SITE PLAN

PERRY TOWNSHIP, LAKE COUNTY, OHIO

259-228-1(W)
259-428-2(W)

for: JEFF PERCIVAL
CLIENT OWNER

ADDRESS STREET CITY ZIP

SUBDIVISION NAME
VOL. – PG.
SUBLOT NO. STREET

LOT 59 485
TRACT 519
VOLUME 3A-11-22
PERM. PARCEL NO.
PAGE
STREET LAKE ROAD

LEGEND

SANITARY MANHOLE
STORM MANHOLE
INLET OR CATCH BASIN
HYDRANT
EXISTING CONTOURS
PROPOSED CONTOURS
EXIST. ELEV. 100.0 / 100.0 PROP. ELEV.
WATER VALVE (GAS)
WATER METER (GAS)
AS BUILT ELEVATION 100.0
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. #6343

CHECK LIST

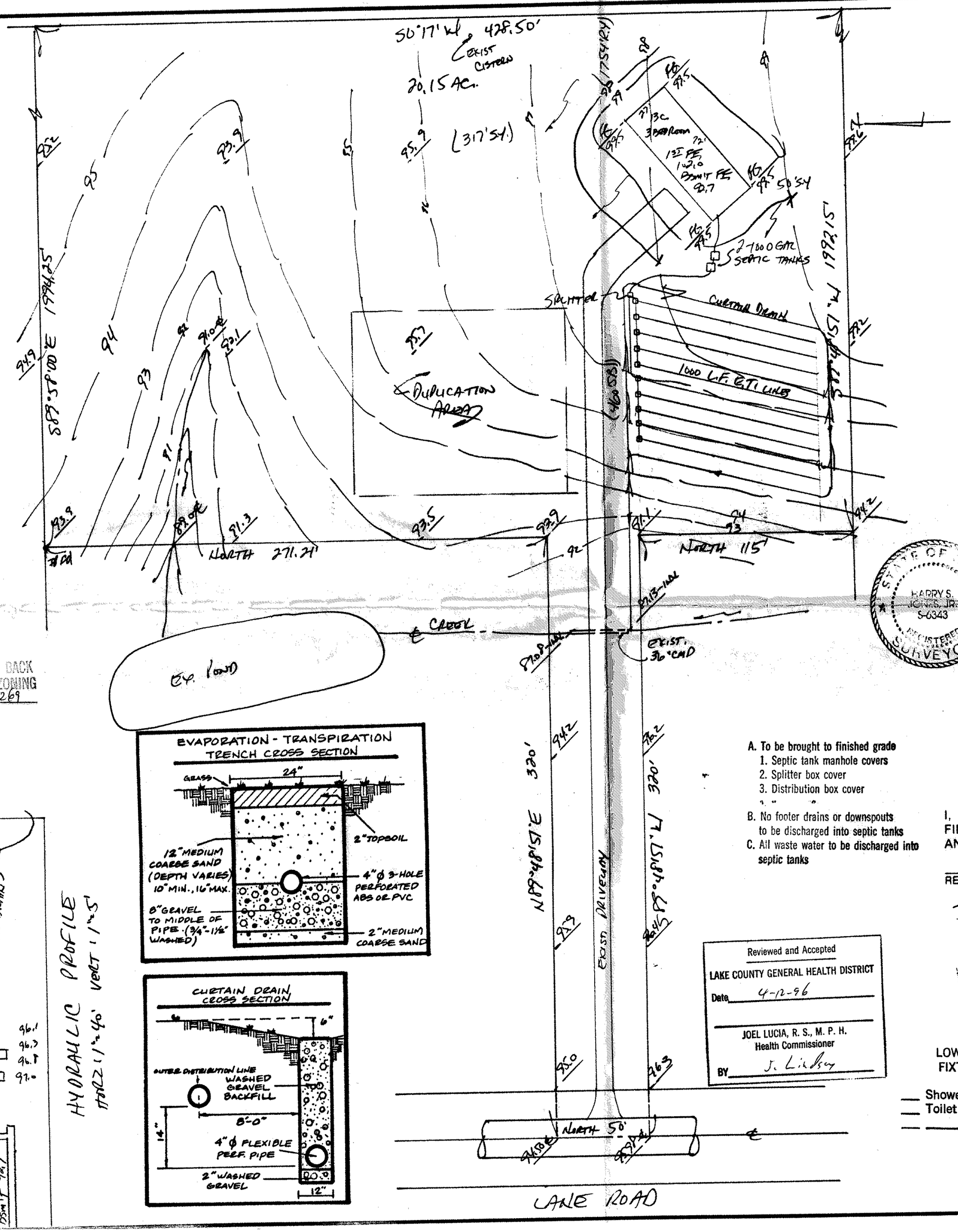
NO. OF BEDROOMS
DIMENSIONS
BEARINGS
TIE TO NEAREST STREET
SUBLOT NO. PARCEL NO.
SURROUNDING OWNERS
BLDG. DIMENSIONS FIN. GR.
BLDG. TIES FL'R. GRADES
APRON TYPE WIDTH THICKNESS
SIDEWALK TYPE WIDTH THICKNESS
CULVERT TYPE DIA., LENGTH
ROCK OUTCROPPINGS
WATER MAIN SIZE, LOCATION
SAN. SEWER SIZE % GR. LOC.
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

