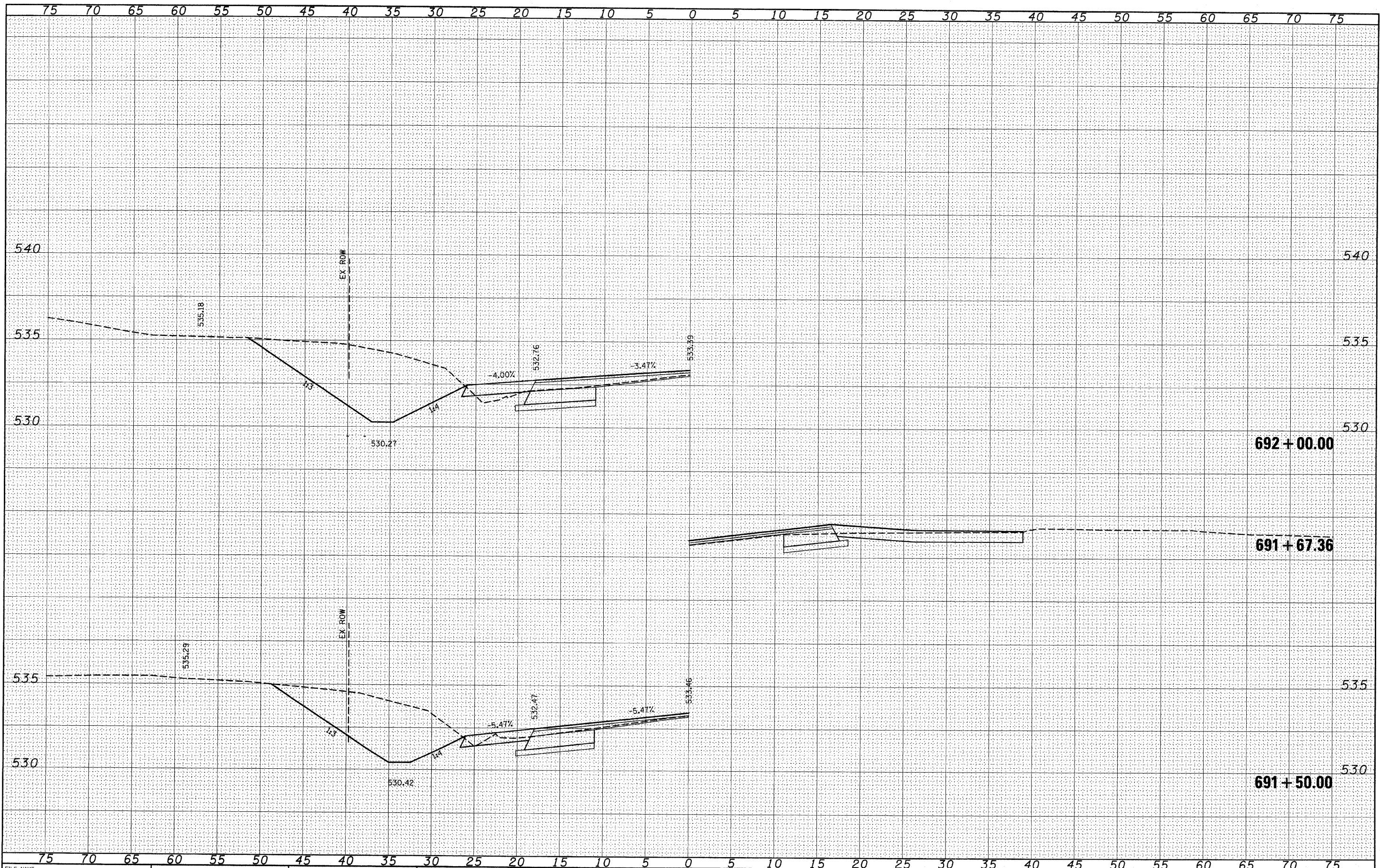


DATE _____ BY _____
 SURVEYED _____
 PLOTTED _____
 NOTE BOOK _____
 AREAS CHECKED _____
 NO. _____

DATE _____ BY _____
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 AREAS CHECKED _____
 NO. _____



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.	
#FILEL#		DRAWN -	REVISED -			.809	(133,134)RS-5, 135RS-6	ST. CLAIR	762	723	
		CHECKED -	REVISED -			CONTRACT NO. 76A47					
		DATE -	REVISED -			ILLINOIS FED. AID PROJECT					
					SCALE: _____	SHEET NO. ___ OF ___ SHEETS		STA. 691+50.00 TO STA. 692+00.00			