ROUTE	SECTION	COUNTY	TOTAL SHEETS	SHEET NUMBER
VARIOUS	2008-008 DTR	VARIOUS	4	1

STATE OF ILLINOIS **DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS DISTRICT ONE**

PROPOSED HIGHWAY PLANS

ROUTE: VARIOUS SECTION 2008-008 DTR DEAD TREE REMOVAL **VARIOUS COUNTIES** C-91-357-08

SUMMARY OF QUANTITIES, STATE STANDARDS

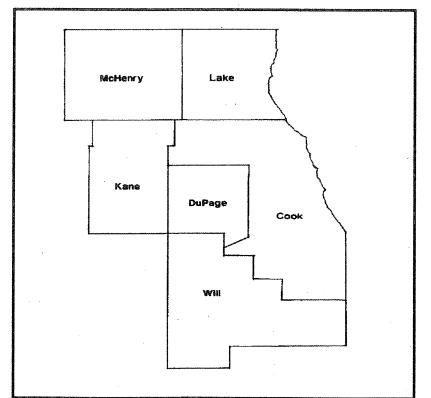
COVER SHEET, INDEX OF SHEETS

INDEX OF SHEETS

SAMPLE WORK ORDER

TC-17 TRAFFIC CONTROL DETAIL FOR FREEWAY SHOULDER CLOSURES AND PARTIAL RAMP CLOSURES

IMPROVEMENT IS IN VARIOUS



STATE OF ILLINOIS **DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS**

LOCATION OF IMPROVEMENT INDICATED THUS:

CONTRACT 60E32 D-91-357-08

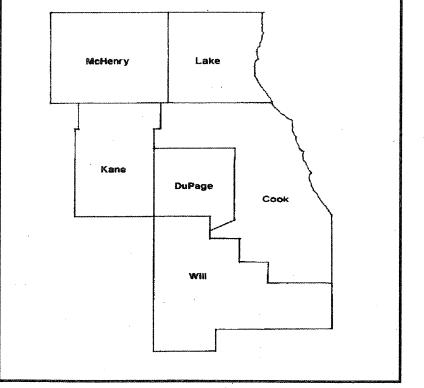
SUBMITTED:

DEPUTY DIRECTOR OF

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

J.U.L.I.E.: JOINT UTILITY LOCATION INFORMATION FOR EXCAVATION (800) 892-0123 OR 811

LOCATIONS WITHIN DISTRICT ONE



CONTRACT 60E32

			TOTAL	SHEET
ROUTE	SECTION	COUNTY	SHEETS	NUMBER
VARIOUS	2000-008 DTR	VARIOUS	4	2

CONTRACT 60E32

SUMMARY OF QUANTITIES

URBAN 100% STATE

CODE NUMBER	DESCRIPTION	UNIT	CONTRACT MAINT FUND	TOTAL
20100110 20100210 67100100 X0325897 X2010100 X2010200 X2010300 X2010400 Z0064800	TREE REMOVAL (6 TO 15 UNITS DIAMETER) TREE REMOVAL (OVER 15 UNITS DIAMETER) MOBILIZATION SELECTIVE ELM CLEARING TO TREE LIMB REMOVAL (4 10 INCHES DIAMETER) TREE LIMB REMOVAL (OVER 10 INCHES DIAMETER) TREE REMOVAL (UNDER 6 UNITS DIAMETER) STUMP REMOVAL ONLY SELECTIVE CLEARING	UNIT L SUM UNIT EACH EACH UNIT UNIT UNIT	4000 7250 1 3 25 25 100 50	4000 7250 1 3 25 25 100 50

STATE STANDARDS

701001-01 701006-02 701101-01

701106-01 701301-02

ILLINOIS DEPARTMENT OF TRANSPORTATION

SUMMARY OF QUANTITIES

DEAD AND DISEASED TREE REMOVAL

Rev,

			TOTAL	SHEET
ROUTE	SECTION	COUNTY	SHEETS	NUMBER
VARIOUS	2008-008 DTR	VARIOUS	4	3

CONTRACT 60E32

•	ID:
DEAD AND DISEA	ASED TREE REMOVAL REQUEST
REQUESTED BY:	DATE OF REQUEST:
YARD:	TELEPHONE: ()
(Please complete information when	request for tree removal is from outside the Bureau of Maintenance)
NAME:	
TELEPHONE: ()	
(LOCATION OF DEAD DIGE	ACED ODD TO CO
LOCATION OF DEAD/DISEA (Please fill out completely to expedite l	ISED TREE(S)
- Tompedies to expedie	occurry are repair)
COUNTY:	TONDUCTORY
MARKED/NAMED ROUTE:	TOWN/CITY:
DIRECTIONS FROM NEAREST MAJO PROSS ROAD OR MAJOR LANDMAI	
The second of th	MX.
IDE OF ROADWAY:	
DDITIONAL DIRECTIONS TO TREE	3:
PLEASE INDICATE APPRO	NIMATE CITE AND
NUMBER OF TREES BASED (
	The state and a straight and
OMMENTS:	
	(Size/Number)
	OFFICE USE ONLY TYPE OF REMOVAL:
DA'TE INSPECTED:	A CO VA ENDITE VE TALL
DATE INSPECTED: DTR #:	
DTR #: CONTRACT #:	
DTR #:	NOTES:

ILLINOIS DEPARTMENT OF TRANSPORTATION

DEAD AND DISEASED TREE REMOVAL

SAMPLE WORK ORDER

