## **Self Lay Mains Scheme Completed Service connections**



This form must be returned to NW within five working days of making a service connection. Meters will be installed within five working days of receipt of this form.

Email: newdevelopmentwater@nwl.co.uk

| NN4/ D (   |              |                   |  |                      |                     |  |
|--|--------------|-------------------|--|----------------------|---------------------|--|
| NW Ref. Q  |              |                   |  |                      |                     |  |
| Date Sent to NW  |              |                   |  |                      |                     |  |
| Self Lay Organisation  |              |                   |  |                      |                     |  |
| Site Contact Name  |              |                   |  |                      |                     |  |
| Contact telephone Number   |              |                   |  |                      |                     |  |
| Site address:  |              |                   |  |                      |                     |  |
| Plot<br>Number   | WR<br>Number | Date<br>Connected | Trickle flow<br>plug fitted<br>(Tick to confirm) | Full Po              | Full Postal Address |  |
|  |              |                   |  |                      |                     |  |
|  |              |                   |  |                      |                     |  |
|  |              |                   |  |                      |                     |  |
|  |              |                   |  |                      |                     |  |
|  |              |                   |  |                      |                     |  |
|  |              |                   |  |                      |                     |  |
|  |              |                   |  |                      |                     |  |
| I confirm the above service connections have been carried out in accordance with the Self Laying of Water Mains and Services (2 <sup>nd</sup> Edition), a Code of Practice for England and Wales |              |                   |  |                      |                     |  |
| Print Name   |              |                   |  | Signature            |                     |  |
| Company  |              |                   | Date   |                      |                     |  |
| NW office use only   |              |                   |  |                      |                     |  |
| Date form received at New  |              |                   |  | Date form passed to  |                     |  |
| Develop  | ment         |                   |  | Distribution Support |                     |  |
|  |              |                   |  |                      |                     |  |