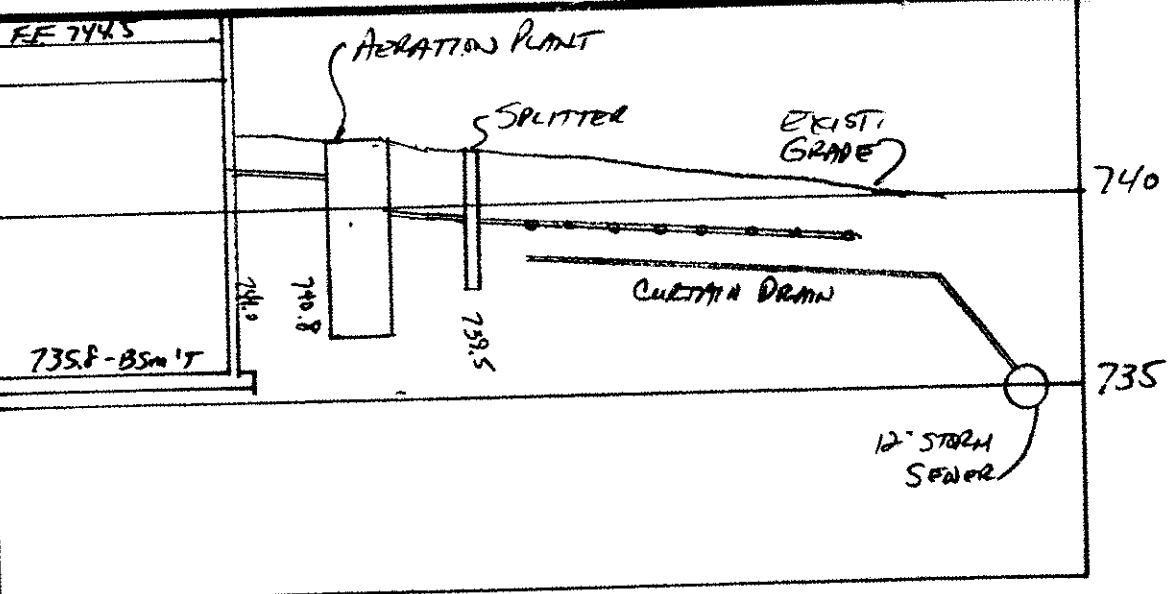
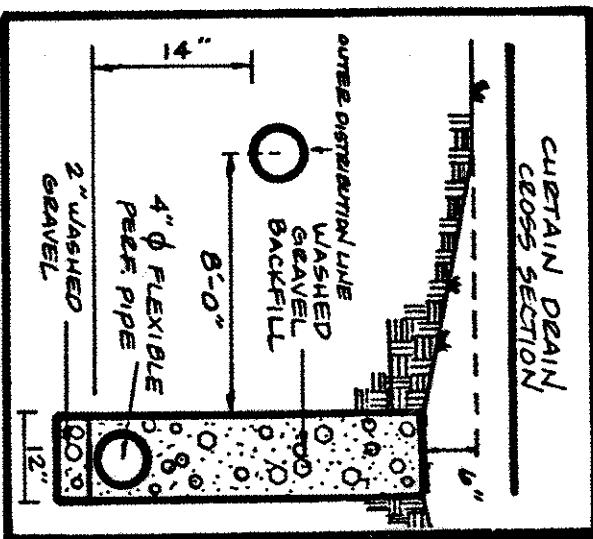
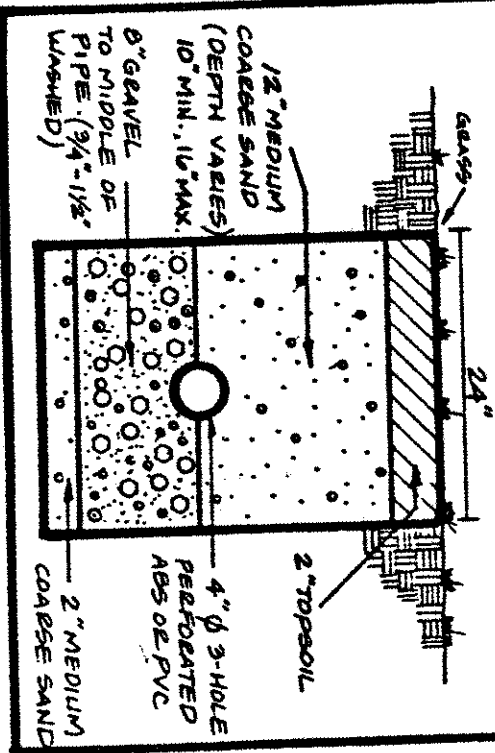


