## **Self Lay Mains Scheme Request for testing and sampling**



## This form must be emailed to NW prior to commencement of testing and sampling

Email: developerservicessouth@eswater.co.uk

NW Ref.	Q					
Date Sent to NW						
Self Lay Organisation	n (SLO)					
Site Contact Name						
Contact Telephone N	Number					
Site address						
Location/Section of main and Plot No.'s						
Material		I .	ength n)		Diameter (mm)	
Please note dates provi are required and not pro	posed date	s or week con	nmencing			
Date pressure testing a chlorination will comme (Minimum notice 15 working or	nce					
(To be signed by the Com	petent Persor	۱)				
ic v						
Print Name			Signat Date	ture		

NW office use onl

Date form received by New	Date form passed to	
Development	Construction Supervisor	