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:		
	Applicant	Inspector Verification
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	ftin	ft in
Depth to completed connection	ft in	ftin
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		
FOR OFFICE USE ONLY		
Engineer Recommendations (check all applicable)		
Additional Test Pitting Lamp Hole Required	_	
Witness the Installation Maximum Allowable Drop	_	
Approved by Chief of Construction:	Date:	
Distribution to (circle all applicable) LUGM	MDIA FILE	
*		

*Permission to proceed requires prior approval of the Chief of Construction.