SITE PLAN

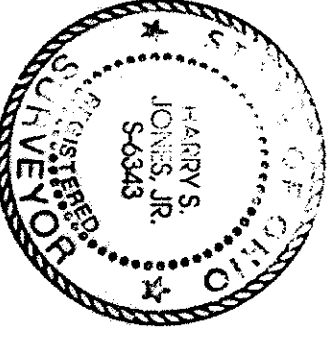
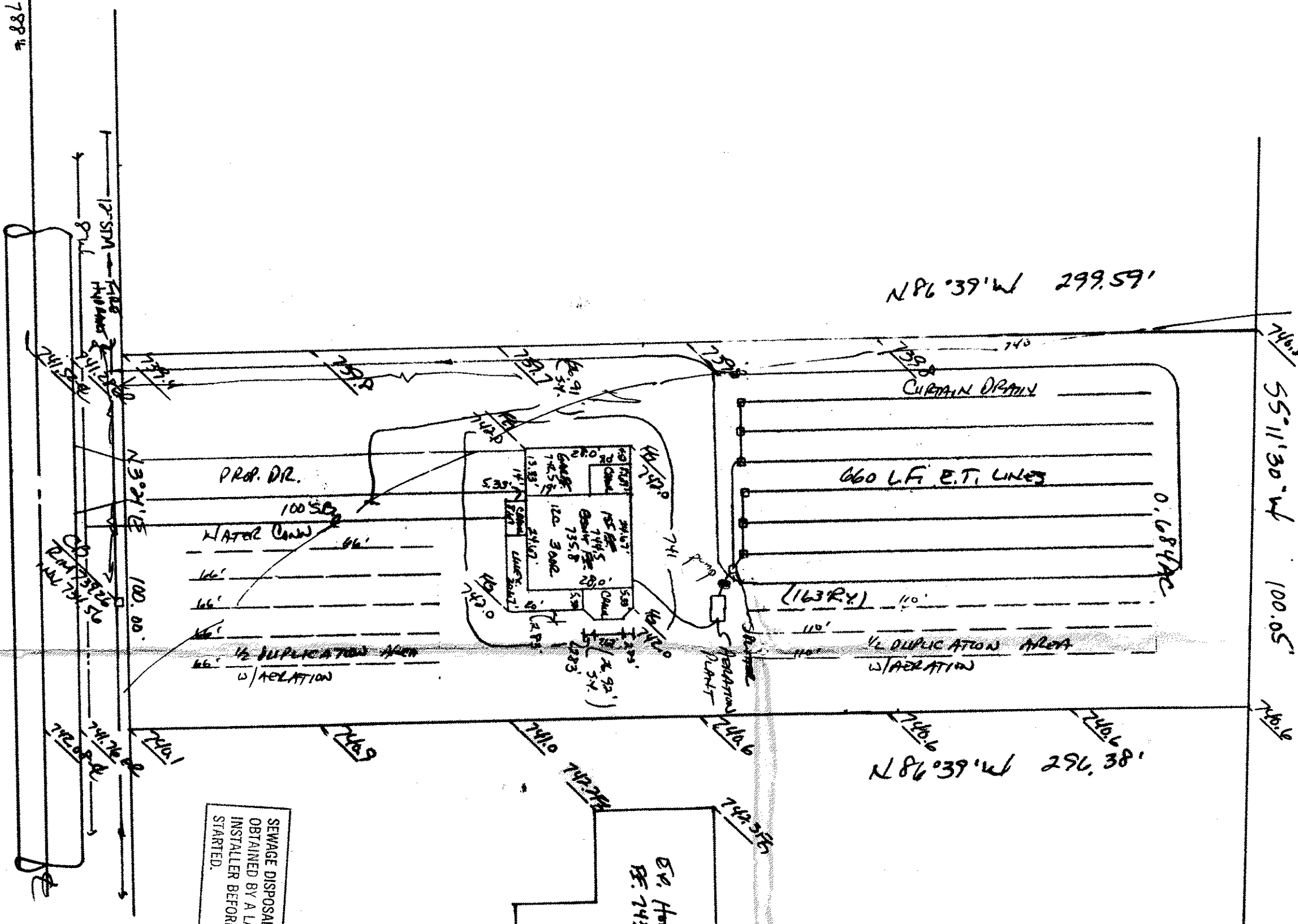
EVAPORATION - TRANSPIRATION TRENCH CROSS SECTION



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

SEPTIC LODGE RD.
788'±

ELBERTA ROAD-45



Verdy Township, Lake County, Ohio
for: Don Stehlik 352-5174
CLIENT OWNER

Address: _____ Street: _____ City: _____ Zip: _____

Legend:
Sanitary Manhole
Storm Manhole
Inlet or Catch Basin
Hydrant
Existing Contours
Proposed Contours
Exist. Elev. 100.0
Prop. Elev. 100.0

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
SEWER MAIN SIZE, LOCATION
SAN. SEWER SIZE, GR. LOC.
SAN. MH. CAST. ELEV. INV. ELEV.
TIE TO NEAREST STREET
SUBLOT NO. PARCEL NO.
SURROUNDING OWNERS
BLDG. DIMENSIONS FIN. GR.
BLDG. TIES F.L.R. GRADES
APPROX. TYPE WIDTH THICKNESS
SIDEWALK TYPE DIA. LENGTH
CULVERT TYPE DIA. LENGTH
ROCK OUTCROPPINGS
ISOLATION RADII FROM WELL

NO.	DATE	BY	PLAN PREPARED BY:
1			BABCOCK • JONES & ASSOCIATES, INC.
2			PAINESVILLE, OHIO
3			SCALE: 1" = 30'
4			DATE: 3/24/96
5			DRAWING NO. 357-1811
6			PHONE NO. 93-016-9

"AS BUILT" CERTIFICATION
LOW YIELD WATER I, HEREBY CERTIFY THAT THE CIRCLED FINISH GRADES CHECKED IN THE FIELD ON _____, 19____, ON ALL: _____ AND ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

REGISTERED SURVEYOR
TOILET
Shower Head
REG. NO. _____

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

LAKE COUNTY GENERAL HEALTH DISTRICT
Date: 5-3-96
Reviewed and Accepted: _____
JOE TUCKER, Jr., M.P.H.
Lake County Health Commissioner

I, the undersigned, hereby certify that: _____
and elevations shown herein _____
and that the elevations were taken at _____
and that as of that _____
date they existed as indicated hereon."

6/14
5-16-96