Name **Service No.**

Address #3 APOLLO CIRCLE (LOT 5)

Location

Kind of Pipe AC **Size** 6" **Size of Main** 8"

Repair—Renewal—New Service DeFelice #3225 **Location**

Date	Material	Amount	Total	Date		Amount
	18' - 6" ACP					
8/16/77	32' - 6" ACP					
	10' - 4" CI					

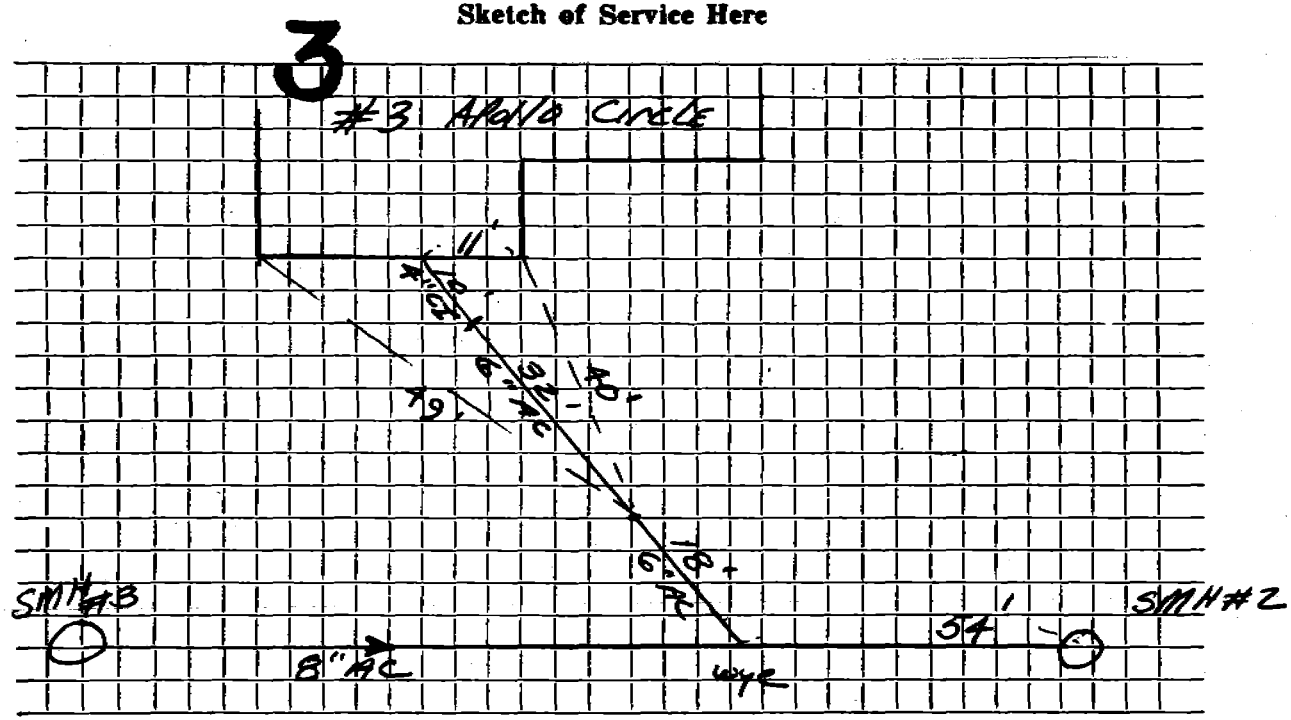
U. B.N. 18501

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here



Connection made in Apollo Circle ~~Street.~~ Work completed .....

Remarks: .....