

**SLN 2\_Annex1 – Sampling Request**

This form should be used by SLP and emailed to [self.lay@dwrcymru.com](mailto:self.lay@dwrcymru.com) to inform DCWW that they intend to make a routine mains connections. It should be submitted 5 working 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan enclosed of sampling points? Yes – This must be provided

**SECTION 3 – Pressure Test Details**

All tests may be witnessed by DCWW and the appropriate test certificate handed to the DCWW responsible officer. DCWW form SLN1 is to be used to notify the date of both main laying and pressure testing and chlorination.

Date of pressure test certificate handover to DCWW: D D / M M / Y Y Y Y

**SECTION 4 – Chlorination details**

All fittings are to be sprayed on assembly at 1000 mg/l. Swab to prepare for disinfection and flush before full chlorination which is to be carried out by injection at 20mg/l sodium hypochlorite and left to stand for at least 16hours. Flush to discharge chlorine following appropriate de-chlorination at the point of discharge. The final residual shall be no greater than the residual in the existing supply.



Date of Full Chlorination D D / M M / Y Y Y Y

Chlorine residual after chlorination\_\_\_\_\_\_\_\_\_\_\_\_\_\_ppm Contact period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hrs/mins

Volume of water used for flushing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_m3 Quantity of sodium ipochlorite\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_litres

Chlorine residual after standing time\_\_\_\_\_\_\_\_\_\_\_\_\_ppm Date of flushing D D / M M / Y Y Y Y

Chlorine residual after flushing\_\_\_\_\_\_\_\_\_\_\_\_\_\_ppm

**SECTION 5 – Onsite taste, odour and clarity**



Taste: Satisfactory: Yes No

Odour: Satisfactory: Yes No

Clarity: Satisfactory: Yes No

**SECTION 6 – Declaration**

I CERTIFY THAT THE ABOVE HAS BEEN CARRIED OUT IN ACCORDANCE WITH THE RELEVANT

WRc GUIDELINES AND DCWW WORKING PRACTICES.

Chlorinator’s company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chlorinator’s printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chlorinator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_­­­­\_\_

**SECTION 7 – STL Sampling Details (Sampling to be taken within 3 working days of request)**

Date of Sampling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of sampling: \_\_\_\_\_\_\_\_\_\_ Lab Ref No(s): \_\_\_\_\_\_\_\_\_\_\_

Sampler’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sampler’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DCWW / UUOS WATER QUALITY DEPARTMENT**



Bacteriological results Satisfactory Unsatisfactory Results: TC EC

If unsatisfactory specify action to be taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Chemical results Satisfactory Unsatisfactory Resampling required: Yes No

Specify action to be taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name + Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_