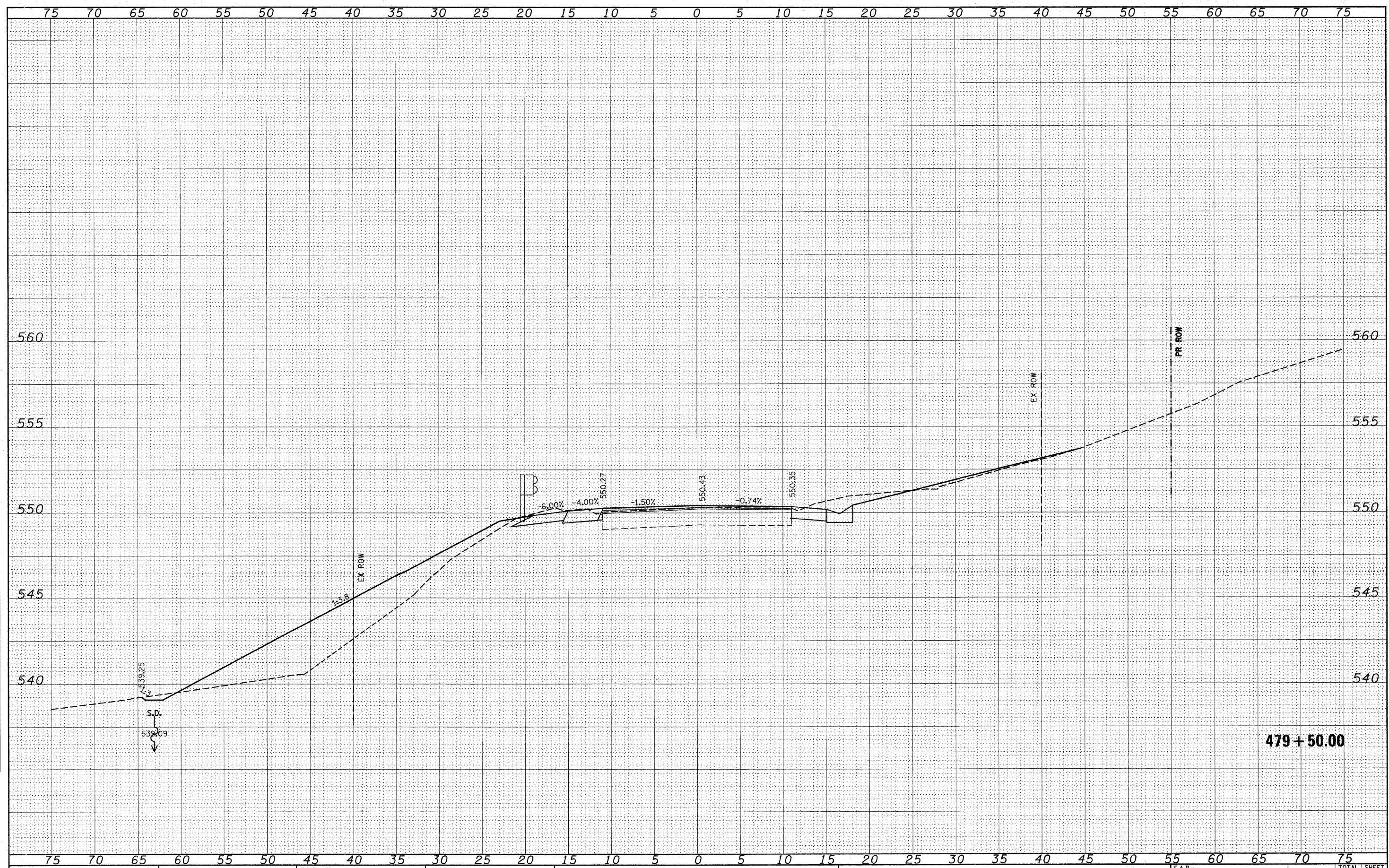


DATE _____
 BY _____
 SURVEYED _____
 PLANNED _____
 FINAL SURVEY _____
 NOTE BOOK _____
 NO. _____
 TEMPLATE _____
 AREAS _____
 CHECKED _____

DATE _____
 BY _____
 ORIGINAL SURVEY _____
 NOTE BOOK _____
 NO. _____
 TEMPLATE _____
 AREAS _____
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FILE NAME =	USER NAME = #USER#	DESIGNED - ---	REVISED - ---	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	158 CROSS SECTIONS		F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
*FILE#		DRAWN - ---	REVISED - ---		809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	508		
PLOT SCALE = #SCALE#		CHECKED - ---	REVISED - ---		STA. 479+50.00 TO STA. 479+50.00		CONTRACT NO. 76A47		ILLINOIS FED. AID PROJECT		
PLOT DATE = #DATE#		DATE - ---	REVISED - ---		SHEET NO. ___ OF ___ SHEETS						