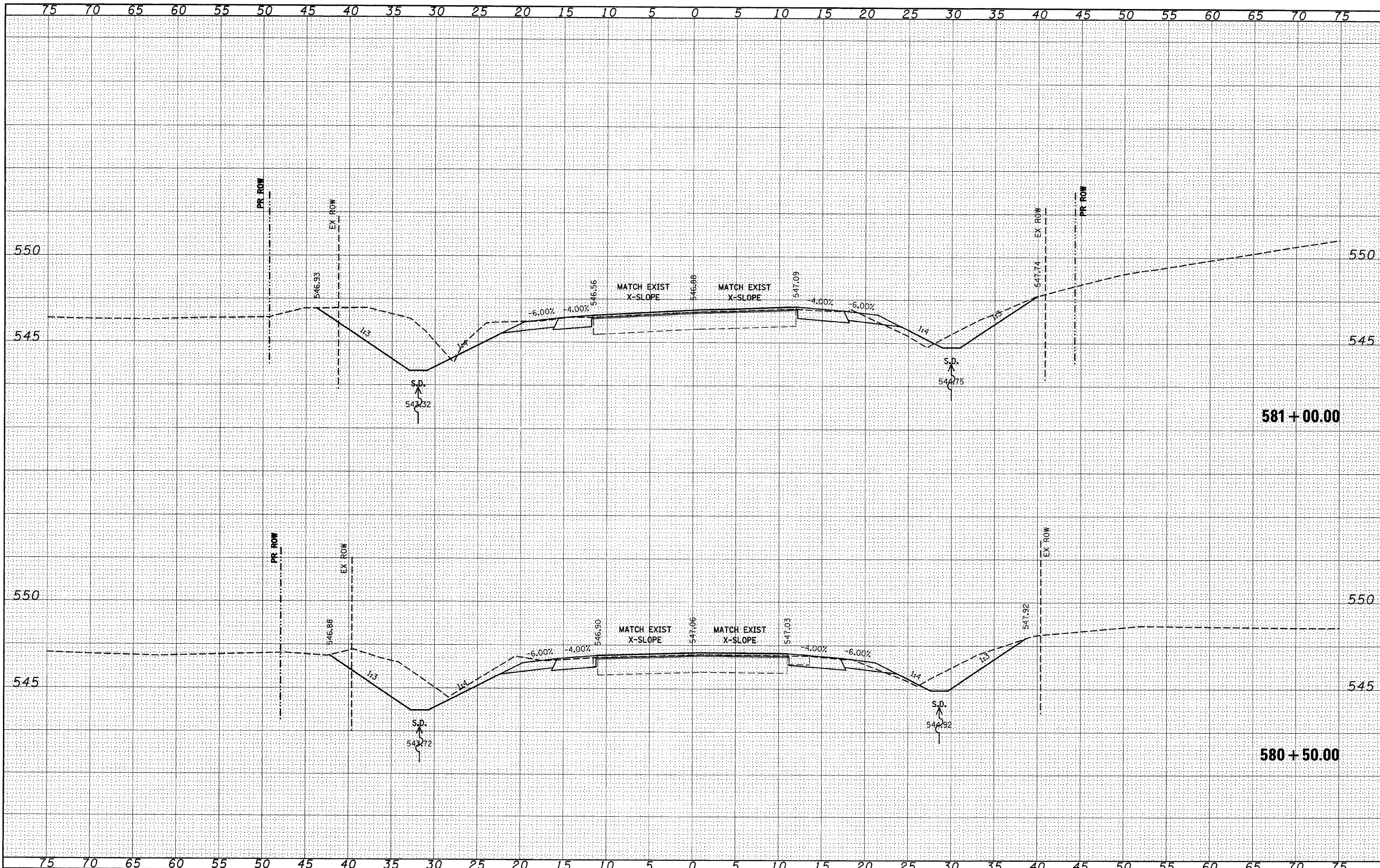


DATE	
BY	
FINAL SURVEY	
FLOTTED	
NOTE BOOK	
NO.	
AREAS CHECKED	

DATE	
BY	
ORIGINAL SURVEY	
FLOTTED	
NOTE BOOK	
NO.	
AREAS CHECKED	



FILE NAME =	USER NAME = #USER*	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	IL 158	F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.	
#FILE#		DRAWN -	REVISED -			809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	600	
		CHECKED -	REVISED -			CONTRACT NO. 76A47					
		DATE -	REVISED -			ILLINOIS FED. AID PROJECT					
				SCALE: _____ SHEET NO. ___ OF ___ SHEETS		STA. 580+50.00 TO STA. 581+00.00					