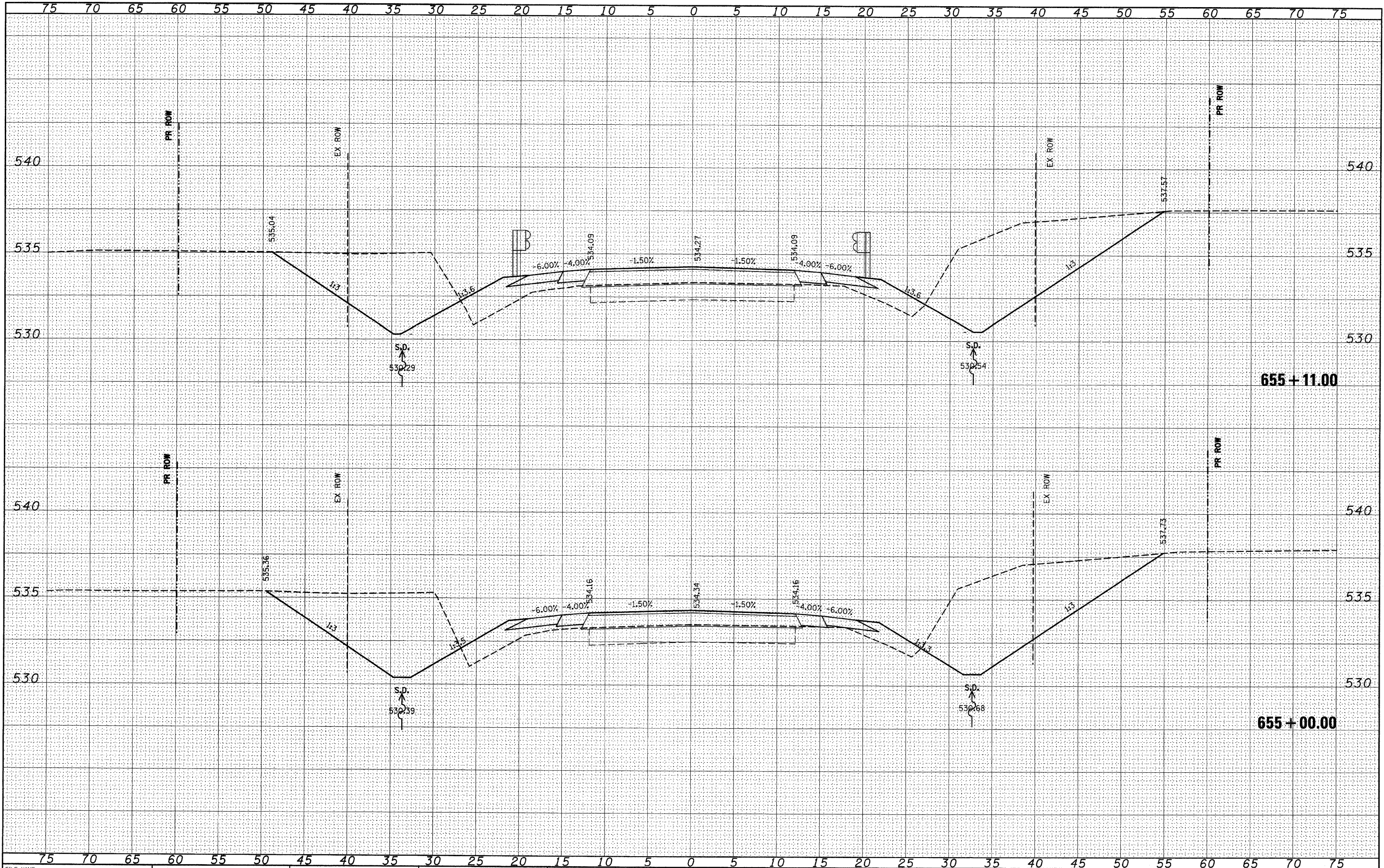


BY: _____ DATE: _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 AS CHECKED _____
 NO. _____

BY: _____ DATE: _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 AS CHECKED _____
 NO. _____



FILE NAME = _____
 #FILE# _____

USER NAME = #USER#	DESIGNED - ---	REVISED - ---
DRAWN - ---	REVISOR - ---	REVISOR - ---
CHECKED - ---	REVISOR - ---	REVISOR - ---
DATE - ---	REVISOR - ---	REVISOR - ---

**STATE OF ILLINOIS
 DEPARTMENT OF TRANSPORTATION**

IL 158
 SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 655+00.00 TO STA. 655+11.00

F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	681
				CONTRACT NO. 76A47
ILLINOIS FED. AID PROJECT				