| Anglian Water reference numbe | r (Anglian Water use only) |
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After Flushing

SL4/5 – Water quality, connection date and meter/end point details

This form should be completed where the Self lay provider is fitting the meter/end point themselves. If AW are fitting the meter and endpoint the SL4/6 should be completed instead. This form must be completed and returned to Anglian Water with two working days of making a service connection and installing a meter. Please email completed forms to connections@anglianwater.co.uk

Only employees who have received the relevant Anglian Water training are permitted to carry out service connections.

Section 1 - Contact details and site address

| Self-lay provider: | Operatives name(s): | | | | | |
|---|--|--|--|--|--|--|
| Contact name: | Developer name: | | | | | |
| Contact telephone number (preferably mobile): | Site contact and address (incl. postcode): | | | | | |

Section 2 - Plot/meter details and chlorine test results (please continue on next sheet if required)

| Job Number | Plot number | Postal Address | Eastings/ Northings | Meter Serial Number | Meter Location | End Point Number (enter AW Fit if SLP not fitting) | Meter Read | Install Date | Free chlorine (mg/l) | Total chlorine (mg/l) | Smell satisfactory (y/n) | Taste satisfactory (y/n) | Time |
|------------|----------------|-------------------|------------------------|------------------------|----------------|--|---------------|-----------------|----------------------------|-----------------------------|--------------------------------|--------------------------------|------|
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|------------|----------------|-------------------|------------------------|------------------------|----------------|--|---------------|-----------------|----------------------------|-----------------------------|--------------------------------|--------------------------------|------|
| Job Number | Plot number | Postal Address | Eastings/ Northings | Meter Serial Number | Meter Location | End Point Number (enter AW Fit if SLP not fitting) | Meter Read | Install Date | Free chlorine (mg/l) | Total chlorine (mg/l) | Smell satisfactory (y/n) | Taste satisfactory (y/n) | Time |
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If you are unable to obtain a chlorine reading or it exceeds 1mg/litre please refer to your POSWSH training, flush and test again. If problems still persist please phone your Project Liaison Manager for advice.

Once this form is completed please email to: connections@anglianwater.co.uk within one working day.

This form is to be retained by Anglian Water for a period of 2 year.