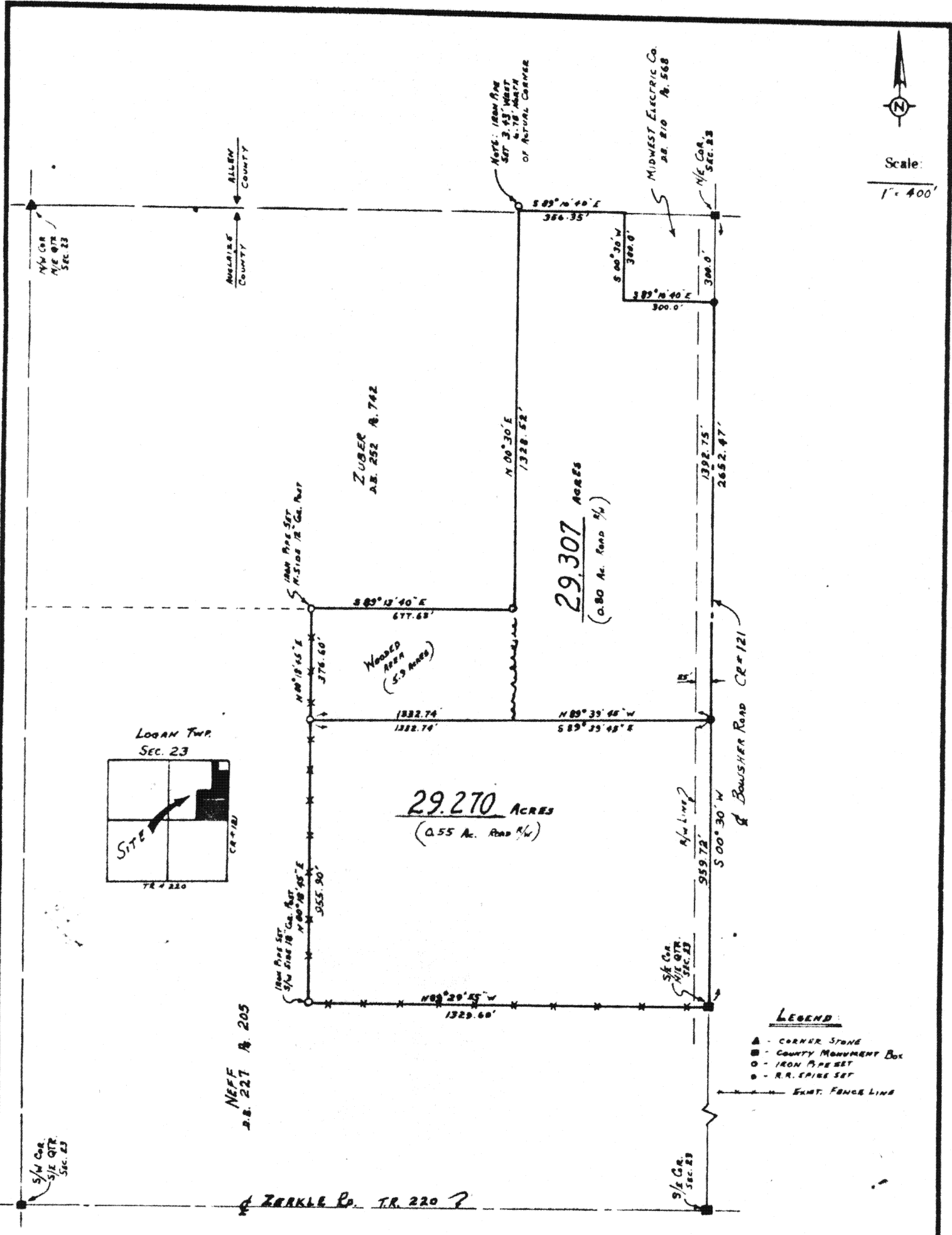




Signature by a representative of the County Health Dept. denotes compliance with Health Regulations.
Signed: _____ Date _____

Signature by a representative of the Auglaize County Regional Planning Commission denotes approval of this plat.
Signed: _____ Date _____

Signature by a representative of City with 3 mile limit jurisdiction or Twp. Trustees or Village with zoning jurisdiction denotes approval of this plat. Signed: _____
for political S. D. of: _____ Date _____

Signature by a representative of the County Engineer's Dept. denotes that this plat meets tax map plat requirements.
Signed: _____ Date _____

SURVEY BY
THOMAS W. STEINKE #6177
WARPAKONETA, OHIO
119
F169

Client **RAYMOND ZIMMERMAN**
County **AUGLAIZE** Twp. **LOGAN** Sec. **23**
RE-Drawn by **HOBBS (10-14-81)** Scale **1" = 400'** Drwg. No. **81-1150**
Checked by _____ Date **SEPT. 1981**
Sheet _____ of **119** (T 4 S R 5 E)