

GENERAL NOTES

PLAN DIMENSIONS RELATIVE TO THE EXISTING ROADWAY HAVE BEEN TAKEN FROM EXISTING PLANS AND ARE SUBJECT TO NOMINAL CONSTRUCTION VARIATIONS. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO MAKE NECESSARY ADJUSTMENTS PRIOR TO CONSTRUCTION OR ORDERING OF MATERIALS. SUCH VARIATIONS SHALL NOT BE CAUSE FOR ADDITIONAL COMPENSATION FOR A CHANGE IN THE SCOPE OF THE WORK. HOWEVER, THE CONTRACTOR WILL BE PAID FOR THE QUANTITY FURNISHED AT THE UNIT PRICE BID FOR THE WORK.

ANY REFERENCE TO A STANDARD IN THESE PLANS SHALL BE INTERPRETED TO MEAN THE EDITION AS INDICATED BY THE SUBNUMBER SHOWN IN THE LIST OF STANDARDS OR THE COPY INCLUDED IN THESE PLANS.

THE CONTRACTOR SHALL CONTACT JULIE AT LEAST 48 HOURS PRIOR TO EXCAVATION TO DETERMINE WHICH UTILITIES ARE IN THE AREA.

ALL EXCAVATED MATERIAL, WHICH INCLUDES DIGGING OR GRADING OF ANY SOIL OR FILL MATERIAL, WITH THE EXCEPTION OF AGGREGATE FILLS, MUST BE LEFT ON, OR INCORPORATED WITHIN, THE IDOT RIGHT OF WAY DUE TO ENVIRONMENTAL DOCUMENTATION REQUIREMENTS.

EXCAVATED MATERIALS SHALL BE DISPOSED OF AT LOCATIONS DIRECTED BY THE ENGINEER. ANY SUCH DISPOSAL SHALL NOT CREATE AND UNSIGHTLY OR OBJECTIONABLE APPEARANCE OR DETRACT FROM THE NATURAL TOPOGRAPHIC FEATURES WITHOUT WRITTEN PERMISSION FROM THE ENGINEER.

THE FOLLOWING RATES OF APPLICATION HAVE BEEN USED IN CALCULATING PLAN QUANTITIES:

GRANULAR MATERIALS	2.05	TONS / CU YD
MIX FOR CRACKS, JTS, & FLGWYS	0.0003	TONS / SQ YD
SHORT-TERM PAVEMENT MARKING	4	FT / 40 FT OF APPLICATION

DATE: 3-28-14

PREPARED BY: *Tom Brand*
DISTRICT STUDIES & PLANS ENGINEER

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FILE NAME *	USER NAME * smithbd	DESIGNED - _____	REVISED - _____	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	GENERAL NOTES	F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
S:\Everyone\Brian Smith\11 71 Starved Road Curves\03xxxxx\as02.dgn	DRAWN - _____	REVISED - _____	627			IM, I-1, DRS-481-1	BUREAU	6	2	
PLOT SCALE * 100,0000 ' / in.	CHECKED - _____	REVISED - _____	CONTRACT NO. 66D82							
MODEL NAME *	DATE - _____	REVISED - _____	[ILLINOIS] FED. AID PROJECT							
					SCALE: _____	SHEET _____ OF _____ SHEETS		STA. _____ TO STA. _____		