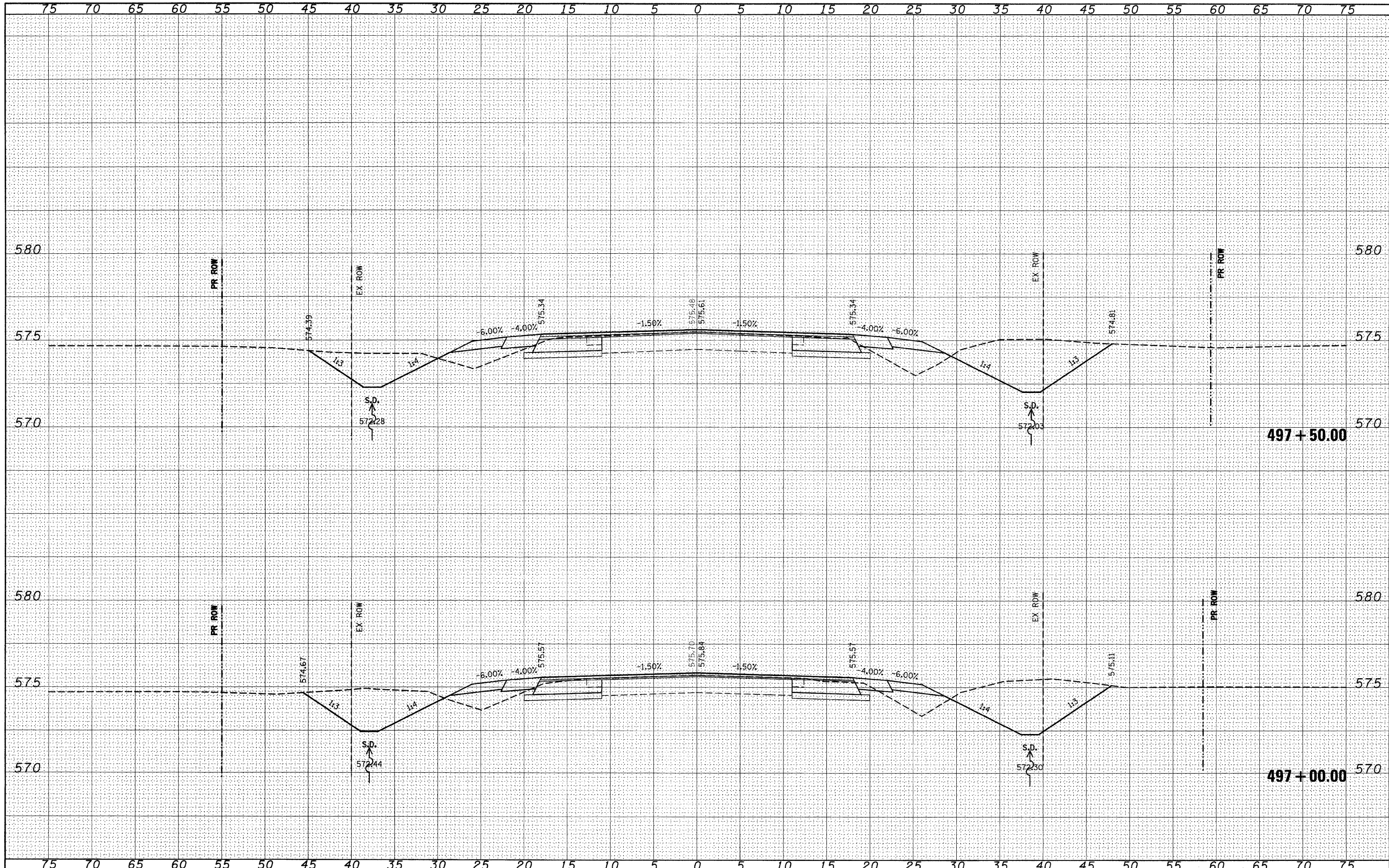


DATE _____ BY _____
 SURVEYED _____ SURVEYED _____
 PLOTTED _____ PLOTTED _____
 NOTE BOOK _____ NOTE BOOK _____
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DATE _____ BY _____
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 AREAS CHECKED _____ AREAS CHECKED _____
 NO. _____ NO. _____



FILE NAME =	USER NAME = *USER*	DESIGNED -	REVISD -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION IL 158 SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 497+00.00 TO STA. 497+50.00	F.A.P. RTE. 809	SECTION (133,134)RS-5, 135RS-6	COUNTY ST. CLAIR	TOTAL SHEETS 762	SHEET NO. 532
#FILE#		DRAWN -	REVISD -		CONTRACT NO. 76447				
PLOT SCALE = #SCALE#		CHECKED -	REVISD -		ILLINOIS FED. AID PROJECT				
PLOT DATE = #DATE#		DATE -	REVISD -						