Self Lay Mains Scheme Request for sampling and commissioning form



This form must be returned to us with 2 copies of the 'As-laid' drawing within two days of mains testing

Developer Services, PO Box 969, Chelmsford, Essex, CM2 0XL Fax: 01268 664802 Email: developerservicessouth@nwl.co.uk

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E & S Water Ref.	NS/						
Date Sent to ESW							
Self Lay Organisat	ion Name:						
Site Contact Name	:						
Contact telephone	Number:						
Site address:							
Location/Section:							
				gth: Dia		meter:	
Material:		Le	ength:		Dian	neter:	
Material: This form must be ret certificate before the points will be agree we test data to be complete.	mains connection in the connec	vo copies of ction can be ter at pre-co	the 'as-laid	. The loca	and pation 8	pressure	
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Swabbing Record

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Please complete the table below:											
Locati	on fro	m:									
Locati	on to:										
Installed Method:				Drilled			pen Cut	Pipeburst		Slipline	
If drilled, lubricant used:				Water			Ben	tonite	Other (state		
Installed jointing Method:				Butt fused coils			Electro fusion joins		Combination of both		
Pipe Length Pip (m)				pe material and class/SDR			Pipe size (mm)		Pipe nominal bore (mm)		
Swab	Туре	Diamete of swab (min)	vel	Vater Confirm removal of m/s) swab			Clarity (describe)	(describe	Debris Witness (describe if completed discharged) date		
1											
2											
3											
4											
5											
6											
Date				Swabbed By				Discharge monitored by			
I confirm that the length of pipe has been swabbed in accordance with the Commissioning Plan and that after passes of a swab, the water in front of the final swab was clear with no particulate material present. The final swab had no ingrained material present not was it discoloured.											
Date				Print Name			Signature				
E&SW	office u	se only			form recei						
Job No.:				Date	form passibution Ma	ed to)				