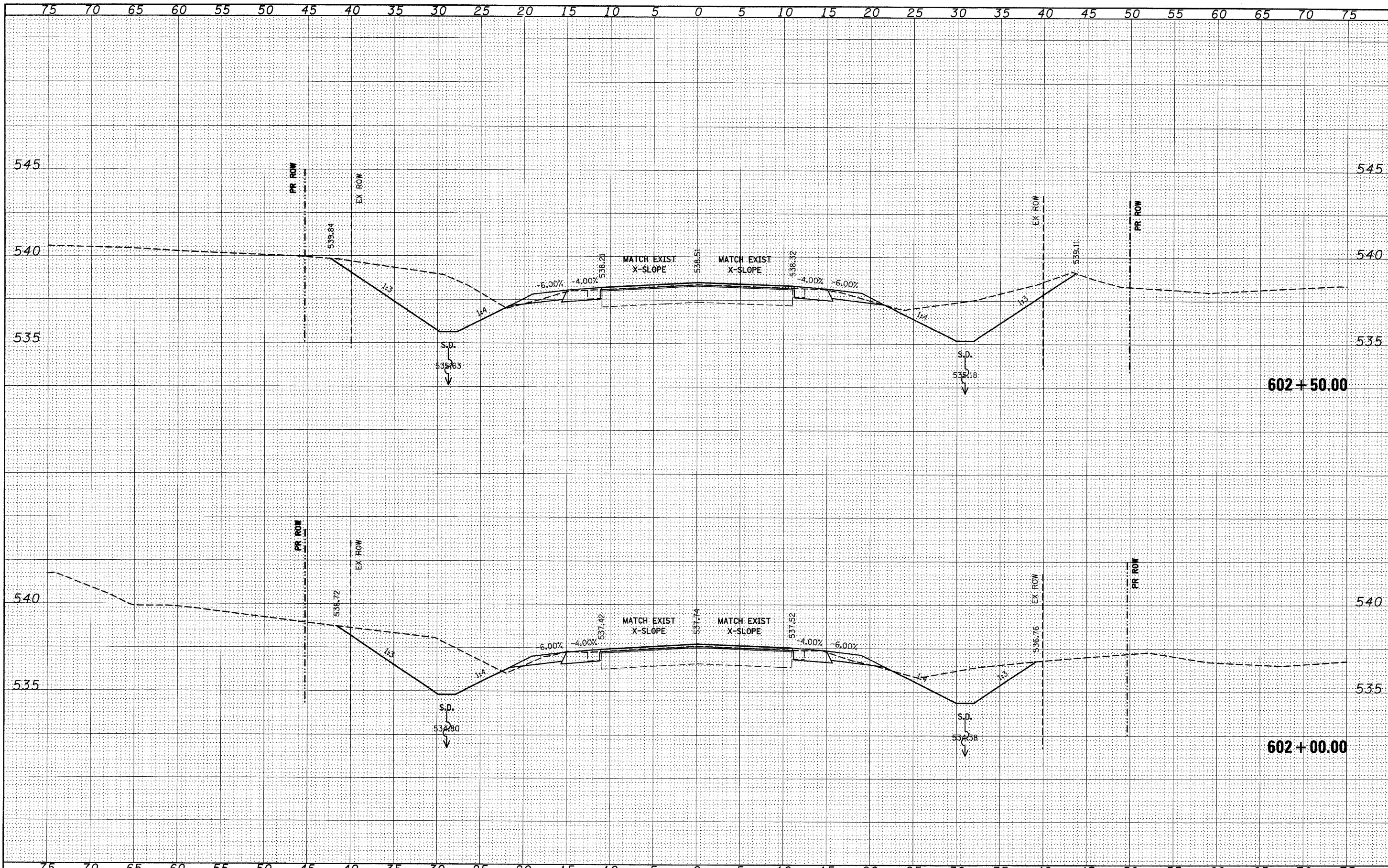


DATE _____
 BY _____
 SURVEYED _____
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 NOTE BOOK _____
 NO. _____
 AREAS CHECKED _____

DATE _____
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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	(133,134RS-4, 135RS-6)	ST. CLAIR	762	628
		CHECKED -	REVISED -		CONTRACT NO. 76A47				
		DATE -	REVISED -		ILLINOIS FED. AID PROJECT				
				SCALE: _____	SHEET NO. ___ OF ___ SHEETS	STA. 602+00.00 TO STA. 602+50.00			