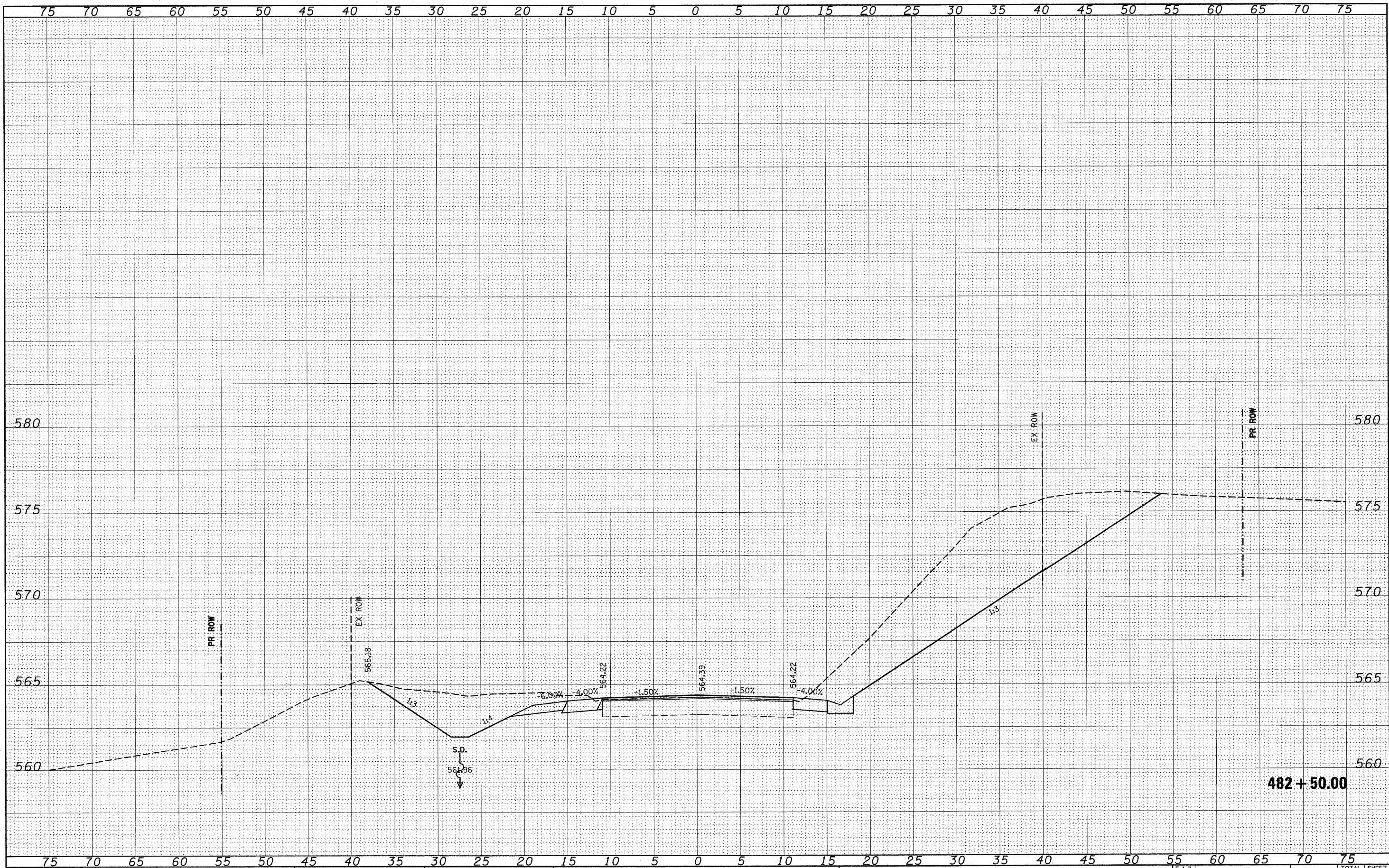


DATE	
BY	
FINAL SURVEY	
NOTED SURVEY	
NOTE BOOK	
NO.	
AREAS CHECKED	

DATE	
BY	
ORIGINAL SURVEY	
PLOTTED SURVEY	
NOTE BOOK	
NO.	
AREAS CHECKED	



FILE NAME =
#FILE#

USER NAME = #USER#
DESIGNED -
DRAWN -
CHECKED -
DATE -

DESIGNED -
DRAWN -
CHECKED -
DATE -

REVISED -
REVISED -
REVISED -
REVISED -

**STATE OF ILLINOIS
DEPARTMENT OF TRANSPORTATION**

158 CROSS SECTIONS
SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 482+50.00 TO STA. 482+50.00

F.A.P. RTE. 809	SECTION (133,134)RS-5, 135RS-6	COUNTY ST. CLAIR	TOTAL SHEETS 762	SHEET NO. 514
CONTRACT NO. 76A47			ILLINOIS FED. AID PROJECT	