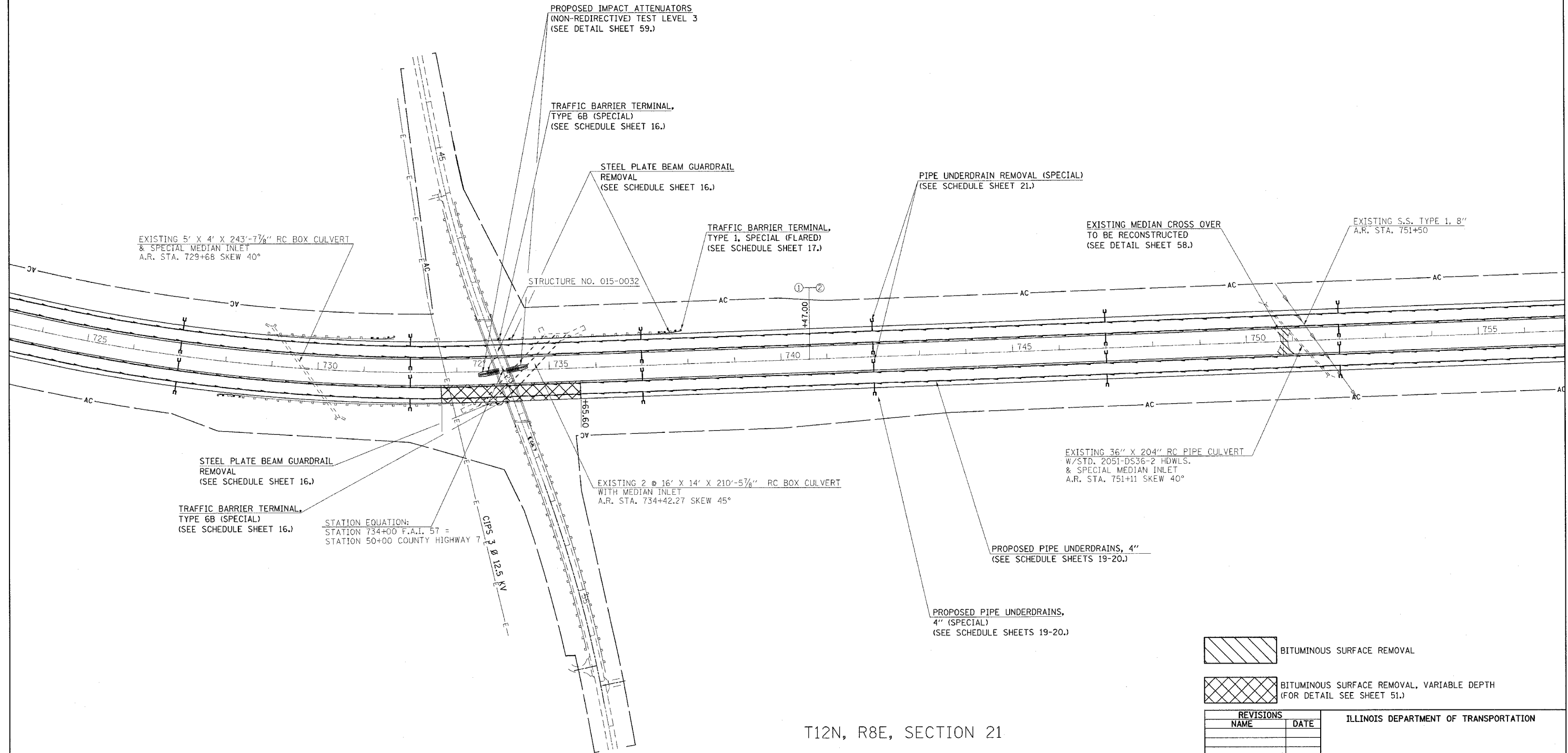


T12N, R8E, SECTION 20



| F.A.I. RTE.                    | SECTION | COUNTY                    | TOTAL SHEETS | SHEET NO. |
|--------------------------------|---------|---------------------------|--------------|-----------|
| 57                             |         | **                        | 76           | 42        |
| STA. 724+00                    |         | TO STA. 756+00            |              |           |
| FED. ROAD DIST. NO.            |         | ILLINOIS FED. AID PROJECT |              |           |
| CONTRACT NO. 70028             |         |                           |              |           |
| • (15,18-20) RS-2 (15-22) RS-2 |         |                           |              |           |
| • COLES & CUMBERLAND           |         |                           |              |           |
| 1"=100'                        |         |                           |              |           |
| 0' 50' 100' 200' 300'          |         |                           |              |           |



T12N, R8E, SECTION 21

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BITUMINOUS SURFACE REMOVAL                                            |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------|--|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BITUMINOUS SURFACE REMOVAL, VARIABLE DEPTH (FOR DETAIL SEE SHEET 51.) |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ILLINOIS DEPARTMENT OF TRANSPORTATION                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="2">REVISIONS</th> </tr> <tr> <th>NAME</th> <th>DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> |                                                                       | REVISIONS |  | NAME | DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| REVISIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE                                                                  |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCALE:                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DRAWN BY                                                              |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CHECKED BY                                                            |           |  |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |