Self Lay Mains Scheme Request for testing and sampling



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

Email: newdevelopmentwater@nwl.co.uk

NW Ref.	Q					
Date Sent to NW						
Self Lay Organisat	ion (SLO)					
Site Contact Name						
Contact Telephone	Number					
Site address						
Site address						
Location/Section o	f					
main and Plot No.'s						
Material			ength n)		Diameter (mm)	
			•			
Please note dates p					er resources,	therefore actua
dates are required an	a not proposea	dates or we	ek comn	nencing dates.		
Please	Note: You mi	ust provide	a minim	um of 5 workin	a davs notic	e.
		•			•	
Date pressure testing						
chlorination will com (Minimum notice 15 worki						
(To be signed by the Co	mpetent Person)	Cian	atura		
Print Name				ature		
Company			Date			

NW office use only

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