## **Self Lay Mains Scheme Commissioning**



## This form must be returned with a copy of the as laid drawing to show the relevant section of main

Email: newdevelopmentwater@nwl.co.uk

NW Ref.	Q						
Date Sent to NW							
Self Lay Organisation	n (SLO)						
Site Contact Name							
Contact Telephone N	lumber						
Site address							
Location/Section of main and Plot No.'s							
Material			ngth	Diar (mn		meter	
Cest data to be complete Operation	Date	f main.	Оре	eration		Date	
Charge Main				rination			
Swabbed (Complete swabbing record over	erleaf)		De-c	hlorinated and Fl			
Pressure test (Test certificate to be attached)				Sample			
			•				
Disinfection	Resu	lt					
Chlorine concentration –	start	mg/l					
Chlorine concentration –	end	mg/l					
Chlorination contact time (Min. 16hrs)		(hours)					
Print Name			Signa	nture			

Company

Date

## Self Lay Mains Scheme Swabbing Record

## Please complete the table below

Locatio	n from										
Locatio	n to										
Installation Method (please tick)			Drilled		0	pen Cut	Pipeburst		Slipline		
If drilled, lubricant used (please tick)			Water			Bentonite			Other (state)		
Installed jointing Method (please tick)		Butt fused coils			Electro fusion joins		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 o	of	Clarity (describe)	Dek (desci	ribe if		
1		,		X - 7					<b>.</b>		
2											
3											
4											
5											
6											
Date			Swabbed By				Dis	Discharge monitored by			
that afte present.	r The fina	passes of	a swak no ing	o, the wat grained m	ter in front o	f the f		s clear w		ode of Practice and particulate material	
Print Name							nature				
Company			Di			Date					
NW office use only  Date form received at New  Development  Date form passed to  Construction Supervisor											