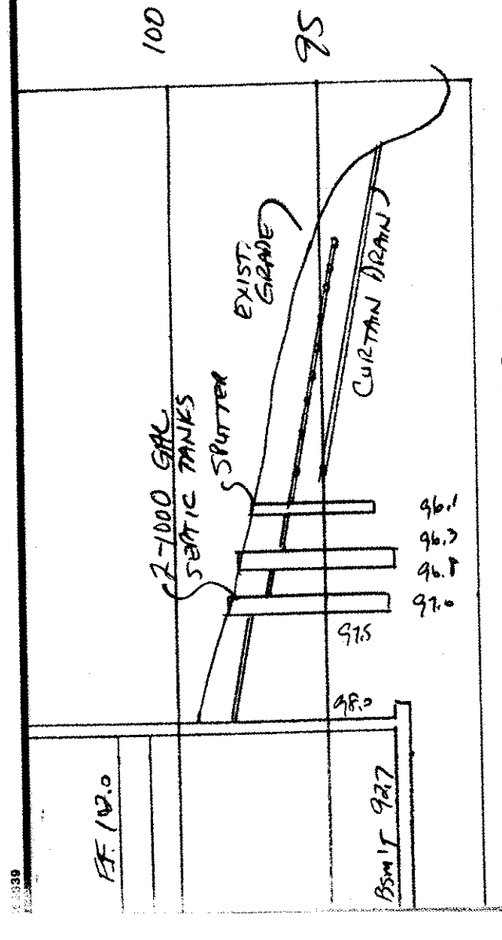
STATE OF OHIO HARRY S. JONES, JR. S-6343 REGISTERED SURVEYOR

REVISIONS		
NO.	DATE	BY
1		
2		
3		
4		
5		

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

DRAWN BY HJ	SCALE 1" = 40'	PHONE NO. 357-1811	
CHK'D. HJ	DATE 3/30/96	DRAWING NO. 96-063	
CREW CHIEF WB	APP'D. HJ		





HYDRAULIC PROFILE
HOR. 1" = 40' VERT. 1" = 5'

APPROVED
SIDE LINES & SET BACK
PERRY TOWNSHIP ZONING
PERMIT NO. 6269
ZONING INSPECTOR

A. To be brought to finished grade
1. Septic tank manhole covers
2. Splitter box cover
3. Distribution box cover
4. "
B. No footer drains or downspouts to be discharged into septic tanks
C. All waste water to be discharged into septic tanks

Reviewed and Accepted
LAKE COUNTY GENERAL HEALTH DISTRICT
Date 4-12-96
JOEL LUCIA, R. S., M. P. H.
Health Commissioner
BY J. Lindsay

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 CISTERN
ELEV. = 100.00

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

WJH 42696

"I, the undersigned hereby certify that the topography indicated by 6", 1' or 2' contours, and elevations shown hereon represent an actual field survey made by me on the 27TH day of MARCH, 19 96 and that the elevations were taken at appropriate intervals and that as of that date they existed as indicated hereon."

Harry Jones #6343
Reg. No.