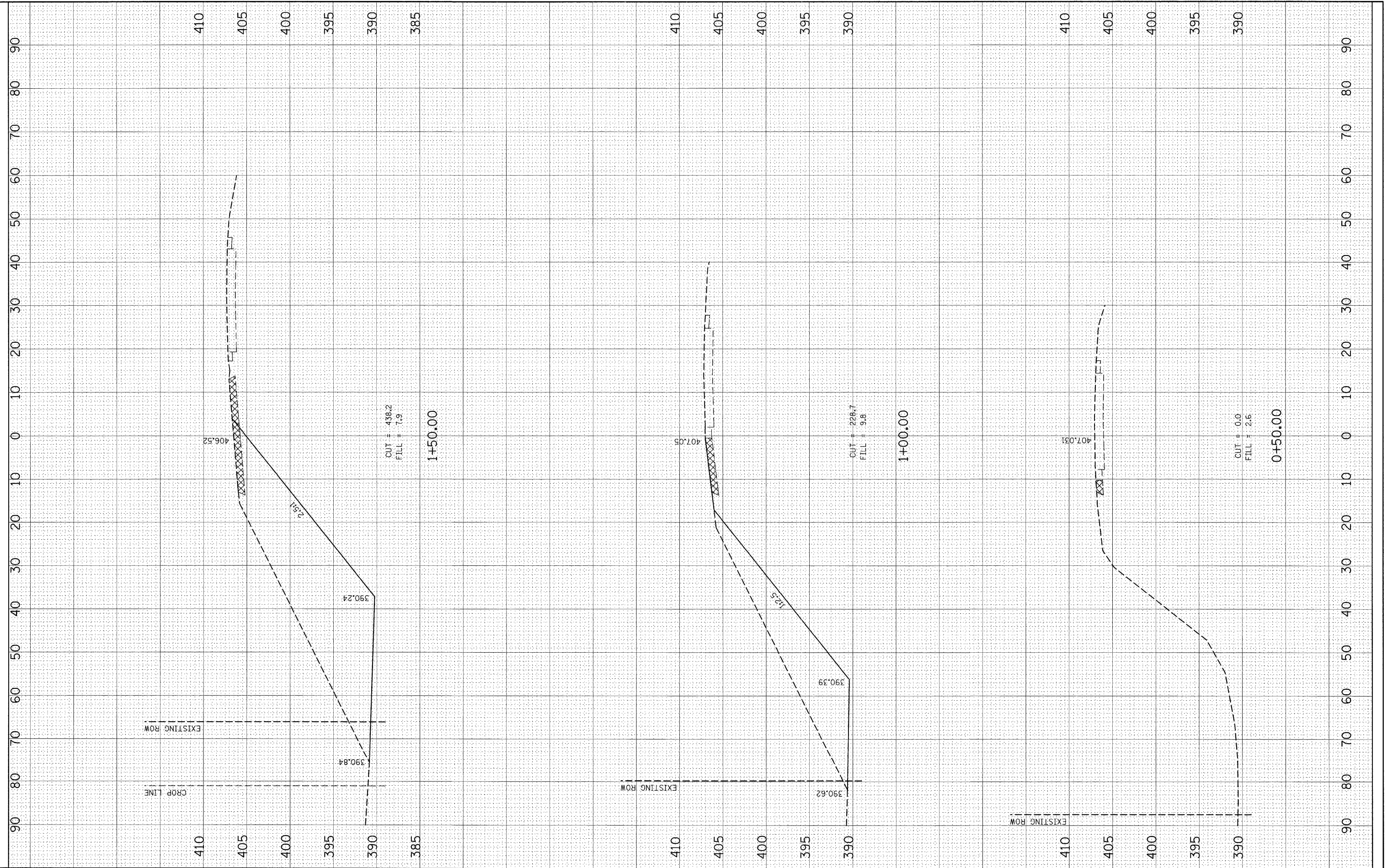


BY: _____ DATE: _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 NO. _____

BY: _____ DATE: _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 NO. _____



FILE NAME =
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USER NAME = owenbj
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**STATE OF ILLINOIS
 DEPARTMENT OF TRANSPORTATION**

PHASE II REMOVAL CROSS SECTIONS

SCALE: _____ SHEET NO. _____ OF _____ SHEETS
 STA. +50.00 TO STA. 1+00.00

F.A.P. RTE. 817	SECTION 421R-1	COUNTY ST. CLAIR	TOTAL SHEETS 29	SHEET NO. 24
FED. ROAD DIST. NO. ILLINOIS FED. AID PROJECT			CONTRACT NO. 76C74	