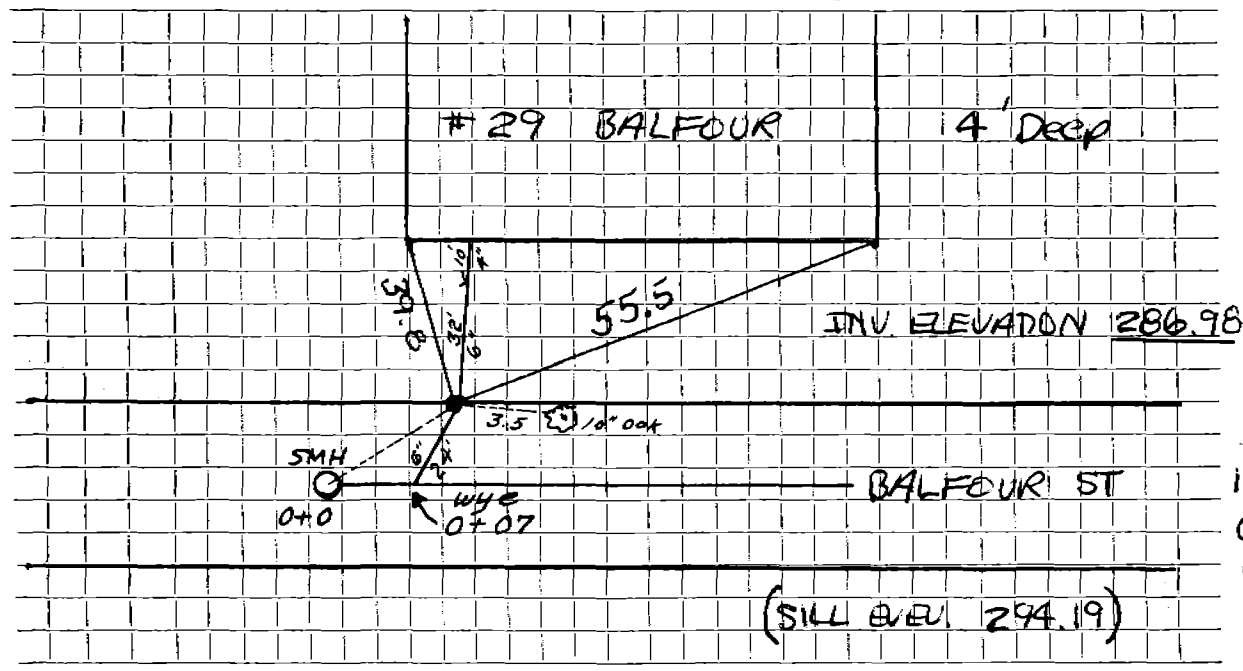




DATE \_\_\_\_\_

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS  
SEWER DIVISION

Sketch of Service Here **29**



NOTE : THIS  
INVERT IS  
ONLY 0.4'  
BELOW CELAR  
FLOOR

Connection made in ..... Street. Work completed .....

Remarks: .....  
.....  
.....