

# Self Lay Mains Scheme Commissioning



**This form must be returned with a copy of the as laid drawing to show the relevant section of main**

**Email: [developerservicesouth@eswater.co.uk](mailto:developerservicesouth@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)	

This form must be returned with a copy of the as laid drawing and pressure test certificate before the mains connection can be programmed.

**Test data to be completed by tester of main.**

Operation	Date	Operation	Date
Charge Main		Chlorination	
Swabbed (Complete swabbing record overleaf)		De-chlorinated and Flush	
Pressure test (Test certificate to be attached)		Final Sample	

Disinfection	Result
Chlorine concentration – start	mg/l
Chlorine concentration – end	mg/l
Chlorination contact time (Min. 16hrs)	(hours)

Print Name		Signature	
Company		Date	

# Self Lay Mains Scheme Swabbing Record

Please complete the table below

Location from				
Location to				
Installation Method (please tick)	Drilled	Open Cut	Pipeburst	Slipline
If drilled, lubricant used (please tick)	Water	Bentonite	Other (state)	
Installed jointing Method (please tick)	Butt fused coils	Electro fusion joins	Combination of both	

Pipe Length (m)	Pipe material and class/SDR	Pipe size (mm)	Pipe nominal bore (mm)

Swab	Type	Diameter of swab (min)	Water velocity (m/s)	Confirm removal of swab	Clarity (describe)	Debris (describe if discharged)	Witnessed, completed by and 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 Disinfection Code of Practice 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 nor was it discoloured.  
(To be signed by the Competent Person)

Print Name		Signature	
Company		Date	

ESW office use only

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