Name **Service No.**

Address 34 Dawes Road

Vacant lot adjoining #1 Lantern Lane **Location**

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

Repair—Renewal—New Service **Location**

Date		Material	Amount		Total		Date			Amoun
~~1965~~	~~11'~~	~~Transite pipe~~ @7.00			77	00				
		installed by contractor								
								1965		
								11'	6" Trans Te	

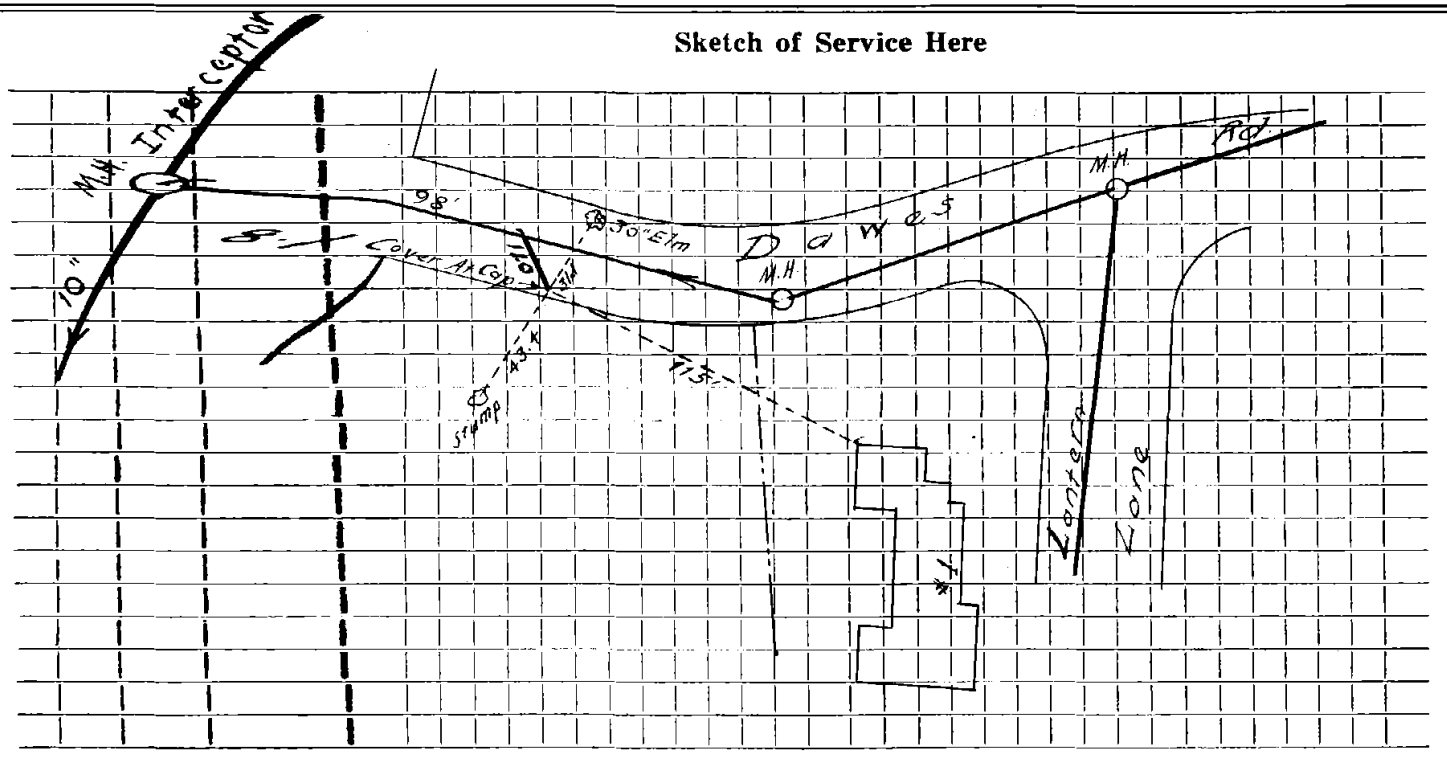
H.B.M.18501

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here



ction made in ..... Street. Work completed .....

rks: .....

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