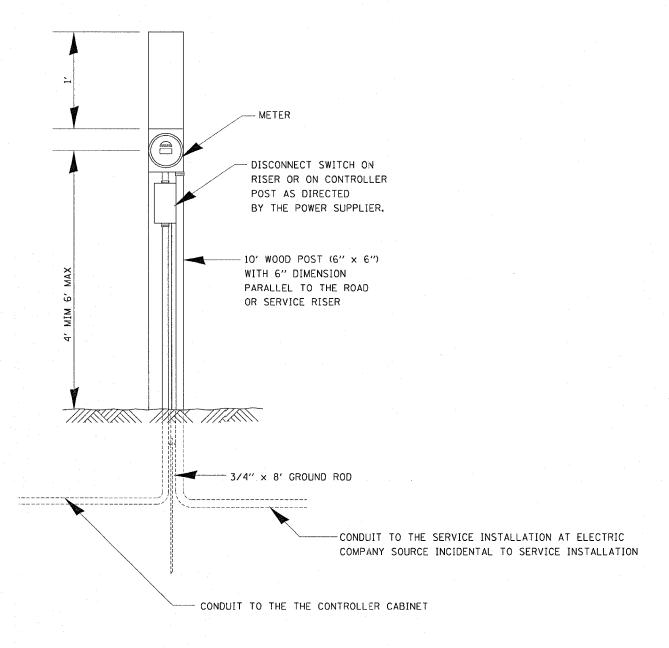
F.A.I RTE.	A.I . SECTION				COUNTY		TOTAL	SHEET NO.	
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ELECTRIC SERVICE INSTALLATION, SPECIAL (SEE SPECIAL PROVISIONS)

REVISIONS NAME	DATE ILLINOI	S DEPARTMENT (	OF TRANSPORTATION
	SCALE: VERT.  DATE		DRAWN BY CHECKED BY