

**SLN 2 – Provision of supply for pressure and bacteriological testing for self-lay scheme**

This form must be filled and emailed to [self.lay@dwrcymru.com](mailto:self.lay@dwrcymru.com) notifying us that you require a source of water for pressure and bacteriological testing.

Please be aware that this request may take up to 28 days from the date of receipt.

**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 – Date of source of water**

Please provide the date source of water is required D D / M M / Y Y Y Y

If known, please provide the date when a permanent connection is required

D D / M M / Y Y Y Y

**SECTION 4 – Date of pre start meeting**

Please provide the date of pre start meeting D D / M M / Y Y Y Y

**SECTION 5a – Pressure testing, chlorination and sampling (by SLP)**

If you are planning to do your own chlorination and sampling, please send us the certificates or/and complete below.

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

**SECTION 5b – Pressure testing, chlorination and sampling (by DCWW)**

If you require DCWW to do sampling, please complete the form SLN2\_Annex1 for sampling request.