

Self Lay Mains Scheme Request for testing and sampling

This form must be emailed to ESW prior to commencement of testing and sampling

Email: developerservicessouth@eswater.co.uk

ESW Ref.	NS
Date Sent to ESW	

Self Lay Provider (SLP)	
Site Contact Name	
Contact Telephone Number	

Site address					
Location/Section of main and Plot No.'s					
Material		Length (m)		Diameter (mm)	

Please note dates provided are used to schedule ESW resources, therefore actual dates are required and not proposed dates or week commencing dates.

Please Note: You must provide a minimum of 5 working days notice.

Date pressure testing and chlorination will commence (Minimum notice 15 working days)	
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(To be signed by the Competent Person)

Print Name		Signature	
Company		Date	

ESW office use only

Date form received by Developer Services		Date form passed to Construction Supervisor	
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