Name Todd Reality Trust **Service No.**

Address 11 Carol Lane

Lot # 9 **Location**

Kind of Pipe **Size** **Size of Main**

Repair—Renewal—New Service Lucente # 1000 DeFelice #1120 **Location**

Date		Material	Amount		Total		Date			Amount	
~~1968~~	~~40'~~	~~6" Transite Pipe~~									
8/1/68	49'	6" Transite Pipe									
	10'	4" Cast Iron						1968			
								40'	6" Transite		
								1	6" X 8" Wye		

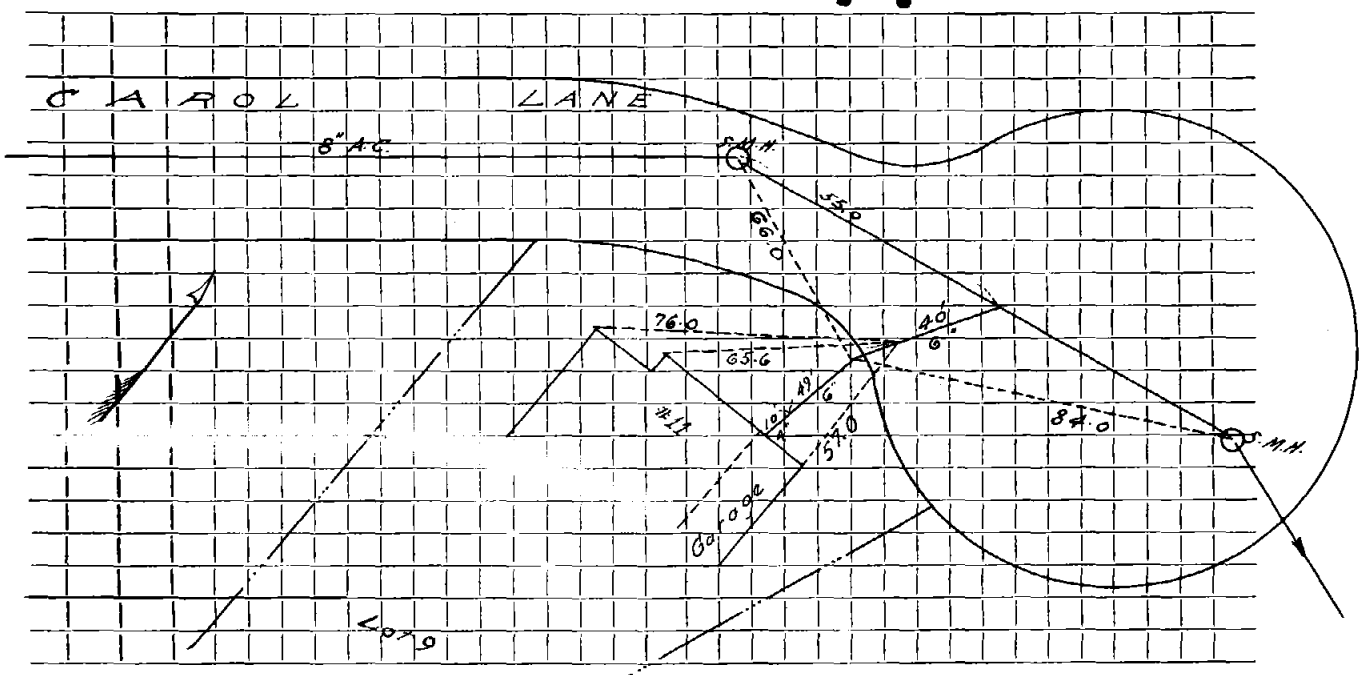
H.B.M.18501

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here 11



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

Remarks: .....

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