

SCHEDULE OF QUANTITIES

F.A.I. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
..80.	..37-UHBR-J..	..HENRY..	..133..	..18..
STA. _____		TO STA. _____		
FED. ROAD DIST. NO. ILLINOIS FED. AID PROJECT				

542D1060 PIPE CULVERTS, CLASS D, TYPE 2 15"

FOOT	LOCATION	
81	STA. 60+00	FE-RT
62	STA. 60+00	FE-LT
56	STA. 63+00	FE-RT (TEMP)
199	TOTAL	

54205890 PIPE CULVERTS, TYPE 1, CORRUGATED STEEL, EQUIVALENT ROUND-SIZE 15"

FOOT	LOCATION	
56	STA. 41+64	FE-LT
56	TOTAL	

54213447 END SECTIONS 12"

EACH	LOCATION	
1	STA. 50+56.9	LT
1	STA. 50+56.9	RT
1	STA. 52+90.9	LT
1	STA. 52+90.9	RT
4	TOTAL	

54213450 END SECTIONS 15"

EACH	LOCATION	
2	STA. 60+00	FE-LT
2	STA. 60+00	FE-RT
4	TOTAL	

54213465 END SECTIONS 30"

EACH	LOCATION	
2	STA. 100+41.28	CARROLL ST.
2	TOTAL	

54213675 PRECAST REINFORCED CONCRETE FLARED END SECTIONS 30"

EACH	LOCATION	
2	STA. 46+00	AR CULVERT
2	STA. 60+58.59	AR CULVERT
4	TOTAL	

54213681 PRECAST REINFORCED CONCRETE FLARED END SECTIONS 36"

EACH	LOCATION	
1	STA. 460+75	I-80 LT
1	STA. 461+00	I-80-RT
1	STA. 462+75	I-80-LT
1	STA. 463+00	I-80-RT
4	TOTAL	

54214290 END SECTIONS, EQUIVALENT ROUND-SIZE 15"

EACH	LOCATION	
2	STA. 41+64	FE-LT
2	TOTAL	

54247170 GRATING FOR CONCRETE FLARED END SECTION 36"

EACH	LOCATION	
1	STA. 462+75	I-80 LT
1	STA. 461+00	I-80 RT
2	TOTAL	

56400300 FIRE HYDRANTS TO BE ADJUSTED

EACH	LOCATION	
1	STA. 101+80	30' LT
1	TOTAL	

60100060 CONCRETE HEADWALL FOR PIPE DRAIN

EACH	LOCATION	
2	STA. 50+68.9	RT & LT - ABUTMENT DRAINS
2	STA. 52+78.9	RT & LT - ABUTMENT DRAINS
1	STA. 460+69	I-80 LT (CONTINGENCY)
1	STA. 463+04	I-80 RT (CONTINGENCY)
6	TOTAL	

60100070 SHOULDER REMOVAL AND REPLACEMENT

FOOT	LOCATION	
100	STA. 461+50.0 TO 462+00.0	I-80 LT & RT
100	TOTAL	

60100945 PIPE DRAINS 12"

FOOT	LOCATION	
46	STA. 50+56.9	LT
103	STA. 50+56.9	RT
78	STA. 52+90.9	LT
64	STA. 52+90.9	RT
291	TOTAL	

PLOT DATE = Mon Dec 02 09:34:33 2008
 PLOT SCALE = 50.0000' / IN.
 USER NAME = ram-kauj

REVISIONS	
NAME	DATE

ILLINOIS DEPARTMENT OF TRANSPORTATION

VERT. SCALE: _____
 HORIZ. SCALE: _____
 DATE: _____

DRAWN BY: _____
 CHECKED BY: _____

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