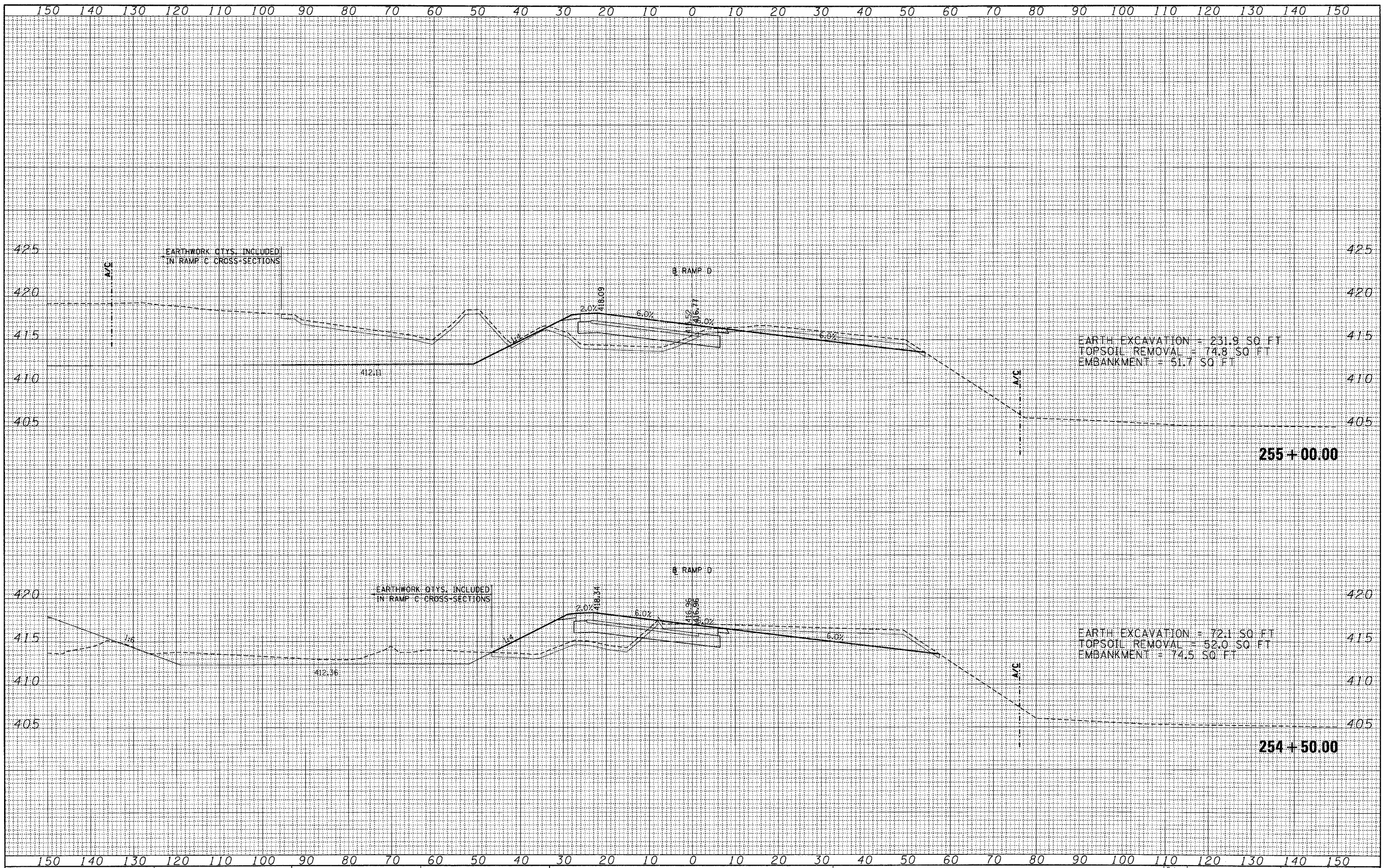


DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 TEMPLATE _____
 AREAS CHECKED _____
 NO. _____

DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 TEMPLATE _____
 AREAS CHECKED _____
 NO. _____



FILE NAME - _____
 #FILE# _____

USER NAME - #USER# _____
 DESIGNED - JB _____
 DRAWN - AG _____
 CHECKED - ACL _____
 DATE - 10/21/11 _____

REVISED - _____
 REVISED - _____
 REVISED - _____
 REVISED - _____

**STATE OF ILLINOIS
 DEPARTMENT OF TRANSPORTATION**

**CROSS-SECTIONS
 RAMP D**

SCALE: _____ SHEET NO. _____ OF _____ SHEETS STA. 254+50.00 TO STA. 255+00.00

F.A. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
998	82-2-1K	ST. CLAIR	353	289
CONTRACT NO. 76E06				
ILLINOIS FED. AID PROJECT				