



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

DATE: _____
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FILE NAME =	USER NAME = *USERS*	DESIGNED -	REVISED -
FILEL		DRAWN -	REVISED -
Default		CHECKED -	REVISED -
		DATE -	REVISED -

**STATE OF ILLINOIS
 DEPARTMENT OF TRANSPORTATION**

**FAP 717 (IL 10)
 CROSS SECTIONS**

SCALE: SHEET 18 OF 70 SHEETS STA. 495+50.00 TO STA. 496+00.00

F.A.P. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
717	(102B-1,102CR,102BR-2)RS-5	LOGAN	218	108
CONTRACT NO. 72B82			ILLINOIS FED. AID PROJECT	