



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

DATE: _____
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 AREAS CHECKED _____
 NO. _____

FILE NAME =	USER NAME = *USERS*	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	105
Default		CHECKED -	REVISED -			CONTRACT NO. 72B82			ILLINOIS FED. AID PROJECT	
		DATE -	REVISED -			SCALE:	SHEET 15	OF 70 SHEETS	STA. 493+00.00	TO STA. 493+25.00