





PLAN  
 DRAWN BY: [Signature]  
 CHECKED BY: [Signature]  
 DATE: [Date]

PROFILE  
 DRAWN BY: [Signature]  
 CHECKED BY: [Signature]  
 DATE: [Date]

State	Project No.	Fiscal Year	Sheet No.
Ill.	1-23-5442	1964	12

AS SHOWN ON 12/10/64  
 ALL ELEVATIONS TO BE REMOVED  
 12/20/64