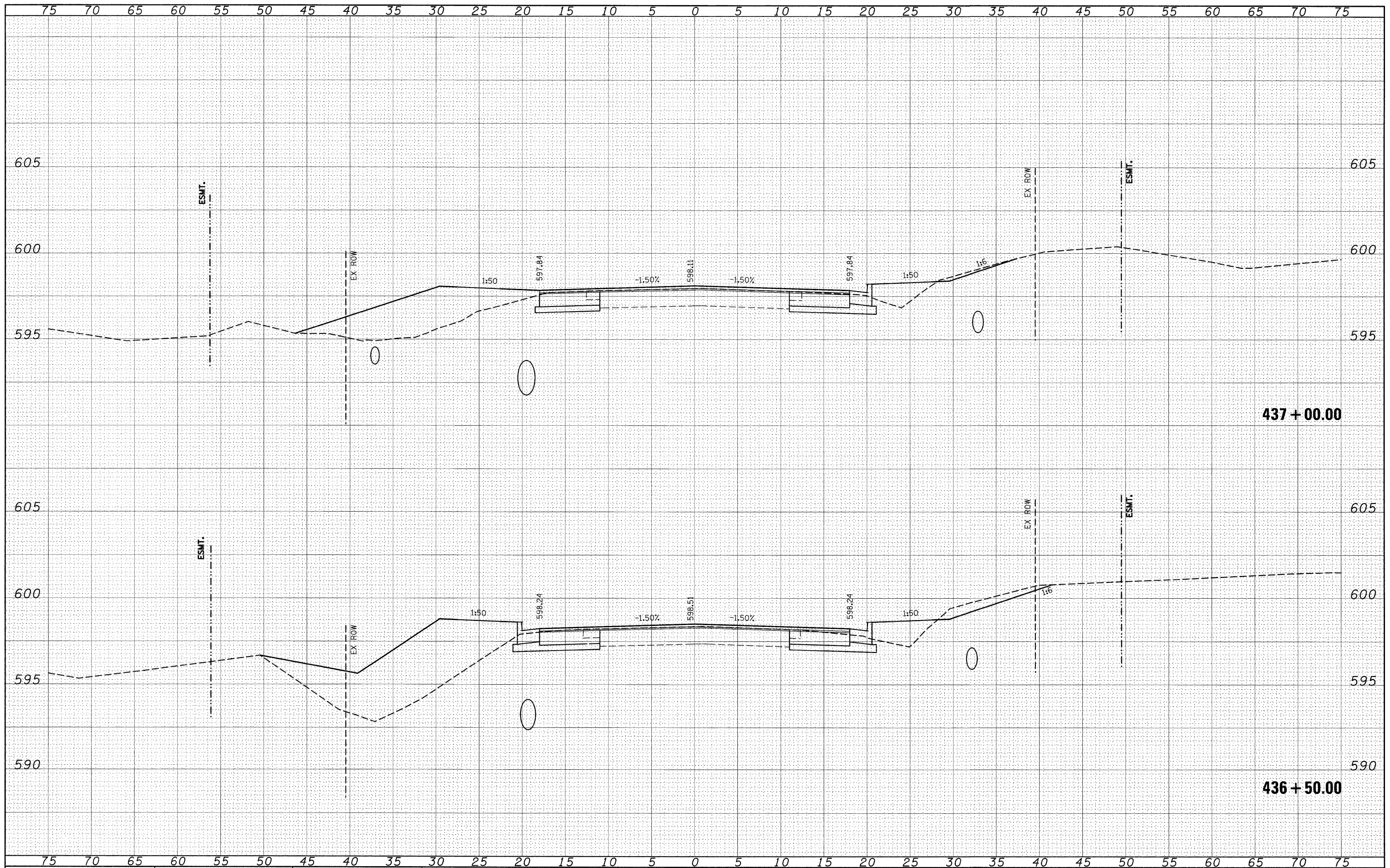


DATE	
BY	
DESIGNED	
DRAWN	
CHECKED	
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REVISIONS	
NO.	

DATE	
BY	
DESIGNED	
DRAWN	
CHECKED	
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REVISIONS	
NO.	



FILE NAME	
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USER NAME	#USER*
DESIGNED	---
DRAWN	---
CHECKED	---
DATE	---

REVISIONS	
NO.	

REVISIONS	
NO.	

**STATE OF ILLINOIS
DEPARTMENT OF TRANSPORTATION**

IL 158

SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 436+50.00 TO STA. 437+00.00

F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	443
				CONTRACT NO. 76A47
ILLINOIS FED. AID PROJECT				