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|  | **SL-N3B Notification of Proposed Routine Mains Connection**  |
| This form should be used by SLPs to inform Bristol Water that they intend to make a routine mains connection, i.e inline. It should be submitted, 7 days in advance of the date on which the mains are to be swabbed, pressure tested and chlorinated, to NetworkSiteAgents@bristolwater.co.uk. |
|  | 1. Scheme Details |  |
|  | Site Name: |  | Developer: |  |
|  |  |  |  |  |
|  | SLP: |  |  Bristol Water Application Number (eg MLA 1234567): |  |
|  |  |  |  |  |
|  |  |  |
|  | 2. Swabbing, Pressure Testing, Chlorination & Connection Dates |  |
|  |  |  |
|  | When do you intend to swab the mains? | DD |  | MM |  |  YY  |  |  |
|  | When do you intend to pressure test the mains? | DD |  | MM |  |  YY |  |  |
|  | When do you intend to chlorinate the mains? | DD |  | MM |  |  YY |  |  |
| When will the mains be ready for sampling by Bristol Water? | DD |  | MM |  |  YY |  |  |
|  |  |  |
|  | (A more precise date/time for the connection will be discussed with you once the sample results are known.) | Estimated connection date | DD |  | MM |  |  YY |  |  |
|  | Estimated start time |  |  : hrs |  |  |
|  |  |  |  |
|  | **3. Details of the Mains to be Commissioned** |  |
|  |  |
|  | How many **end** washouts or end hydrant/washouts are there on the mains that are to be commissioned? |  |  |
|  |  |  |
|  | **You must attach a plan**, showing the mains on this site, to this form. Please clearly **highlight the mains that are to be commissioned**. Tick to indicate that such a plan is attached. |  |  |
|  | Please indicate the diameters and approximate length of the mains that are to be commissioned. |  |
|  |  |  |
|  |  | Diameter (mm) | Length (m) |  |  |
|  |  | 63 |  |  |  |
|  |  | 90 |  |  |  |
|  |  | 125 |  |  |  |
|  |  | 180 |  |  |  |
|  |  | Other (please specify) |  |  |  |
|  |

|  |  |  |
| --- | --- | --- |
|  | **4. Competent & Senior Competent Person (CP & SCP)** |  |
|  | **Senior Competent Person** |  |
|  | SCP Name: |  | SCP Contact Telephone Number: |  |
|  |  |  |  |  |
|  | SCP Comments |  |  |  |
|  |  |  |
|  |  |
|  |  |
|  | SCP EUSR number: |  | SCP Signature: |  |
|  |  |  |  |  |
|  | **Competent Person** |  |  |  |
|  | CP Name: |  | CP EUSR number: |  |
|  |  |  |  |  |
|  | CP Contact Telephone Number: |  |  |  |
|  |  |  |  |  |
|  |  |
|  | **5. Connection Details** |  |
|  | **The Main Being Connected to (i.e. the existing main)** |  |
|  | Diameter at the connection point: |  | Material: |  |  |
|  |  |  |
|  | **The Main to be Connected (i.e. the new, self-laid main)** |  |
|  | Diameter at the connection point: |  | Material: |  |  |
|  |  |  |
|  | **Supply Isolation** |  |
|  | Please tick to indicate how you intend to isolate the supply: |  |
|  | Operate sluice valve |  | Squeeze off MDPE/HPPE main (non-barrier pipe only) |  |  |
|  | Operate double spade valve |  | High-flow top tee (63mm diameter only) |  |  |
|  | Other (please specify): |  |
|  |
|  |