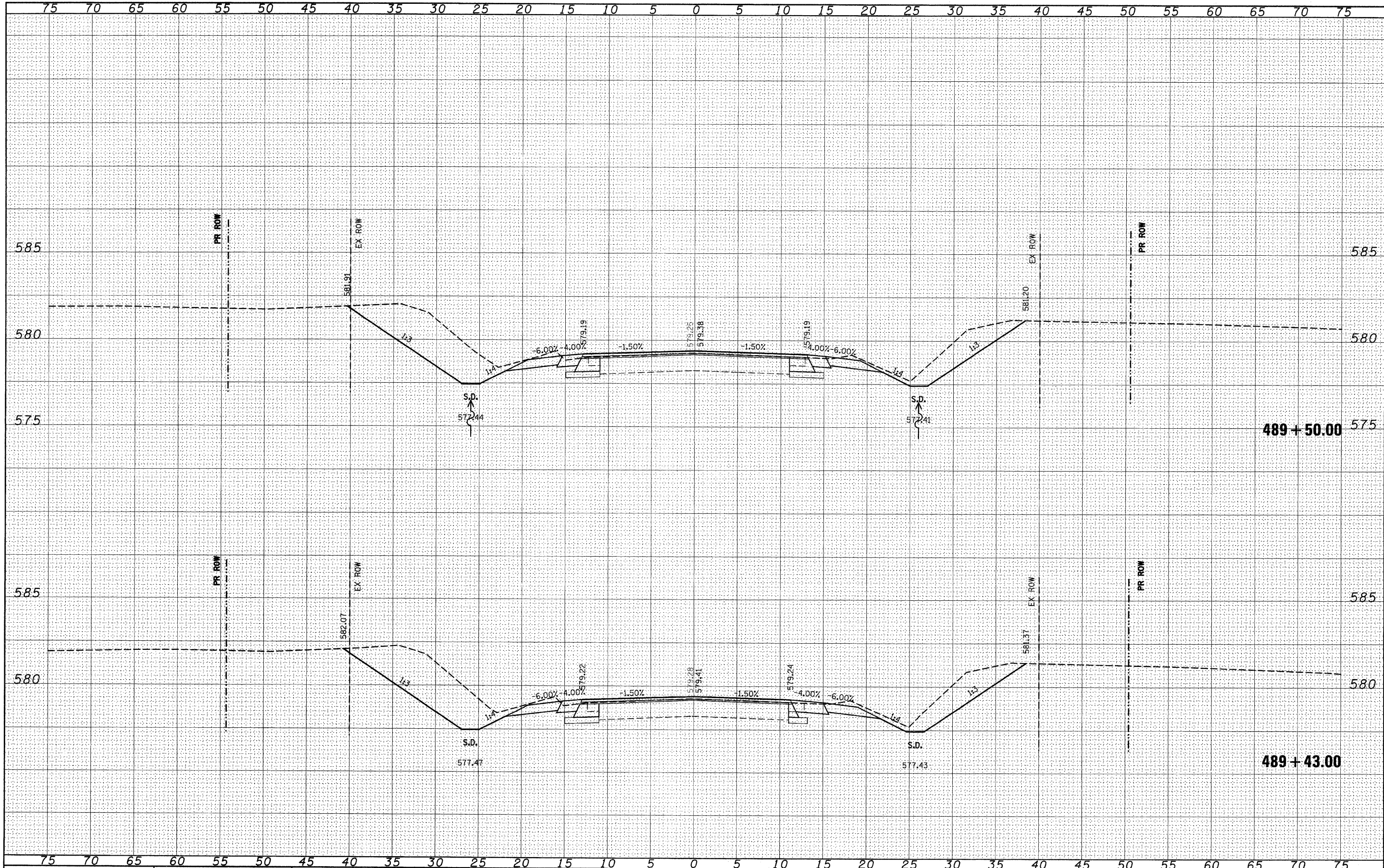


DATE _____ BY _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 AREAS CHECKED _____
 NO. _____

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



FILE NAME =	USER NAME = #USER*	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION		IL 158		F.A.P. RTE. 809	SECTION (133,134)RS-5, 135RS-6	COUNTY ST. CLAIR	TOTAL SHEETS	SHEET NO.
#FILEL*	DRAWN -	REVISED -	762								524	
PLOT SCALE = #SCALE*	CHECKED -	REVISED -	CONTRACT NO. 76A47									
PLOT DATE = #DATE*	DATE -	REVISED -										
SCALE: _____						SHEET NO. ___ OF ___ SHEETS		STA. 489+43.00 TO STA. 489+50.00		ILLINOIS FED. AID PROJECT		