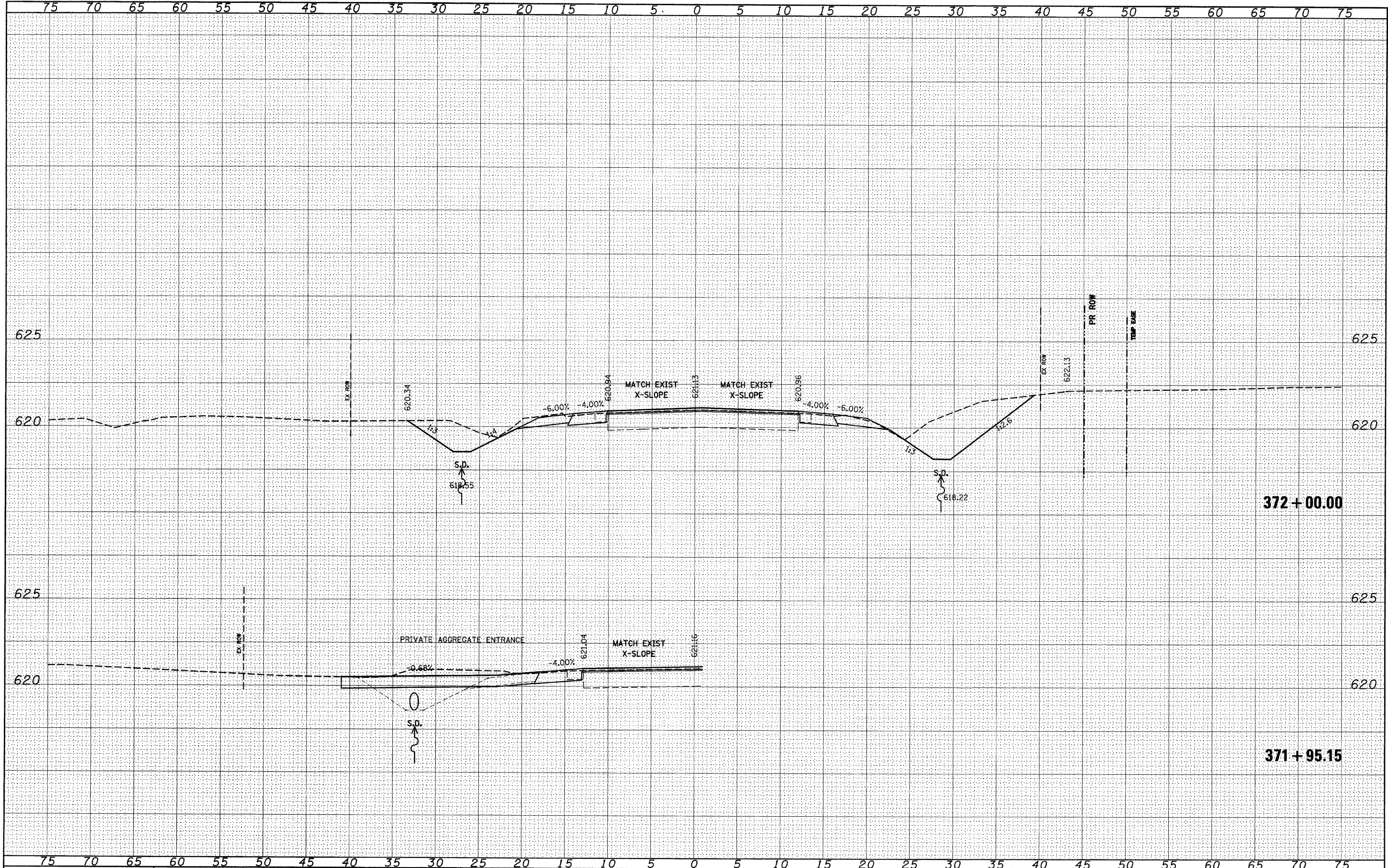


DATE _____ BY _____
 SURVEYED _____
 PLOTTED _____
 TEMPLATE _____
 NOTE BOOK _____
 AREAS CHECKED _____
 NO. _____

DATE _____ BY _____
 SURVEYED _____
 PLOTTED _____
 TEMPLATE _____
 NOTE BOOK _____
 AREAS CHECKED _____
 NO. _____



FILE NAME =	USER NAME = #USER*	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION IL 158	F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
#FILEL#		DRAWN -	REVISED -		809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	365
		CHECKED -	REVISED -		CONTRACT NO. 76A47				
		DATE -	REVISED -		ILLINOIS FED. AID PROJECT				

SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 371+95.15 TO STA. 372+00.00