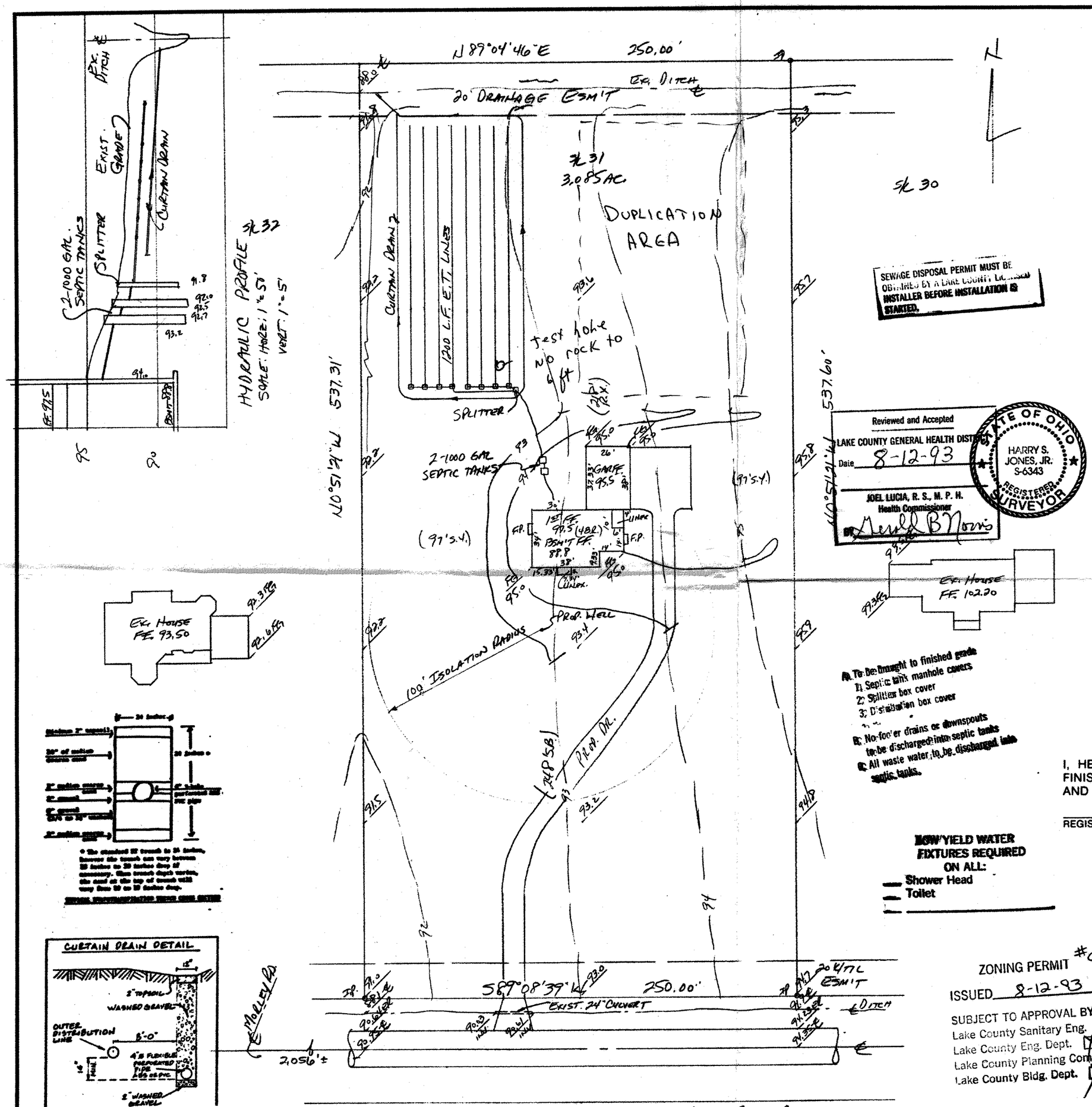
SITE PLAN

CONCORD TOWNSHIP, LAKE COUNTY, OHIO

for: MALKAMAKI BUILDERS
CLIENT OWNER

ADDRESS STREET CITY ZIP

HARWOOD SUB IV — SUBDIVISION	LOT / TRACT
10-31 — NAME	VOLUME / PAGE
VOL. — PG.	
31 — SUBLOT NO.	LITTLE MT. RD. — STREET
	PERM. PARCEL NO. / STREET



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

Reviewed and Accepted
LAKE COUNTY GENERAL HEALTH DISTRICT
Date 8-12-93
JOEL LUCIA, R. S., M. P. H.
Health Commissioner
By Merle B. Morris

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

LEGEND

SANITARY MANHOLE	WATER VALVE (GAS)
STORM MANHOLE	WATER METER (GAS)
INLET OR CATCH BASIN	AS BUILT ELEVATION
HYDRANT	INDICATES DIRECTION OF SURFACE DRAINAGE
EXISTING CONTOURS	
PROPOSED CONTOURS	
EXIST. ELEV. 100.0 / 100.0 PROP. ELEV.	

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 HJT	SCALE 1" = 40'	PHONE NO. 357-1811	
CHK'D. HJT	DATE 8/11/93	DRAWING NO. 93-138	
CREW CHIEF KT	APP'D. HJT		

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
___ _____

"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 OF IRON PIN @ S.E. COR. SL 30
ELEV. = 100.00

Grading Plan Approved as shown and/or noted
THOMAS P. GILLES, P.E.
Lake County Engineer
By GJH Date 8.17.93

ZONING PERMIT #0893-7583
ISSUED 8-12-93

SUBJECT TO APPROVAL BY:
Lake County Sanitary Eng. ☐
Lake County Eng. Dept. ☒
Lake County Planning Comm. ☐
Lake County Bldg. Dept. ☒

"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 9th day of AUG., 1993 and that the elevations were taken at appropriate intervals and that as of that date they existed as indicated hereon."

Name Reg. No.