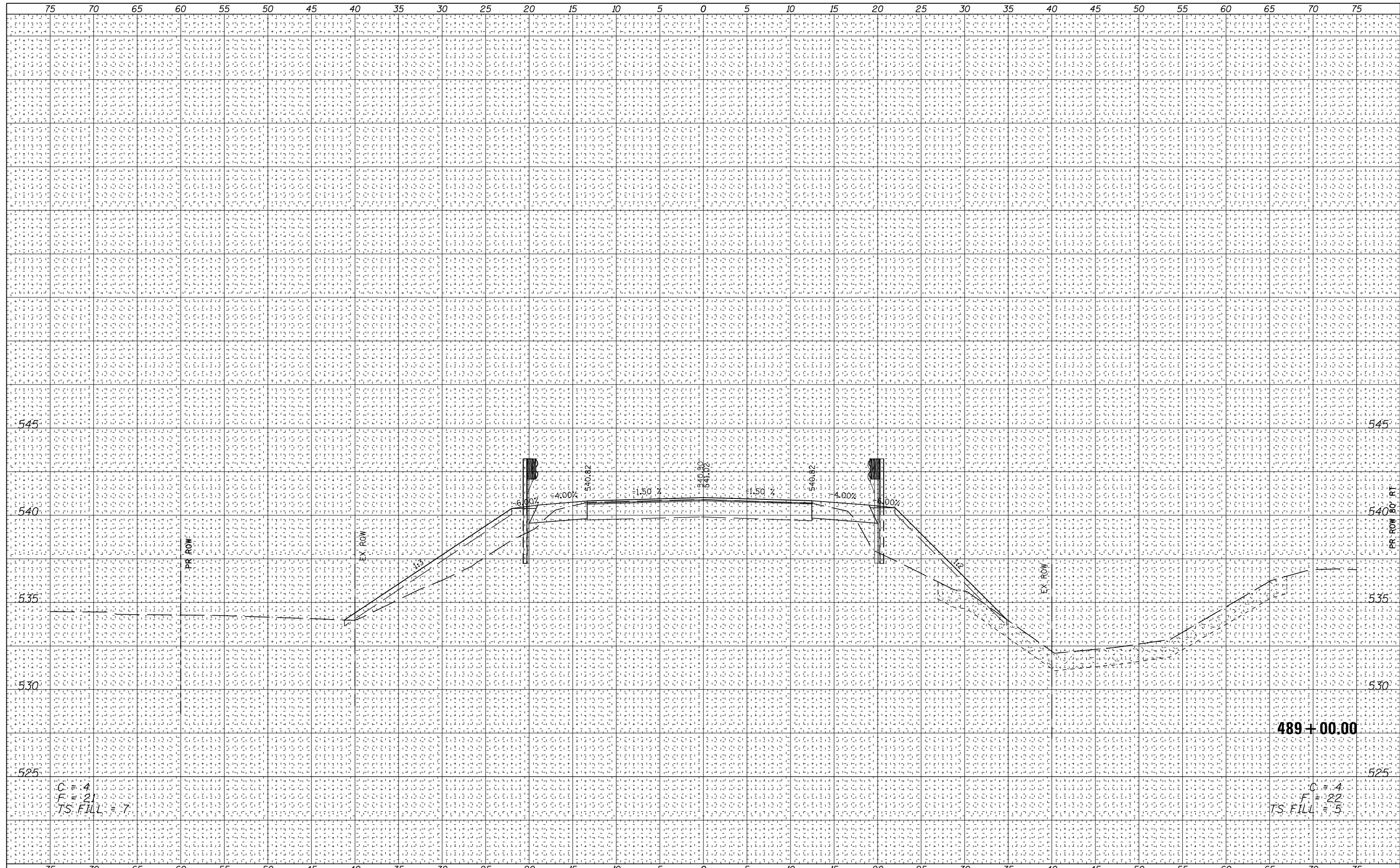


DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 TEMPLATE _____
 NOTE BOOK _____
 AREAS CHECKED _____
 NO. _____

DATE _____
 BY _____
 ORIGINAL SURVEY _____
 PLOTTED _____
 TEMPLATE _____
 NOTE BOOK _____
 AREAS CHECKED _____
 NO. _____



FILE NAME =	USER NAME = *USER*	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	FAP 717 (IL 10) CROSS SECTIONS	F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.	
FILEL		DRAWN -	REVISED -			717	(102B-1,102CR,102BR-2)RS-5	LOGAN	218	100	
Default		CHECKED -	REVISED -			CONTRACT NO. 72B82		ILLINOIS FED. AID PROJECT			
		DATE -	REVISED -			SCALE:	SHEET 10	OF 70 SHEETS	STA. 489+00.00	TO STA. 489+00.00	