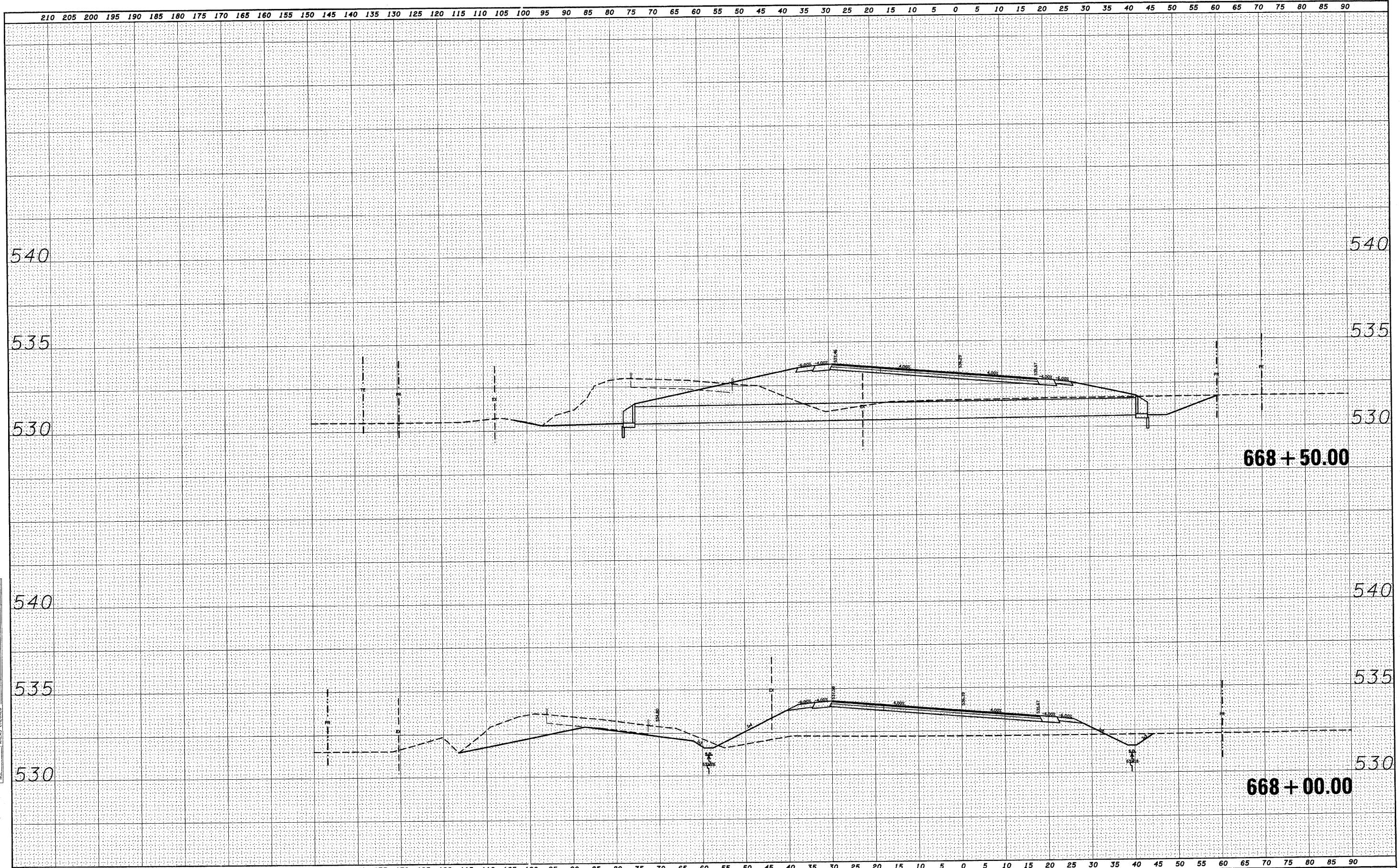


DATE _____
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FILE NAME =	USER NAME = #USER*	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	158 CROSS SECTIONS	F.A.P. RTE. =	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
#FILE#		DRAWN -	REVISED -			809	(133,134)RS-5,135RS-6	ST. CLAIR	762	693
		CHECKED -	REVISED -			SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 668+00.00 TO STA. 668+50.00		CONTRACT NO. 76A47		
		DATE -	REVISED -			ILLINOIS FED. AID PROJECT				