

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

This form should be returned to [self.lay@dwrcymru.com](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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*