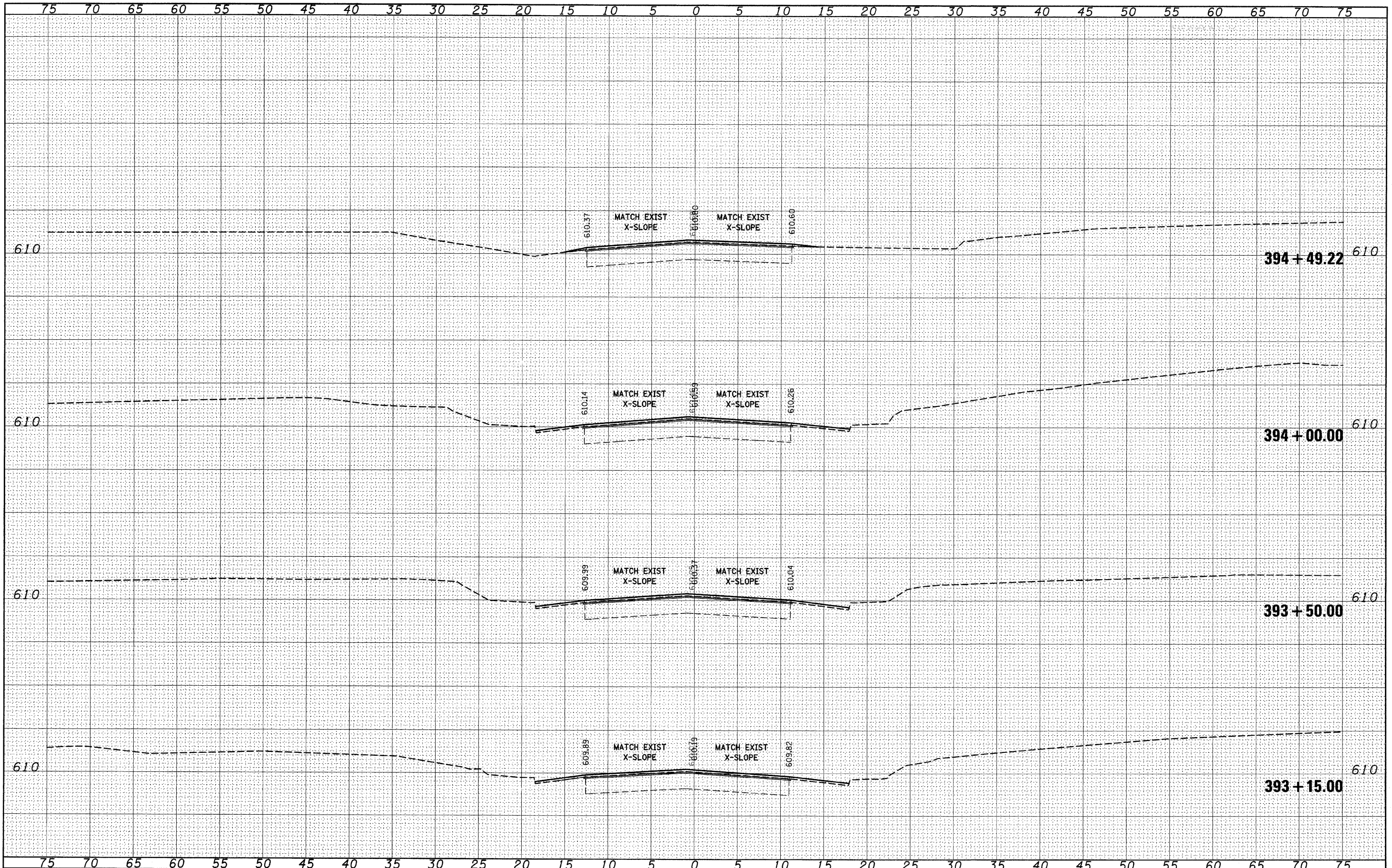


DATE _____ BY _____
 SURVEYED _____
 PLOTTED _____
 TEMPLATE _____
 NOTE BOOK _____
 AREAS CHECKED _____
 NO. _____

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



FILE NAME = _____
 #FILE# _____

USER NAME = *USER*	DESIGNED -	REVISED -
	DRAWN -	REVISED -
PLOT SCALE = *SCALE*	CHECKED -	REVISED -
PLOT DATE = *DATE*	DATE -	REVISED -

STATE OF ILLINOIS
 DEPARTMENT OF TRANSPORTATION

158 CROSS SECTIONS

SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 393+15.00 TO STA. 394+49.22

F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	398
CONTRACT NO. 76A47			ILLINOIS FED. AID PROJECT	