

DATE \_\_\_\_\_  
 BY \_\_\_\_\_  
 ORIGINAL SURVEY \_\_\_\_\_  
 SCOTTED \_\_\_\_\_  
 SURVEY \_\_\_\_\_  
 TEMPLATE \_\_\_\_\_  
 NOTE BOOK \_\_\_\_\_  
 AREAS \_\_\_\_\_  
 CHECKED \_\_\_\_\_  
 NO. \_\_\_\_\_

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