

**SLN 4\_a – Request for DCWW to operate a valve to facilitate a back to back connection**

This form must be filled and emailed to self.lay@dwrcymru.com. It should be used when DCWW is to connect up self-laid mains to the existing network and submitted 5 calendar days in advance of the date on which the self-laid mains are to be pressure tested and chlorinated.

**SECTION 1 – Contact details**

 Scheme name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Self-lay Provider name (SLP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact telephone number (preferably mobile):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date sent to DCWW: D D / M M / Y Y Y Y

**SECTION 2 – Job number / Site address**

 Dwr Cymru Welsh Water Scheme Number

 Site address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3 – Customer(s) affected**

 Are there any Customers affected? Yes No

 If Yes, please provide details:

 Customer No.1

 Customer No.2

 Customer No.3

 Customer No.4

 Customer No.5

 Customer No.6

 Customer No.7

 Customer No.8

 Customer No.9

 Customer No.10

**SECTION 4 – Pressure testing, chlorination and connection date**

Please specify the date when you intend:

 To pressure test the mains: D D / M M / Y Y Y Y

 To chlorinate the mains: D D / M M / Y Y Y Y

 To require connection\*: D D / M M / Y Y Y Y

\*subject to successful sample results