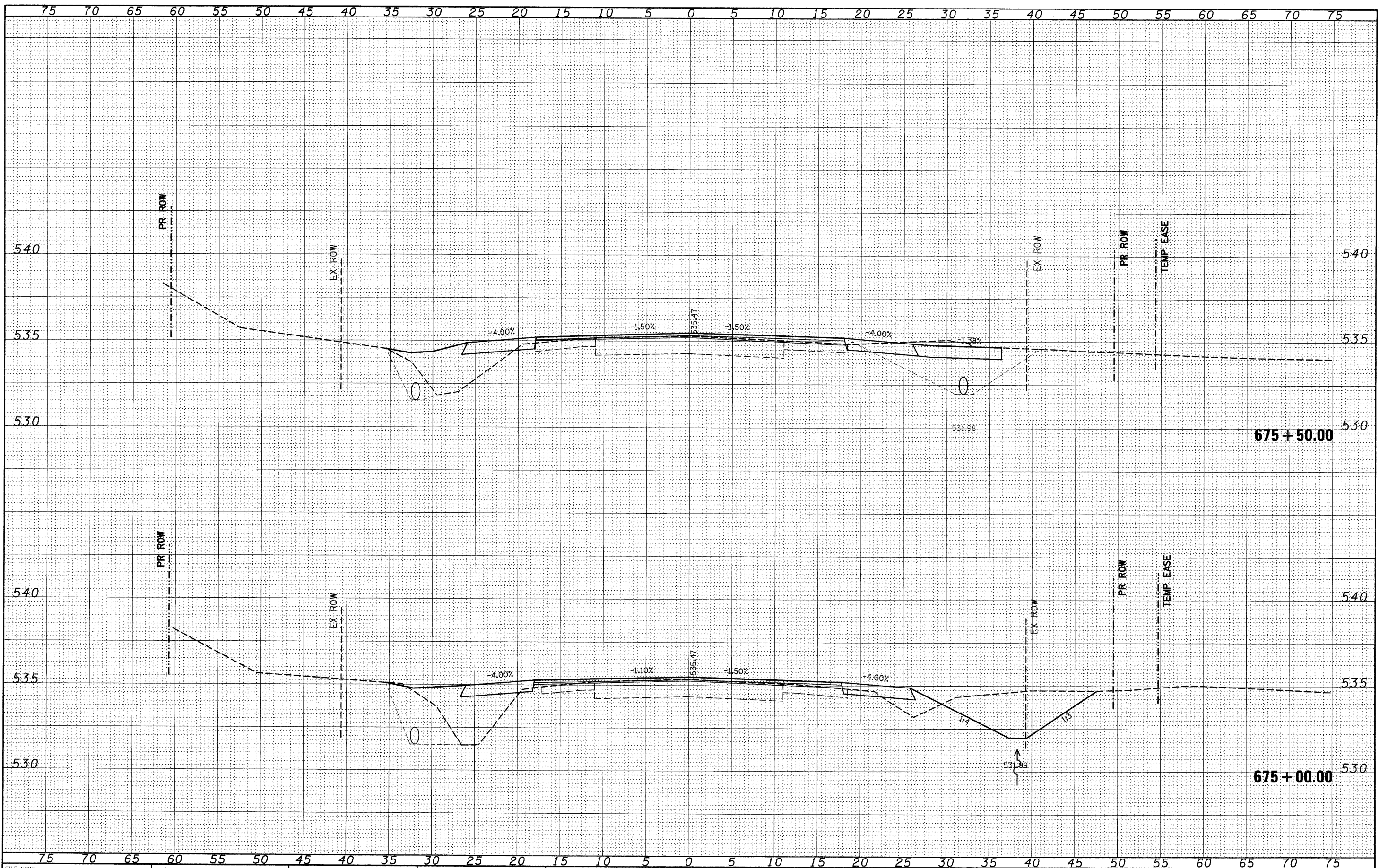


DATE _____
 BY _____
 SURVEYED _____
 PLOTTED _____
 ORIGINAL SURVEY NOTE BOOK NO. _____
 TEMPLATE AREAS CHECKED _____

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



FILE NAME = #FILEL*	USER NAME = #USER*	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	158 CROSS SECTION SCALE: _____ SHEET NO. ___ OF ___ SHEETS STA. 675+00.00 TO STA. 675+50.00	F.A.P. RTE. 809 (133,134)RS-5, 135RS-6	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
	PLOT SCALE = #SCALE*	DRAWN -	REVISED -			ST. CLAIR	762	699		
	PLOT DATE = #DATE*	CHECKED -	REVISED -			CONTRACT NO. 76A47				
		DATE -	REVISED -			ILLINOIS FED. AID PROJECT				