

043

STATE OF ILLINOIS
DEPARTMENT OF TRANSPORTATION

F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
304	266BR-1-1-3	CALHOUN	3	1
ILLINOIS			CONTRACT NO. 76M39	

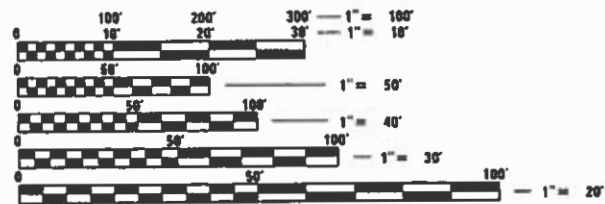
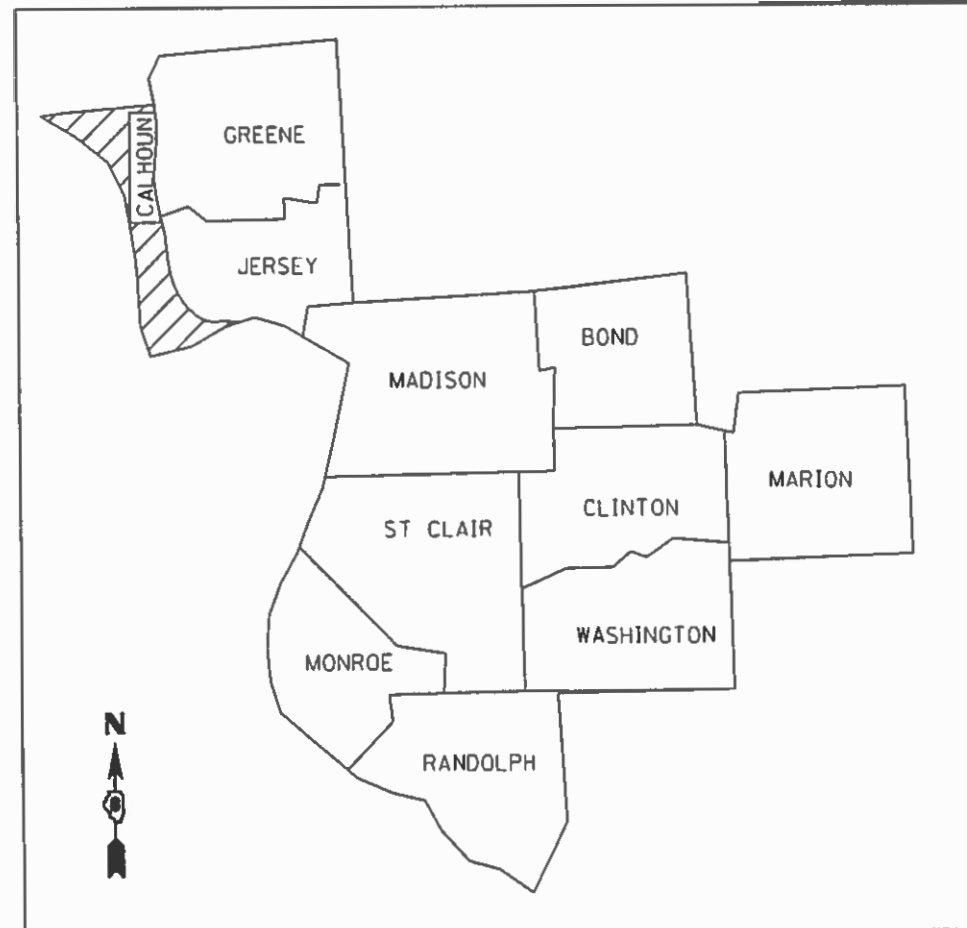
**PROPOSED
HIGHWAY PLANS**

FAP 304 (IL 016/L 100)
SECTION 266BR-1-1-4
REPAIR & MAINTENANCE OF
ELECTRICAL EQUIPMENT ON
THE JOE PAGE BRIDGE
CALHOUN COUNTY

C-98-066-19

INDEX OF SHEETS

1. COVER SHEET
2. GENERAL NOTES AND TYPICAL WORK ORDER FORMS
3. SUMMARY OF QUANTITIES



FULL SIZE PLANS HAVE BEEN PREPARED USING STANDARD ENGINEERING SCALES. REDUCED SIZED PLANS WILL NOT CONFORM TO STANDARD SCALES. IN MAKING MEASUREMENTS ON REDUCED PLANS, THE ABOVE SCALES MAY BE USED.

J.U.L.I.E.
JOINT UTILITY LOCATION INFORMATION FOR EXCAVATION
1-800-892-0123
OR 811

PROJECT ENGINEER: HERVE GELIN (618) 346-3179
PROJECT MANAGER: TIM KRUMM (618) 346-3258
SQUAD LEADER: MICHAEL PRESTON (618) 346-3143
CONTRACT NO. 76M39

NOTE: WORK WILL BE LOCATED WITHIN HIGHLIGHTED AREA NOTED ABOVE WITHIN DISTRICT & REGION 5.

STATE OF ILLINOIS
DEPARTMENT OF TRANSPORTATION

SUBMITTED June 10 20 19
Keith Roberts
REGIONAL ENGINEER

Aug 16 20 19
EA ETC
ENGINEER OF DESIGN AND ENVIRONMENT

Aug 19 20 19
Paul J. [Signature]
DIRECTOR OF HIGHWAYS PROJECT IMPLEMENTATION 3

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GENERAL NOTES

1. THE LOCATIONS OF THE REPAIR AREAS SHALL BE DETERMINED BY THE ENGINEER/DEPARTMENT.
2. NO MATERIAL SHALL BE LEFT ON OR NEAR THE ROADWAY DURING NON-WORKING HOURS.
3. ILLINOIS STATE LAW REQUIRES A 48-HOUR NOTICE TO BE GIVEN TO UTILITIES BEFORE DIGGING. FIELD MARKING OF FACILITIES MAY BE OBTAINED BY CONTACTING J.U.L.I.E. (1-800 892-0123 OR 811) OR FOR NON-MEMBERS, THE UTILITY COMPANY DIRECTLY.
4. ANY WORK ORDER MAY BE CANCELLED AT THE ENGINEER'S/DEPARTMENT'S DISCRETION.



Electrical Maintenance Work Order

Work Order Number

Contractor		Date Issued	
City/County		Date Completed	
Location		Date Submitted for Payment	

Work to be Performed:

Special Instructions:

Is work to be performed as a result of an accident? Yes No

Accident reference number:

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Work Authorized By	Date	Work Inspected By	Date	Payment Authorized By	Date
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Labor			
Worker Classification	Number of Workers	Hours Worked	Quantity

Equipment Used		Material Used	
Description (Model, Year, Capacity, etc.)	Number of Hours	Description	Quantity

Contractor's Field Supervisor _____

76M39 Electrical Maintenance Work Order

