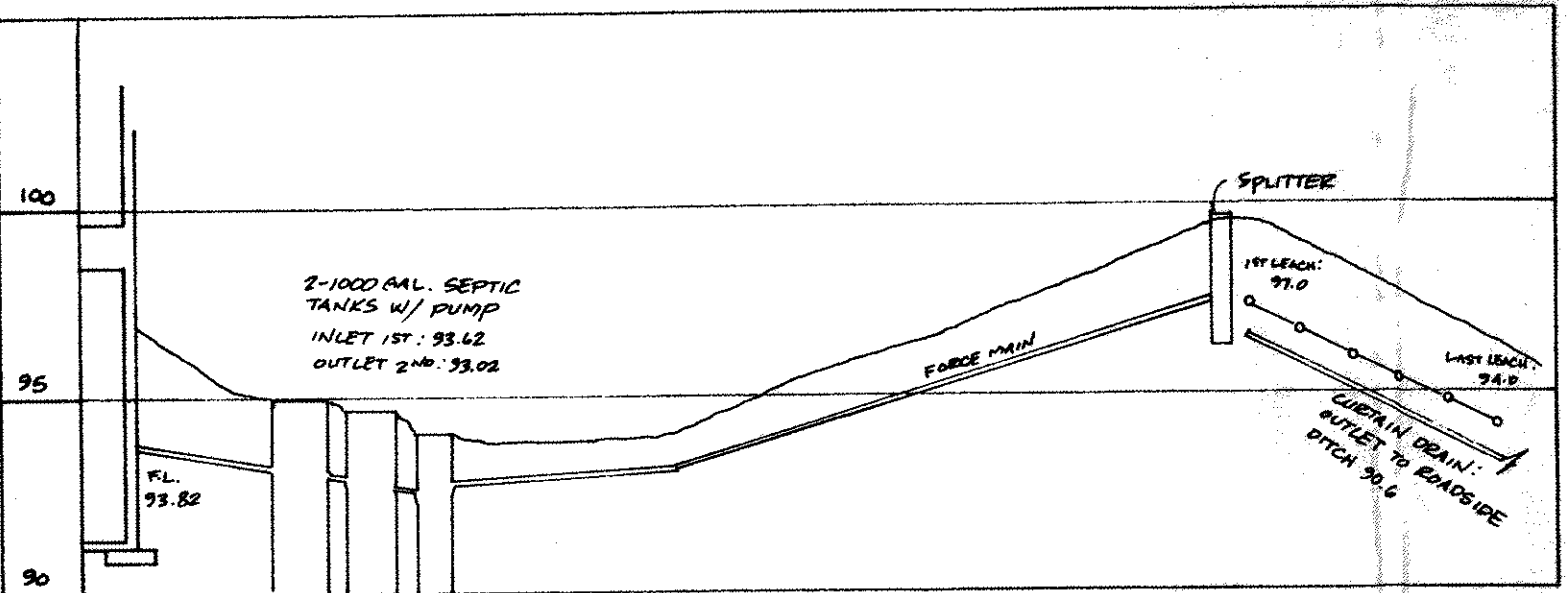
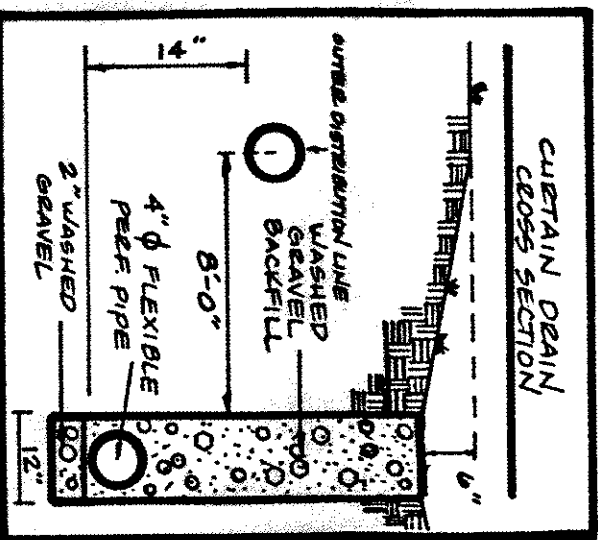
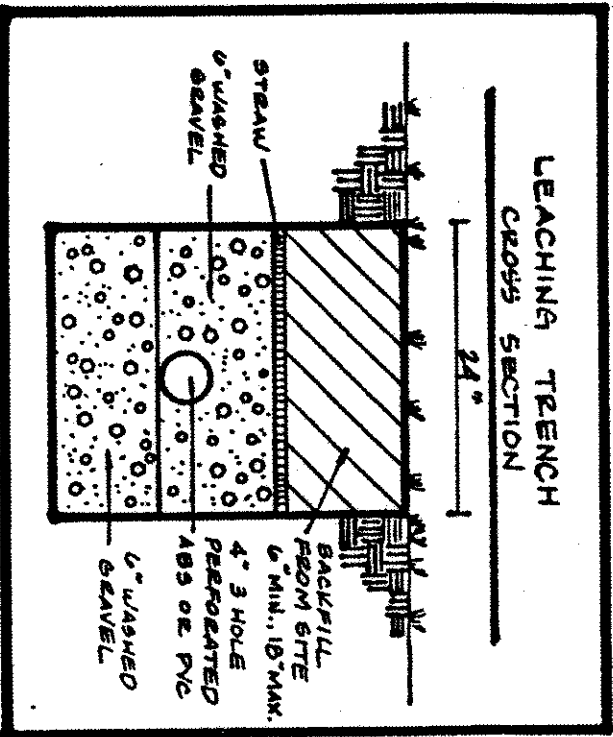
