

F.A.P. SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
597 582-K-1-13	COOK	2	2
STA. _____ TO STA. _____			
FED. ROAD DIST. NO.	ILLINOIS	FED. AID PROJECT	

INDEX OF SHEETS

1. COVER SHEET
2. INDEX OF SHEETS, GENERAL NOTES, STATE STANDARDS
3. SUMMARY OF QUANTITIES
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STATE STANDARDS

- 701301-02 LANE CLOSURE, 2L, 2W, SHORT TIME OPERATIONS
- 701601-04 URBAN LANE CLOSURE, MULTILANE, 1W OR 2W WITH NONTRAVERSABLE MEDIAN
- 701801-03 LANE CLOSURE, MULTILANE 1W OR 2W CROSSWALK OR SIDEWALK CLOSURE
- 702001-06 TRAFFIC CONTROL DEVICES
- 704001-02 TEMPORARY CONCRETE BARRIER

GENERAL NOTES

BEFORE STARTING ANY EXCAVATION, THE CONTRACTOR SHALL CALL "J.U.L.I.E" AT (800) 892-0123 FOR FIELD LOCATIONS OF BURIED ELECTRIC, TELEPHONE AND GAS UTILITIES. 48 HOUR NOTIFICATION IS REQUIRED.

THE CONTRACTOR WILL NOT BE ALLOWED TO SET UP A YARD OR FIELD OFFICE ON STATE PROPERTY WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT.

THE DETACHMENT AND REATTACHMENT OF GUARDRAIL TERMINAL SECTIONS SHALL BE INCLUDED IN THE COST OF TRAFFIC CONTROL AND PROTECTION.

ALL DAMAGE TO EXISTING PAVEMENT MARKINGS OR RAISED REFLECTIVE PAVEMENT MARKERS OUTSIDE THE REMOVAL LINE SHOWN ON THE PLANS SHALL BE REPLACED AT THE CONTRACTOR'S EXPENSE.

BEFORE BEGINNING ANY WORK, THE CONTRACTOR SHALL RETAIN AND RECORD FOR FUTURE REFERENCE, ALL EXISTING PAVEMENT MARKING LINES AND RAISED REFLECTIVE PAVEMENT MARKERS IN ORDE THAT THESE LOCATIONS CAN BE RE-ESTABLISHED FOR STRIPING. EXACT LOCATIONS OF ALL PAVEMENT MARKINGS SHALL BE AS DIRECTED BY THE ENGINEER.

IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY ALL DIMENSIONS AND CONDITIONS EXISTING IN THE FIELD PRIOR TO CONSTRUCTION AND ORDERING OF MATERIALS.

THE CONTRACTOR SHALL CONTACT THE DISTRICT ONE TRAFFIC CONTROL SUPERVISOR AT (847) 705-4470 A MINIMUM OF 72 HOURS IN ADVANCE OF BEGINNING WORK.

THESE PLANS HAVE BEEN PREPARED FROM NOTES RECEIVED FROM BRIDGE INSPECTORS.

DO NOT SCALE PLANS FOR CONSTRUCTION DIMENSIONS.

PLOT DATE \* 3/29/2006  
 PLOT SCALE \* 1/8"=1'-0"  
 USER NAME \* aaronlauer

REVISIONS		ILLINOIS DEPARTMENT OF TRANSPORTATION
NAME	DATE	
		GENERAL NOTES, INDEX OF SHEETS, STATE STANDARDS

SCALE: VERT. \_\_\_\_\_  
 HORIZ. \_\_\_\_\_  
 DATE \_\_\_\_\_

DRAWN BY \_\_\_\_\_  
 CHECKED BY \_\_\_\_\_