

All Borrow/Waste/Use sites must be approved by the Department prior to removing any material from the project or initiating any earthmoving activities, including temporary stockpiling outside the limits of construction.

The Contractor shall seed all disturbed areas within the project limits. Seeding Class 4 or 2A shall be used, except in front of properties where the grass will be mowed, then use Seeding, Class 1. Class 2A shall be used on front slopes and ditch bottoms. Class 4 shall be used behind Type A gutter, on all backslopes and areas behind the backslope, and beyond the toe of front slope on fill sections without ditches. This work will be included in the contract unit price per Lump Sum for Mobilization.

Fertilizer shall be applied to all disturbed areas and incorporated into the seedbed prior to seeding or placement of sod at the rate specified in Sections 250 and 252 of the Standard Specifications. This work shall be included in the cost of MOBILIZATION.

Mulch Method II shall be applied over all seeded areas. This shall be included in the cost of the MOBILIZATION.

This structure will retain the same number 089-0003.

The Contractor shall be responsible for protecting utility property during construction operations as outlined in Article 107.31 of the Standard Specifications. A minimum of 48 hours advance notice is required for non-emergency work. The JULIE number is 800-892-0123. The following listed utilities located within the project limits or immediately adjacent to the project construction limits are members of JULIE:

Commonwealth Edison Company
Verizon

FILE NAME =	USER NAME = lirkdj	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	General Notes	F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.	
G:\BR\CADD plans\Stephenson County\089\003\0890003.dgn		DRAWN -	REVISED -			301	(21VB)M	Stephenson	5	3	
PLOT SCALE = 50.0000' / IN.		CHECKED -	REVISED -			CONTRACT NO. 64E66					
PLOT DATE = Thu Dec 04 08:31:14 2008		DATE -	REVISED -			FED. ROAD DIST. NO. - ILLINOIS FED. AID PROJECT					
				SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. _____ TO STA. _____							