

Name**Service No.****Address**

3 Springdale Road

Lot # 2**Location****Kind of Pipe****Size** 6"**Size of Main** 8"**Repair—Renewal—New Service**

Malone # 2465 DeFlice #2577

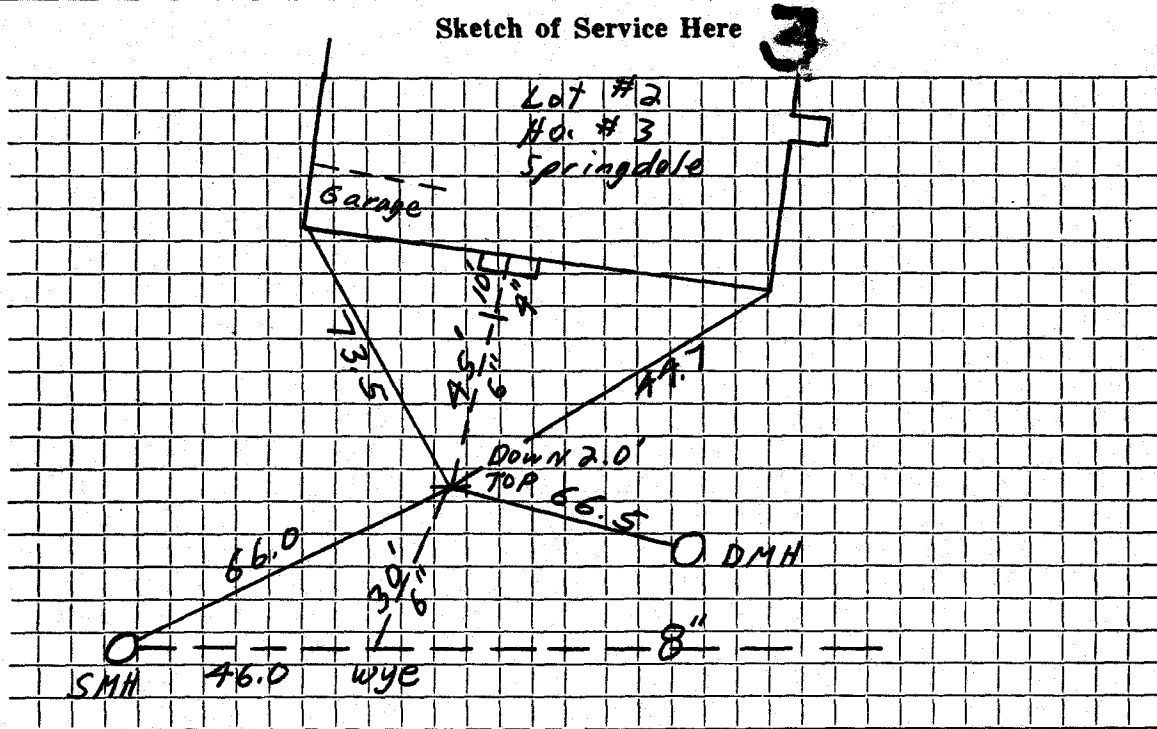
Location

Date	Material	Amount	Total	Date	Amount
4/2/74	30' 6" Transite				
11/5/74	45' 6" Transite pipe				

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS
SEWER DIVISION

Sketch of Service Here



Connection made in Springdale Street. Work completed

Remarks:

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