

**SLN 5\_b – Notification of aborted routine mains connection for self-lay scheme**

This form should be returned to self.lay@dwrcymru.com, within 24 hours of the proposed connection time. It must be accompanied by as laids and filled in vesting certificate.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 3 – Aborted connection**

**\*Please only complete this section if you failed to complete the proposed connection on the intended date.**

You must attach a plan, showing the mains on this site, to this form.

Please clearly highlight the mains that you intended to connect.

Tick to indicate that such a plan is attached.

 Why was the connection not completed on the proposed date?

 When do you intend to make the connection? D D / M M / Y Y Y Y At: : *hrs*