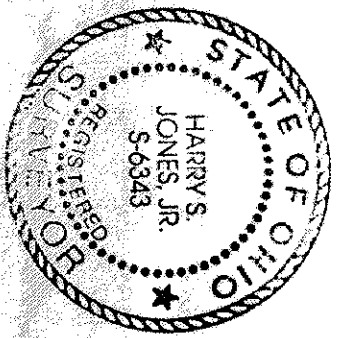
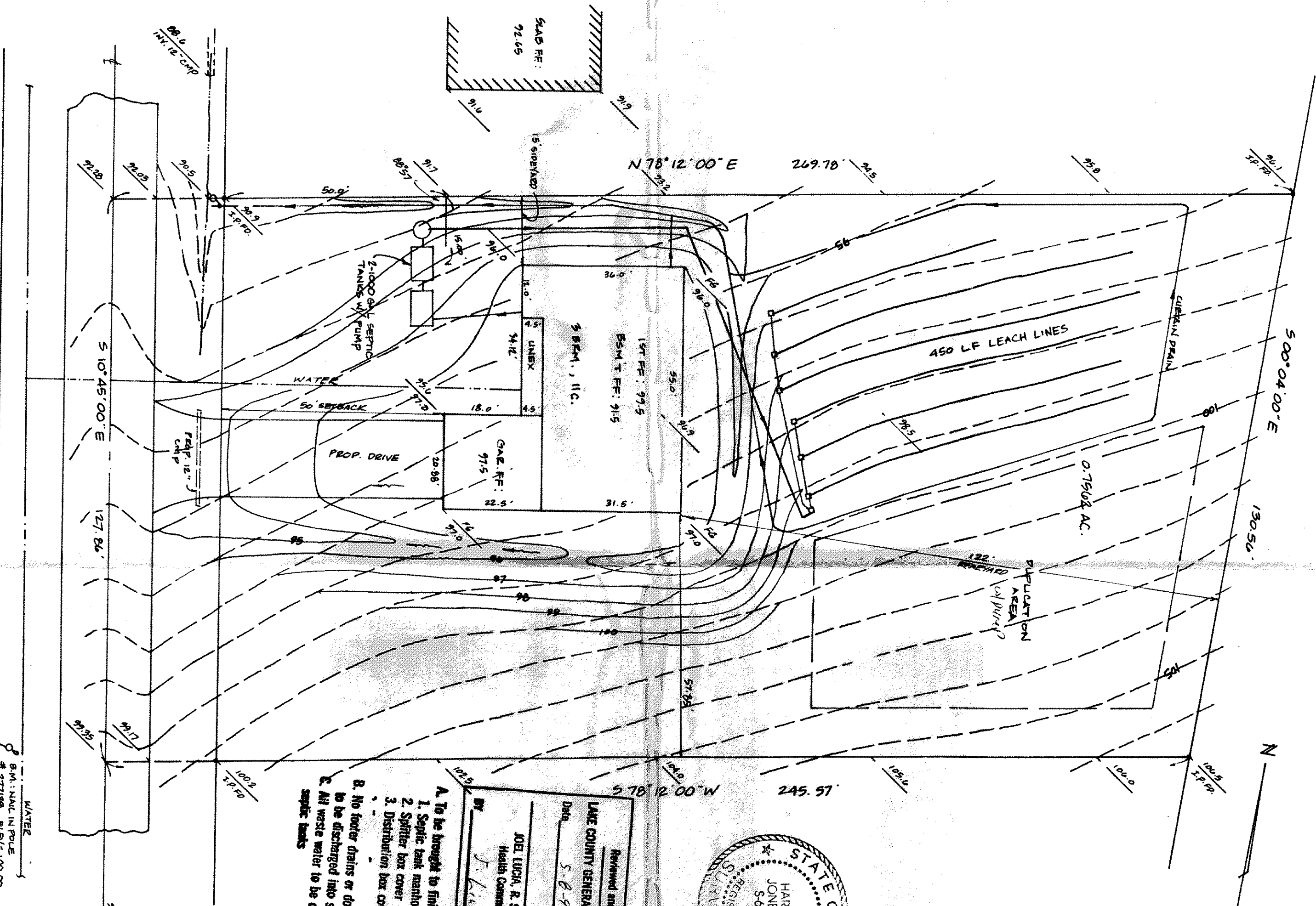




