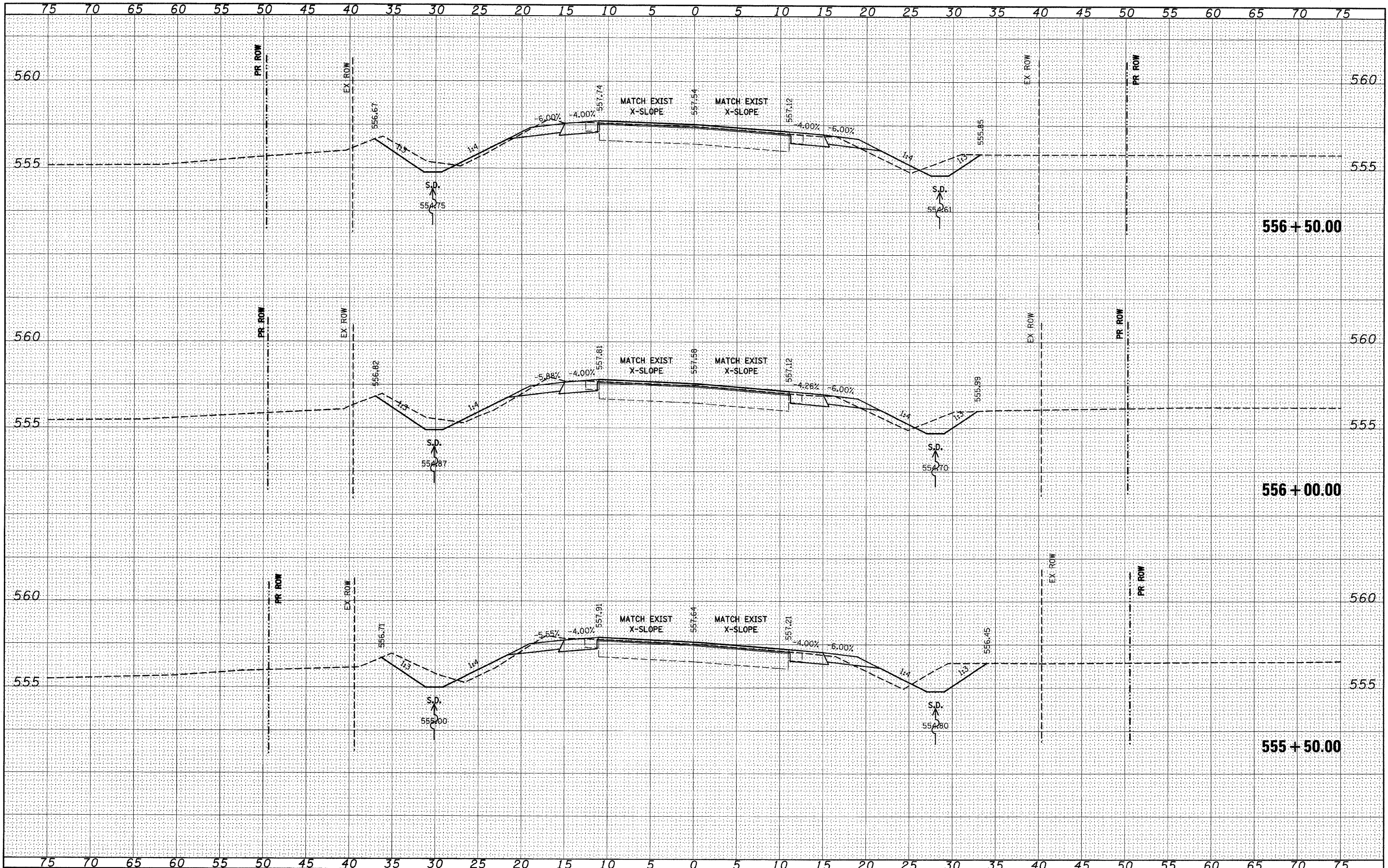


DATE _____
 BY _____
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FILE NAME =	USER NAME = #USER#	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION IL 158	F.A.P. RTE. 809	SECTION (133,134)RS-5, 135RS-6	COUNTY ST. CLAIR	TOTAL SHEETS 762	SHEET NO. 590
#FILE#		DRAWN -	REVISED -		SCALE: _____	CONTRACT NO. 76A47		ILLINOIS FED. AID PROJECT	
		CHECKED -	REVISED -		SHEET NO. ___ OF ___ SHEETS				
		DATE -	REVISED -		STA. 555+50.00 TO STA. 556+50.00				