

COMMENCEMENT OF TESTING AND SAMPLING

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

Email: developerservicessouth@eswater.co.uk

ESW Ref.	Q
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 Essex & Suffolk Water 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 5 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 New Development		Date form passed to Construction Supervisor	
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