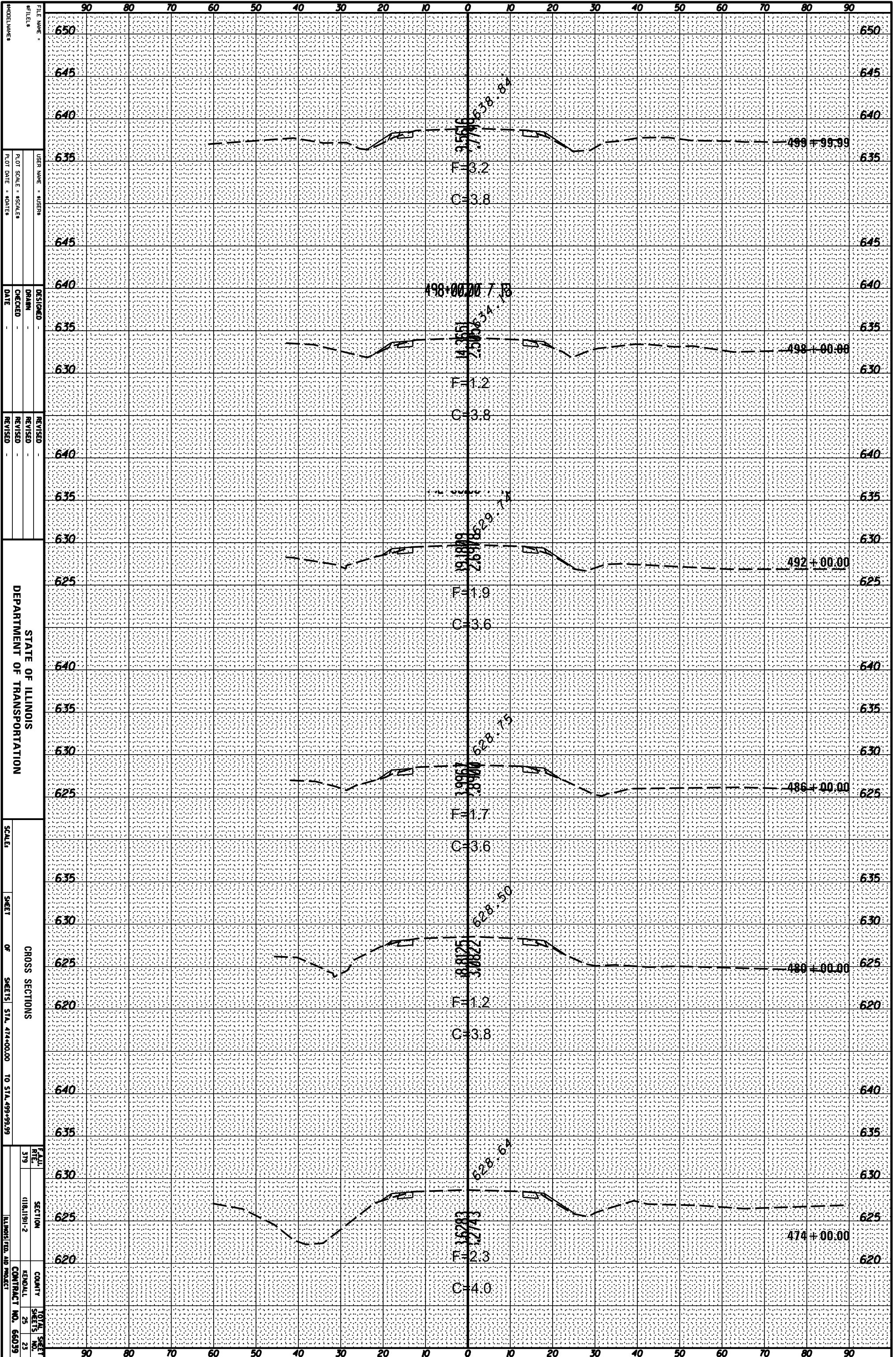


ORIGINAL SURVEY	SURVEYED _____	BY _____	DATE _____
NOTE BOOK	PLOTTED _____		
	TEMPLATE _____		
	AREAS _____		
	AREAS CHECKED _____		

FINAL SURVEY	SURVEYED _____	BY _____	DATE _____
NOTE BOOK	PLOTTED _____		
	TEMPLATE _____		
	AREAS _____		
	AREAS CHECKED _____		



FILE NAME: \_\_\_\_\_  
 #TITLE: \_\_\_\_\_  
 USER NAME: 80588  
 DRAWN: \_\_\_\_\_  
 CHECKED: \_\_\_\_\_  
 DATE: \_\_\_\_\_

REVISIONS:  
 REVISION NO. \_\_\_\_\_  
 DATE \_\_\_\_\_

STATE OF ILLINOIS  
 DEPARTMENT OF TRANSPORTATION

CROSS SECTIONS  
 SCALE: \_\_\_\_\_  
 SHEET \_\_\_\_\_ OF \_\_\_\_\_ SHEETS STA. 474+00.00 TO STA. 499+99.99

SECTION	COUNTY	TOTAL SHEET NO.
1181191-2		25
ILLINOIS FLD. AID PROJECT		23
CONTRACT NO.		65039