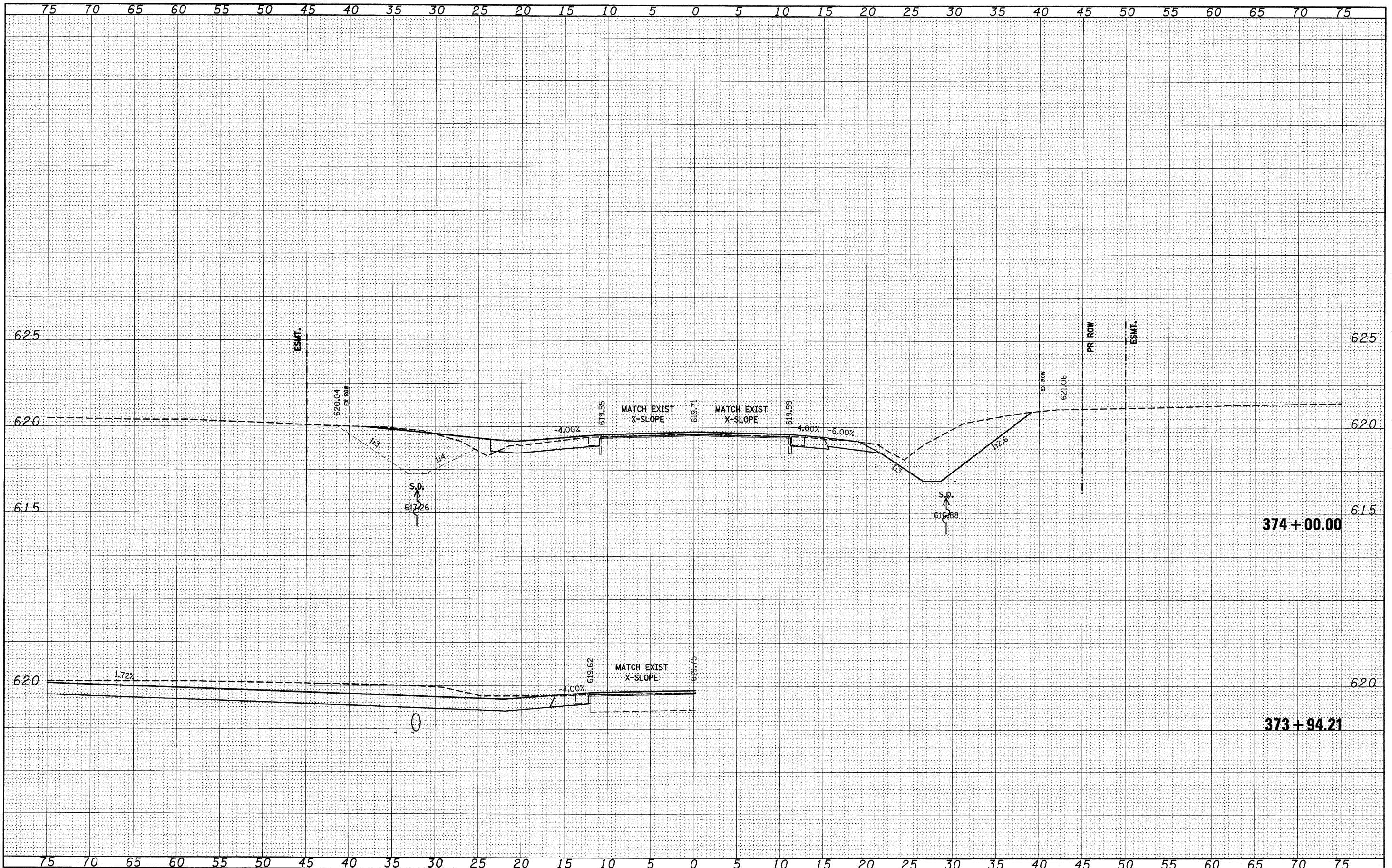


FINAL SURVEY	DATE
BY	
REVISIONS	
NO.	
AREAS CHECKED	
NO.	

ORIGINAL SURVEY	DATE
BY	
REVISIONS	
NO.	
AREAS CHECKED	
NO.	



FILE NAME =	USER NAME = #USER#	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	IL 158	F.A.P. RT#	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.	
#FILE#		DRAWN -	REVISED -			809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	368	
		CHECKED -	REVISED -			CONTRACT NO. 76A47					
		DATE -	REVISED -			ILLINOIS FED. AID PROJECT					
					SCALE: _____	SHEET NO. ___ OF ___ SHEETS		STA. 373+94.21 TO STA. 374+00.00			