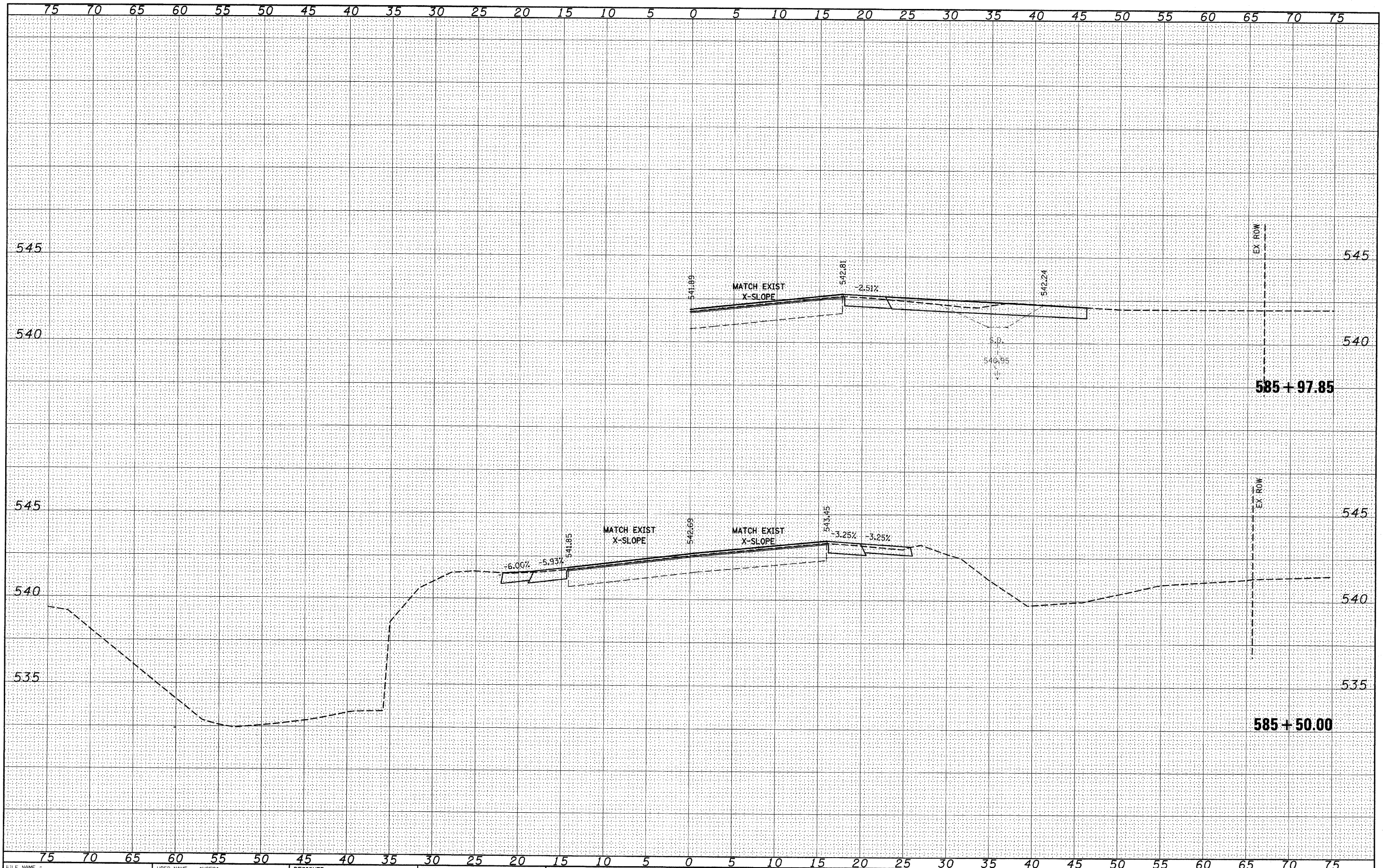


DATE	
BY	
FINAL SURVEY	
SURVEYED	
NOTE BOOK	
TEMPLATE	
AREAS	
CHECKED	
NO.	

DATE	
BY	
ORIGINAL SURVEY	
SURVEYED	
NOTE BOOK	
TEMPLATE	
AREAS	
CHECKED	
NO.	



FILE NAME =	USER NAME = #USER*	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	IL 158	SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 585+50.00 TO STA. 585+97.85	F.A.P. R.T.E. 809	SECTION (133,134)RS-5, 135RS-6	COUNTY ST. CLAIR	TOTAL SHEETS 762	SHEET NO. 607
#FILE#		DRAWN -	REVISED -								
		CHECKED -	REVISED -								
		DATE -	REVISED -								

ILLINOIS FED. AID PROJECT