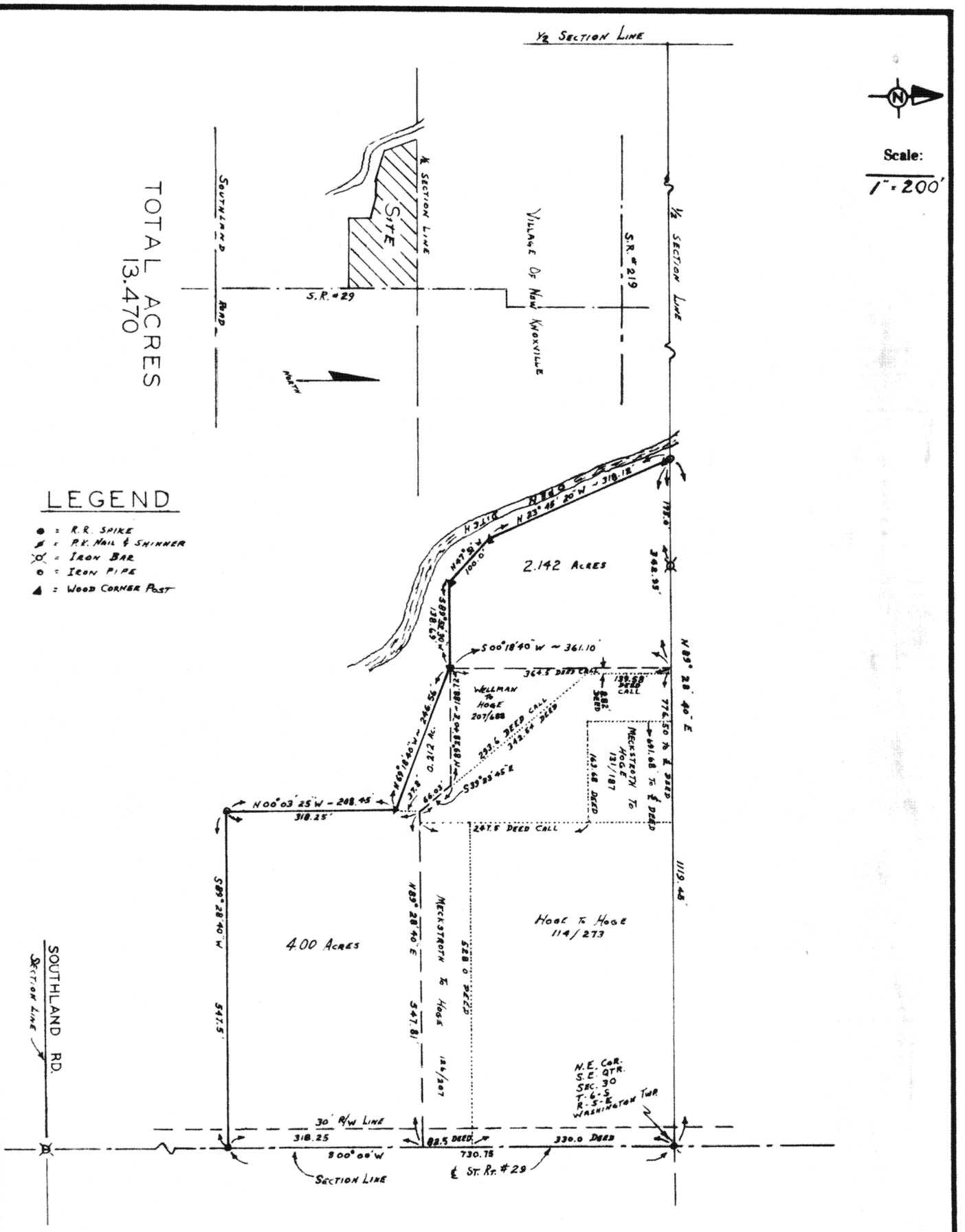

Signature by a representative of the County Health Dept. denotes compliance with Health Regulations.
Signed: _____ Date _____

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
WAPAKONETA, OHIO

Client HOGE
County AUGLAIZE Twp. WASH. Sec. 30
RE-Drawn by HOBBS Scale 1" = 200' Drwg. No. 80-991
Checked by _____ Date 1-28-81
Sheet _____ of 184 (T 6 S ; R 5 E)

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