Name **Service No.**

Address *10 Springdale Road*

Lot # 8 **Location**

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

Repair—Renewal—New Service *Malone # 2472* **Location**

Date		Material	Amount		Total		Date			Amount	
4/2/74	21'	6" Transite									
6-21-74		10' 4" CI									
		36' 6" AC									
							4-19-75		Rapsd debris in MH		

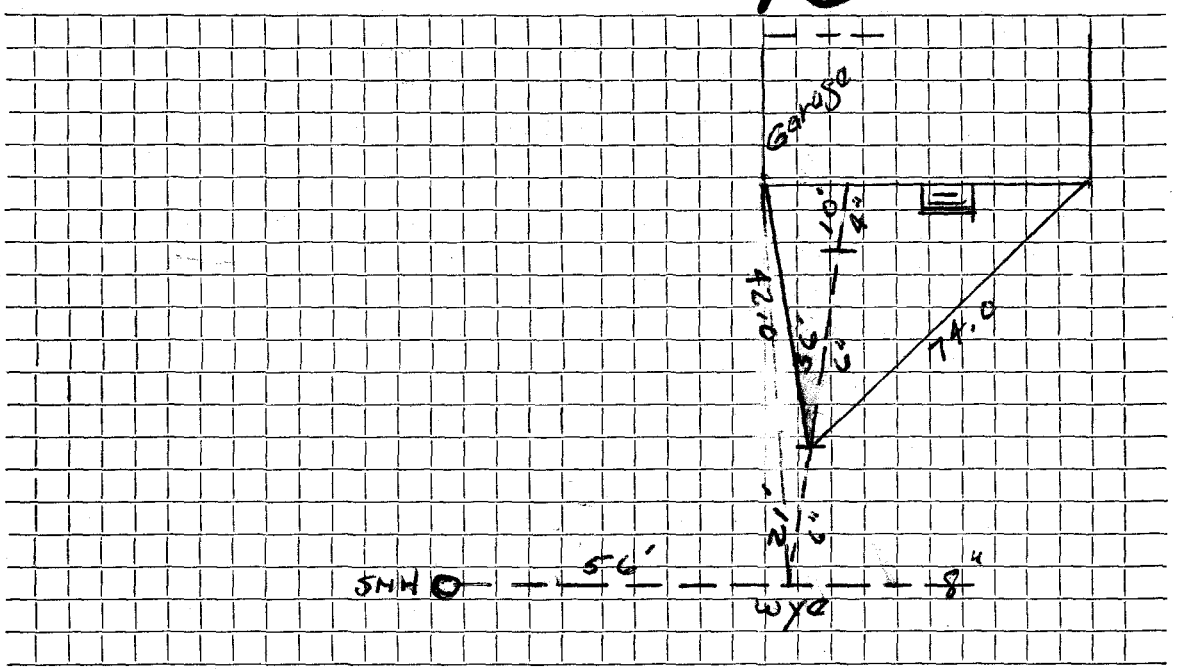
.B.M.18501

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here 10



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

Remarks: .....

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