

**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](mailto: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