

STATE OF OHIO

DEPARTMENT OF HIGHWAYS AND PUBLIC WORKS

DIVISION OF HIGHWAYS

ZANESVILLE - CALDWELL ROAD

I.C.H. NO. 348

SEC. M-2-N

PET. NO. 4990

MUSKINGUM COUNTY

WAYNE - SALT CREEK TWPS.

MAY 1927

FED. RD. DIST. NO.	STATE	PROJECT	FISCAL YEAR
10	OHIO	526A	1928

I.C.H. 348 SEC. M-2-N
MUSKINGUM COUNTY

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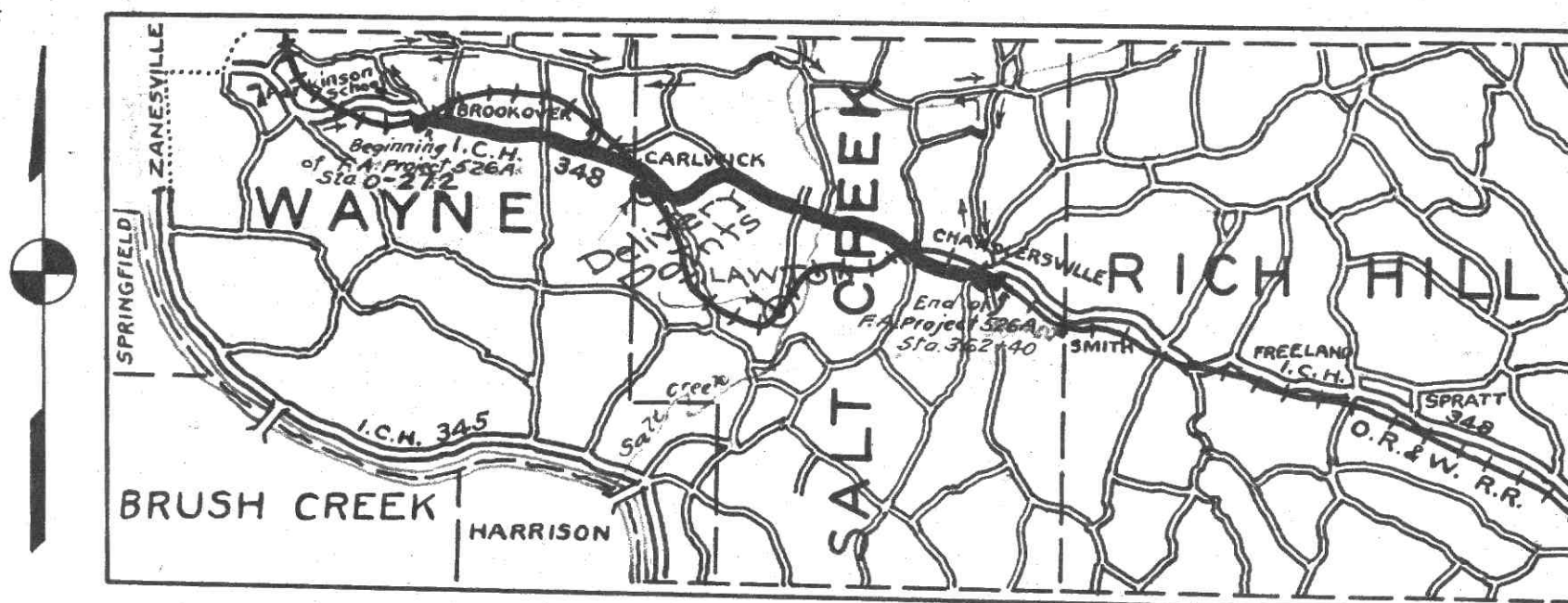
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SUPPLEMENTAL PRINTS OF STRUCTURAL STANDARDS	
DRAWING NUMBER	G 60-24-2
"	300
"	106

THE STANDARD SPECIFICATIONS OF THE STATE OF OHIO, DIVISION OF HIGHWAYS, IN FORCE ON DATE OF CONTRACT WILL GOVERN THIS IMPROVEMENT.

I HEREBY APPROVE THESE PLANS AND DECLARE THAT THE MAKING OF THIS IMPROVEMENT WILL REQUIRE THE CLOSING TO TRAFFIC OF THE HIGHWAY AND THAT DETOURS WILL BE PROVIDED AS SHOWN ON THE PLAN AND ESTIMATES.

CONVENTIONAL SIGNS

STATE LINE	-----
COUNTY LINE	-----
TOWNSHIP LINE	-----
SECTION LINE	-----
PROPERTY LINE NOT FENCED	-----
CENTER LINE	-----
CITY OR VILLAGE	-----
FENCE	-x-x-x-
TELEPHONE OR TELEGRAPH	T T T T T
STEAM RAILROAD	+ + + + +
GUARD RAIL	-o-o-o-
DRAIN PIPE NEW	-----
DRAIN PIPE OLD	-----



LOCATION PLAN

SCALE OF MILES
0 2 4 6

PORTION TO BE IMPROVED

DETOURS SHOWN THUS

SCALES

PLAN	1" = 100'
PROFILE (VERTICAL)	1" = 10'
PROFILE (HORIZONTAL)	1" = 100'
CROSS SECTIONS	1" = 10'

WE, THE COUNTY COMMISSIONERS OF MUSKINGUM COUNTY, HEREBY APPROVE THESE PLANS AND CERTIFY THAT THE RIGHT-OF-WAY 60 FEET WIDE IS AVAILABLE FOR THE CONSTRUCTION, MAINTAINANCE AND REPAIR OF THE ABOVE HIGHWAY.

W. G. Osborn

R. D. Oliver

B. D. Taylor

DATE, 5/11/27 COUNTY COMMISSIONERS.

APPROVED: *W. G. Osborn*
DATE, 5/3/27 RESIDENT ENGINEER

APPROVED: *Walter G. Smith*
DATE, 6/10/27 RESIDENT DEPUTY
STATE HIGHWAY COMMISSIONER

APPROVED: _____
DATE, _____ CHIEF ENGINEER
BUREAU OF MAINTAINANCE & REPAIR

APPROVED: *Robert D. Bright*
DATE, 8-17-27 CHIEF ENGINEER
BUREAU OF CONSTRUCTION

APPROVED: *J. P. Sweeney*
DATE, 4-4-27 CHIEF ENGINEER
BUREAU OF BRIDGES

APPROVED: *Harry J. Kirk*
DATE, 8-17-27 STATE HIGHWAY ENGINEER

APPROVED: *G. F. Adkins*
DATE, 8-17-27 DIRECTOR OF HIGHWAYS
AND

RECOMMENDED FOR _____
DATE, _____

RECOMMENDED FOR _____
DATE, _____

APPROVED: _____
DATE, _____