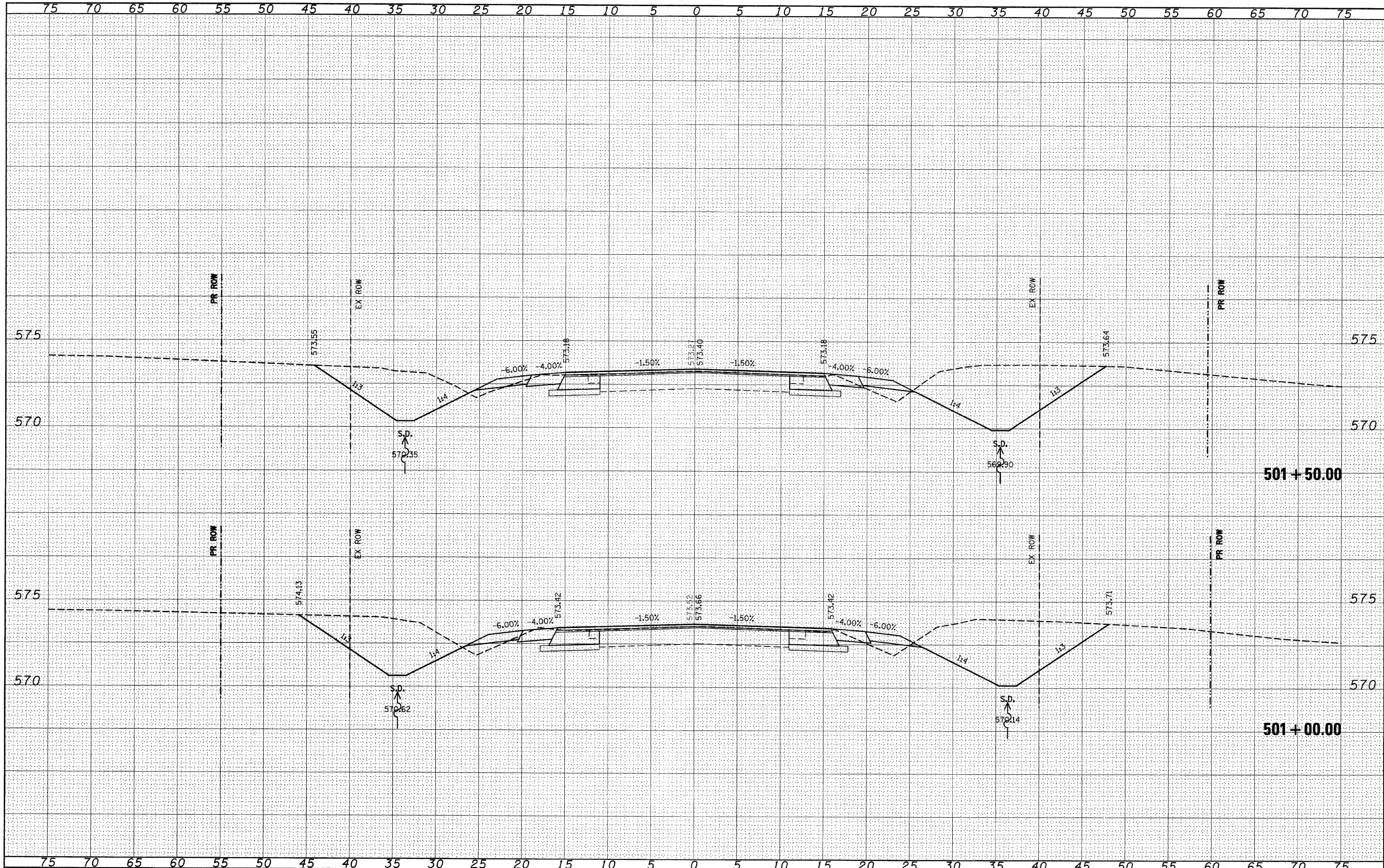


DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 AREAS CHECKED _____

DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 AREAS CHECKED _____



FILE NAME = _____
 #FILE# _____

USER NAME = #USER#	DESIGNED -	REVISED -
	DRAWN -	REVISED -
PLOT SCALE = #SCALE#	CHECKED -	REVISED -
PLOT DATE = #DATE#	DATE -	REVISED -

**STATE OF ILLINOIS
 DEPARTMENT OF TRANSPORTATION**

IL 158
 SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 501+00.00 TO STA. 501+50.00

F.A.P. RTE. 809	SECTION (133,134)RS-5, 135RS-6	COUNTY ST. CLAIR	TOTAL SHEETS 762	SHEET NO. 535
CONTRACT NO. 76A47			ILLINOIS FED. AID PROJECT	