HYDRAULIC PROFILE
HORIZ. 1" = 30', VERT. 1" = 5'



Reviewed and Accepted
LAKE COUNTY GENERAL HEALTH DISTRICT
Date: 5-8-95
JOE LUCIA, R.S., M.P., H.
Health Commissioner
BY: J. Lucina

- A. To be brought to finished grade
1. Septic tank manhole covers
2. Siphon 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

"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.

APPROVED
SIDE LINES & SET BACK
PERRY TOWNSHIP ZONING
PERMIT NO. 6095
ZONING INSPECTOR

LOW YIELD WATER
FIXTURES REQUIRED
ON ALL:
Shower Head
Toilet

County Engineer
THOMAS P. GILLES, P.E.
Date 5-8-95

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

SITE PLAN
PERRY TOWNSHIP, LAKE COUNTY, OHIO
for: SKYLINE CONSTRUCTION
CLIENT: SKYLINE CONSTRUCTION
OWNER: SKYLINE CONSTRUCTION
ADDRESS: _____ STREET: _____ CITY: _____ ZIP: _____
SUBDIVISION: _____ VOL. - PG. _____ NAME: _____ LOT: 45 TRACT: _____
SUBLOT NO.: _____ STREET: _____ PERM. PARCEL NO.: _____ VOLUME: _____ PAGE: 1 OF 1
PERRY TOWNSHIP ZONING PERMIT NO. 6095

LEGEND
SANITARY MANHOLE: (Symbol) WATER VALVE (GAS) (Symbol)
STORM MANHOLE: (Symbol) WATER METER (GAS) (Symbol)
INLET OR CATCH BASIN: (Symbol) AS BUILT ELEVATION (Symbol)
HYDRANT: (Symbol)
EXISTING CONTOURS: (Symbol)
PROPOSED CONTOURS: (Symbol)
EXIST. ELEV. 100.00 PROP. ELEV. 100.00
INDICATES DIRECTION OF SURFACE DRAINAGE (Symbol)

REMARKS
ALL BOUNDARY DATA SHOWN WAS OBTAINED FROM IDEEDS, 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 PLAN WAS PREPARED BY ME, AND IS CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF.
NAME: _____ SURVEYOR REGISTRATION NO. 63413

CHECK LIST

NO.	DATE	BY	REVISIONS
1			
2			
3			
4			
5			

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

REVISIONS

NO.	DATE	BY	REVISIONS
1			
2			
3			
4			
5			

I, _____ hereby certify that
the actual field survey made by
me on the 22nd day of May, 1995
and that the elevations were taken at
appropriate intervals and that as of that
date they existed as indicated herein.