Self Lay Mains Scheme Commencement Notification Form



This form must be faxed or emailed to us prior to commencement of Mainlaying, Pressure testing and chlorination

	Fax:	01268 664	4802	Email: de	<u>veloperse</u>	rvices	ssouth@	<u> </u>	<u>o.uk</u>	
E & S Water Ref. NS/										
Date Sent to Es	SW									
Self Lay Organ	isati	on Name:								
Site Contact Name:										
Contact telephone Number:										
Site address:										
We confirm commoderate Please note: Date actual dates are in the second	es pro	vided are	used	to schedu	ıle Essex 8	& Suff	folk Wa	ter resc	ources, t	
Commencement of main laying will start on:				Date: (Minimum r	otice 15 worki	ing days	s)			
Before any work agreement must an Essex & Suffo require a further	be in Ik Wa	place and ater engine	a pre er. <i>A</i>	commenation commens	cement sit es to layou	e mee ut or r	eting m material	ust hav Is after	e been h	neld with
Commencement of pressure testing & chlorination will start on:				Date: (Minimum r	otice 5 workin	ng days))			
Company carrying out testing & chlorination										
Contact Name:			Contact number	telephon/s:	е					
	<u> </u>			•		L				
LEX.SW OTTICA LICA ONLY			form rece							

Date form passed to

Distribution Maintenance:

Job No.