

DCWW Request for water mains sampling and mains connection for a Self-Lay Scheme SL 2

To:

From:

SELF LAY SITE DETAILS

Scheme name : _____ Scheme Reference : BC

Self Lay Organisation Name: _____ contact telephone no: _____

Address of site _____

Plan enclosed of sampling points? Yes - (This must be provided)

PRESSURE TEST DETAILS

All pressure tests may be witnessed by DCWW and the appropriate test certificate handed to the DCWW responsible officer. DCWW form SL1 is to be used to notify the date of both main laying and pressure testing and chlorination.

Date of pressure test certificate handover to DCWW / /

CHLORINATION DETAILS

All fittings are to be sprayed on assembly at 1000 mg/l. Swab to prepare for disinfection and flush before full chlorination which is to be carried out by injection at 20mg/l sodium hypochlorite and left to stand for at least 16hours. Flush to discharge chlorine following appropriate de-chlorination at the point of discharge. The final residual shall be no greater than the residual in the existing supply.

Date of Full Chlorination / /

Chlorine residual after chlorination _____ ppm Contact period _____ hrs/mins

Volume of water used for flushing _____ cubic meters Quantity of sodium hypochlorite _____ litres

Chlorine residual after standing time _____ ppm Date of flushing _____

Chlorine residual after flushing _____ ppm

ONSITE TASTE,ODOUR & CLARITY

Taste :	Satisfactory :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Odour:	Satisfactory :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Clarity	Satisfactory	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DECLARATION I CERTIFY THAT THE ABOVE HAS BEEN CARRIED OUT IN ACCORDANCE WITH THE RELEVANT WRc GUIDLINES AND DCWW WORKING PRACTICES. Chlorinator's company _____

Chlorinator's printed name _____ chlorinator's signature _____ date _____

STL SAMPLING DETAILS (Sampling to be taken within 3 working days of request).

Date of sampling _____ Time of sampling _____ Lab Ref No(s) _____

Sampler's Name (Print) _____ Samplers Signature _____

DCWW / UUOS WATER QUALITY DEPARTMENT

Bacteriological results Satisfactory Unsatisfactory Results : TC EC

If unsatisfactory specify action to be taken: _____

Chemical Results Satisfactory Unsatisfactory Re-sampling required Yes: No

Specify action to be taken _____
Printed Name + Signature _____ Date _____