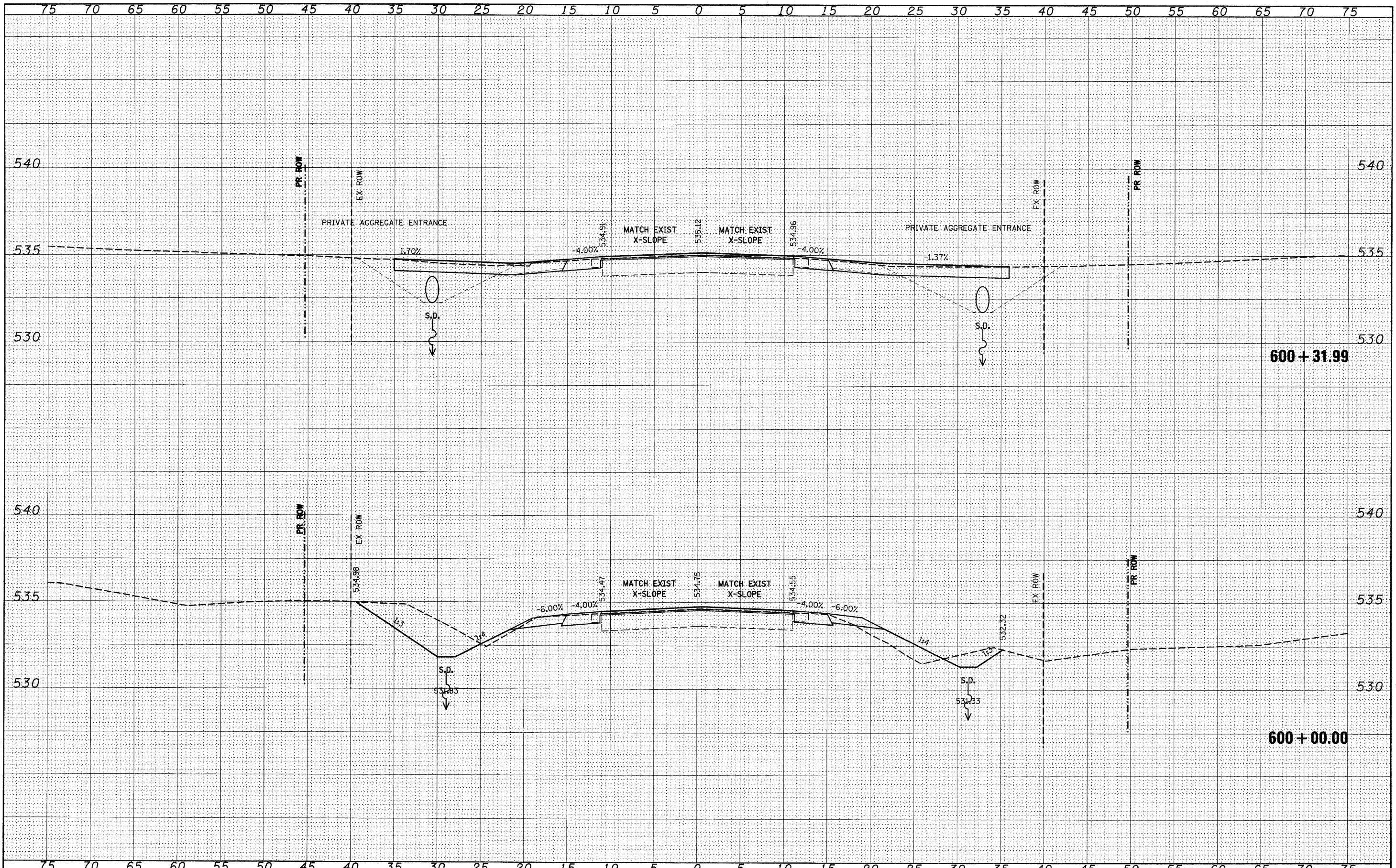


DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 NO. _____
 AREAS CHECKED _____

DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 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-4, 135RS-6	ST. CLAIR	762	625
		CHECKED -	REVISED -		CONTRACT NO. 76A47				
		DATE -	REVISED -		ILLINOIS FED. AID PROJECT				

SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 600+00.00 TO STA. 600+31.99