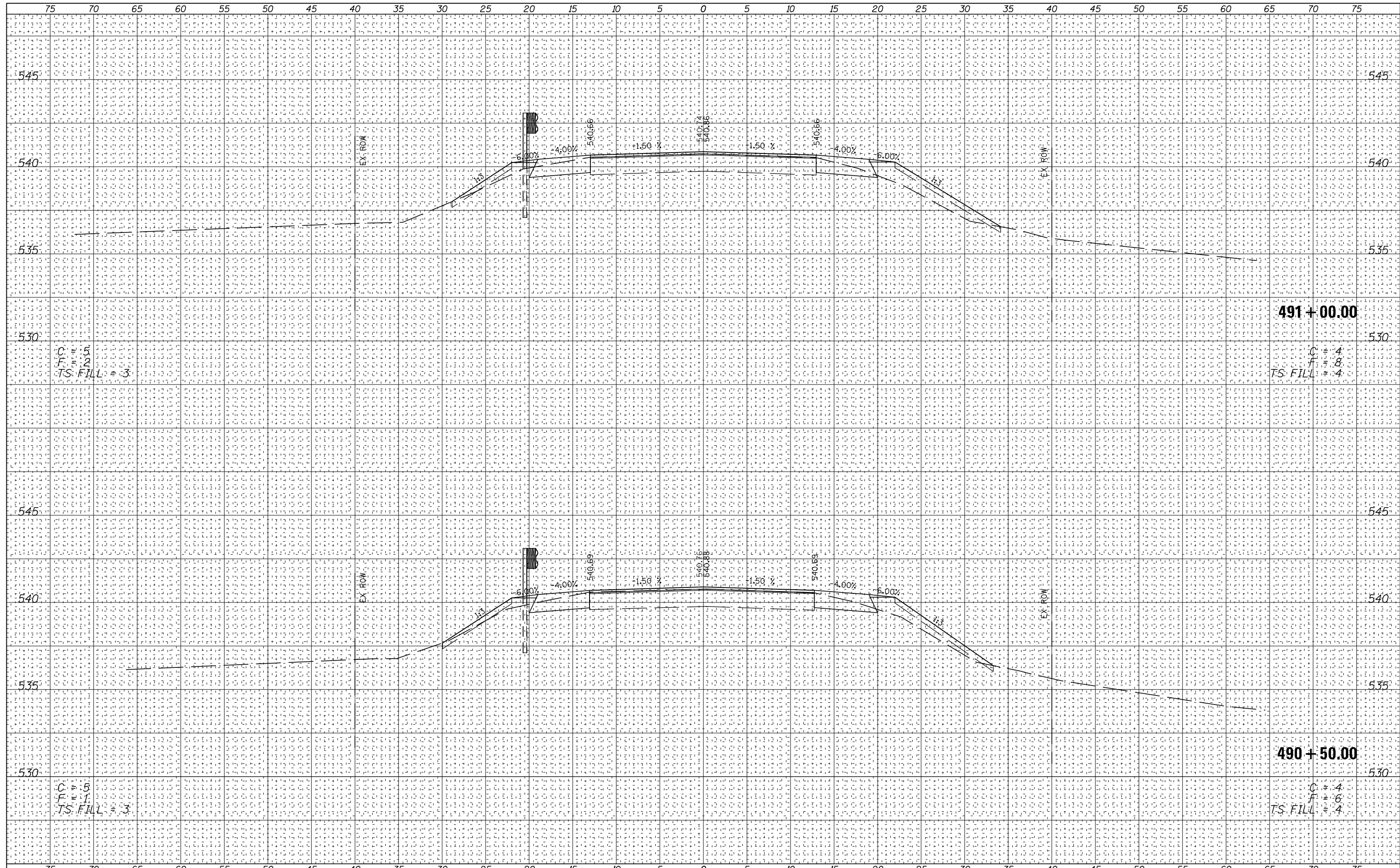


BY: _____ DATE: _____
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 AREAS CHECKED _____
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FILE NAME =	USER NAME = \$USER\$	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	FAP 717 (IL 10) CROSS SECTIONS	F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.	
*FILEL\$		DRAWN -	REVISED -			717	(102B-1,102CR,102BR-2)RS-5	LOGAN	218	102	
Default		CHECKED -	REVISED -			CONTRACT NO. 72B82		ILLINOIS FED. AID PROJECT			
		DATE -	REVISED -			SCALE:	SHEET 12	OF 70 SHEETS	STA. 490+50.00	TO STA. 491+00.00	