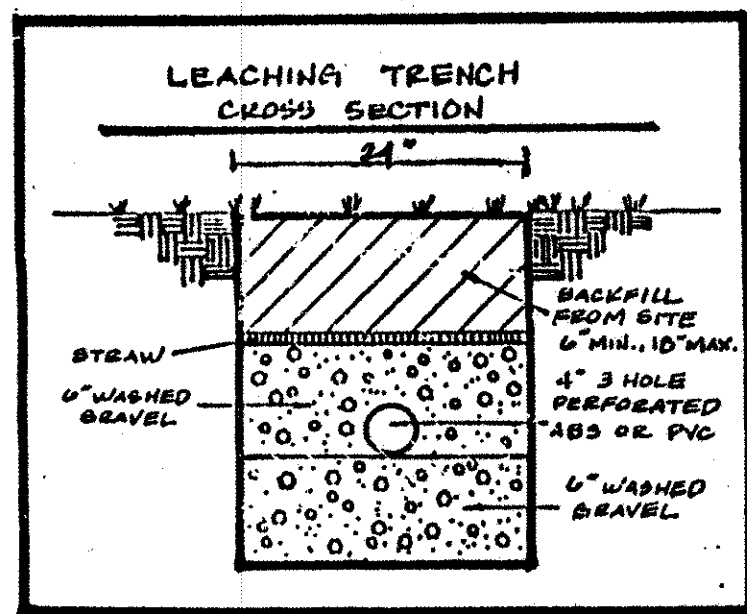
REVIEWED AND ACCEPTED
LAKE COUNTY GENERAL
HEALTH DISTRICT

Date 11/17/97 BY [Signature]

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

"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 12th day of Nov., 1997
and that the elevations were taken at
appropriate intervals and that as of that
date they existed as indicated hereon."

Name [Signature] Reg. No. 6343



EXTENDED HOME AERATION
UNIT - 500 GAL/DAY - NSF
40 CLASS I w/ POSITIVE
DISCHARGE PUMP, 200 GAL
PUMP CHAMBER, FAIL
SAFE WIRING & AUDIBLE
ALARM.

DUPLICATION AREA

300 L.F. LEACH LINES

HYDRAULIC PROFILE
HORIZ=1"=20' VERT=1"=5'

BIRCH ROAD - 50'