

ST MARY'S COUNTY METROPOLITAN COMMISSION

Request for Alternate House Service Line Connection *

Request by (check one) : Builder - Developer - Plumber

Date: _____

APPLICANT INFORMATION	PROPERTY INFORMATION
Applicant Name:	Subdivision:
Firm Name:	Lot No.:
Phone:	Lot Address:
Fax:	LUGM No.:
E-mail:	Connection Status (check one): Complete Incomplete

Inspector Assigned: _____

Reason for Consideration (check all applicable)

- Deep Sewer Connection (Greater than 10') _____
- Adjacent Utilities (w/l 10' radius) _____
- Adjacent Pavements _____
- Unsuitable Soils _____
- Other (please Describe) _____

Conditions for Exceptions

- Location of cleanout riser _____
- Depth to 6" wye branch _____ ft _____ in
- Depth to completed connection _____ ft _____ in

Conditions Present (answer yes or no)

- Ground water _____
- Unsuitable soils _____
- Adjacent pavements _____
- Sewer Block Installed? _____
- Other Conditions (please specify) _____
- Miscellaneous Comments _____

Underground Utilities within 10' radius (answer yes or no)

- Metrocast _____
- SMECO _____
- Verizon _____
- Washington Gas _____
- Other (please specify) _____
- MissU Marks present? _____
- Photographic Records attached _____

Applicant

Inspector Verification

FOR OFFICE USE ONLY

Engineer Recommendations (check all applicable)

- Additional Test Pitting _____ Lamp Hole Required _____
- Witness the Installation _____ Maximum Allowable Drop _____

Approved by Chief Engineer: _____

Date: _____

Distribution to (circle all applicable) LUGM MDIA

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*Permission to proceed requires prior approval of the Engineer.