Name | **Service No.**

Address

34 Morelandd Ave. **Location**

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

Repair—Renewal—New Service | **Location**

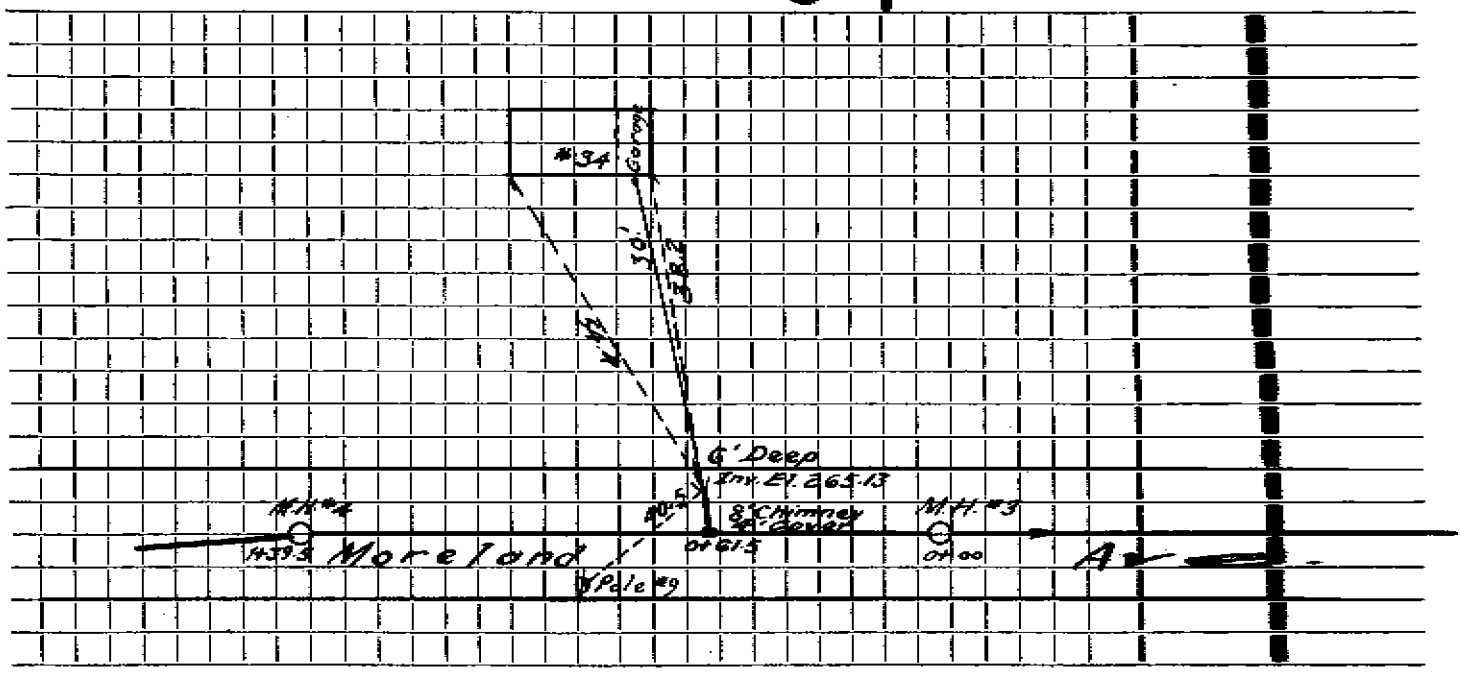
Date		Material	Amount	Total	Date			Amount
5-	65							
	30'	6" Transite						
					8-23-	60		
						10'	6" Transite	
						1	6"-22½° Elbow	

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here 34



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

Remarks: .....

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