

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

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