Self Lay Mains Scheme Commissioning



This form must be returned with a copy of the as laid drawing to show the relevant section of <u>main</u>

Email: SelfLay@nwl.co.uk

			Lilian.	JOILE	<u> </u>	IWI.CO.uk					
NW Ref.	Q										
Date Sent to NW											
Self Lay Organisa	ation (SL	O)									
Site Contact Nam											
Contact Telephor	ne Numb	er									
Site address											
Location/Section main and Plot No											
Material			Lenç (m)		gth			Diameter (mm)			
Test data to be completed by tester Operation Date						Operation			Date		
Charge Main	•					Chlorination					
Swabbed (Complete swabbing record overleaf)					De-chlorinated and Flush						
Pressure test (Test certificate to be attached)					Final Sample						
Disinfection		Resu	lt								
Chlorine concentration – start				mg/l							
Chlorine concentration – end				mg/l							
Chlorination contact time (Min. 16hrs)			(hc	ours)							
Print Name					Signa	ture					

Company

Date

Self Lay Mains Scheme Swabbing Record

Please complete the table below

Locatio	n from										
Locatio	n to										
Installation Method (please tick)			Drilled			Open Cut		ourst	Slipline		
If drilled, lubricant used (please tick)			Water			Bentor			Other (state)		
Installed jointing Method (please tick)			Butt fused coils			Electro fu	usion join	s Combination of both			
Pipe Length (m)		F	Pipe material and class/SDR			Pipe size (mm)			Pipe nominal bore (mm)		
Swab	Туре	Diameter of swab (min)	V	Water elocity (m/s)	Confirm removal of swab		Clarity (describe)			e if completed by and	
1		,		X - 7					.		
2											
3											
4											
5											
6											
Date			Swabbed By				Dis	Discharge monitored by			
I confirm that the length of pipe has been swabbed in accordance with the Disinfection Code of Practice and that after passes of a swab, the water in front of the final swab was clear with no particulate material present. The final swab had no ingrained material present nor was it discoloured. (To be signed by the Competent Person)											
Print Name						Signature					
Company							Date				
NW office use only Date form received at New Development Date form passed to Construction Supervisor											