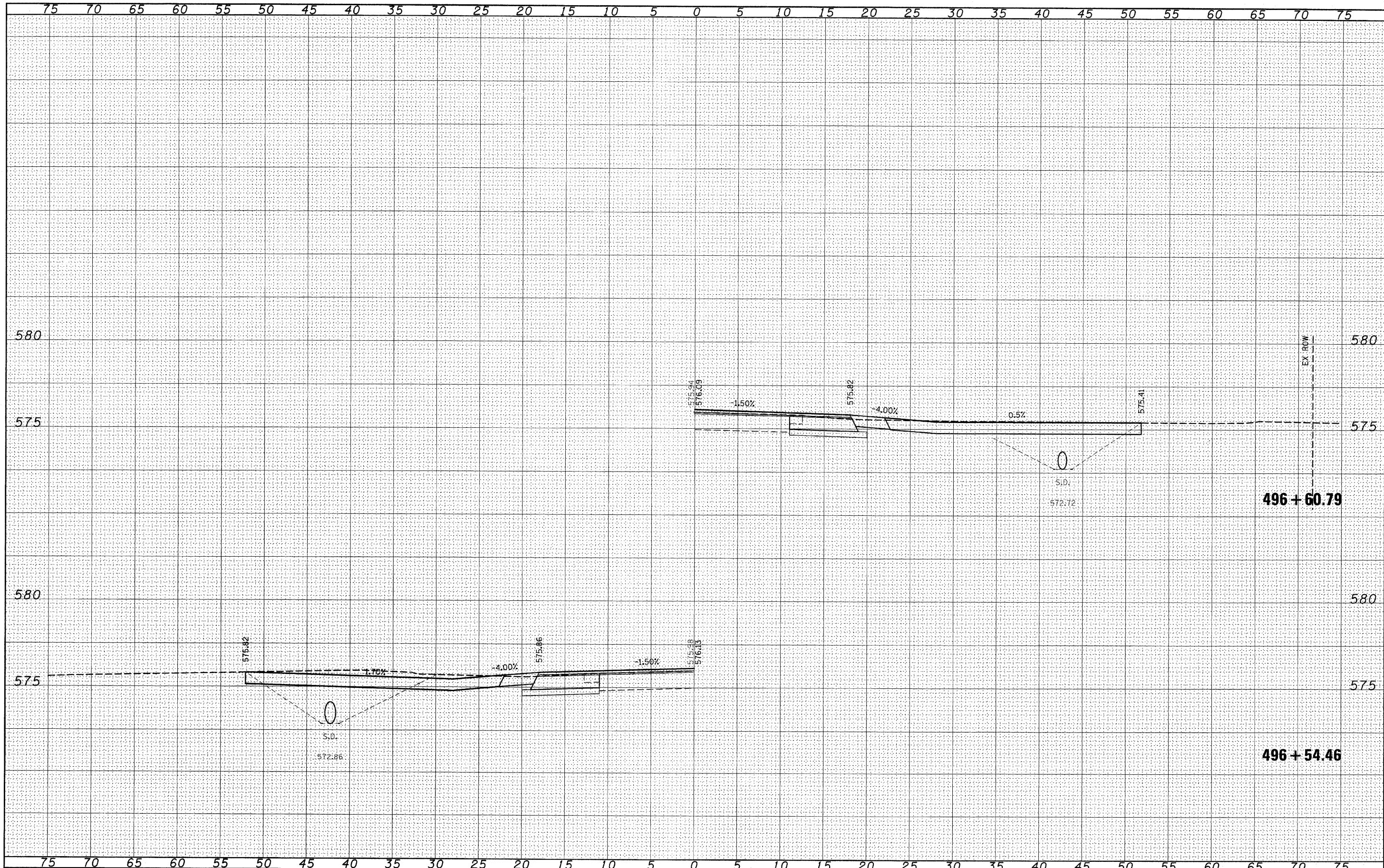


DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 AREAS CHECKED _____
 NO. _____

DATE _____
 BY _____
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 NOTE BOOK _____
 AREAS CHECKED _____
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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 762 SHEET NO. 531 CONTRACT NO. 76A47
FILEL		DRAWN -	REVISED -			
		CHECKED -	REVISED -			
		DATE -	REVISED -			
PLOT SCALE = *SCALE*				SCALE: _____	SHEET NO. ___ OF ___ SHEETS	STA. 496+54.46 TO STA. 496+60.79
PLOT DATE = *DATE*				ILLINOIS FED. AID PROJECT		