	Anglian Water reference number	(Anglian Water use only)
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## SL4/6 – Water quality, connection date and plot to postal details

This form should be completed where the Self lay provider has made the connection. This form should be used where AW are fitting the meter and endpoint. The SL4/5 should be completed instead if the Self-Lay provider is fitting the meter themselves.

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

Section '	1 _	Contact	details	and	site	addre	66
Jection	_	Contact	uetalis	allu	SILE	auule	33

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

After Flushing

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

					7 CO. 1	lustillig			
Job Number	Plot number	Date installed	Trickle flow plug fitted (tick to confirm)	Full postal address	Free chlorine (mg/l)	Total chlorine (mg/l)	Smell satisfactory (y/n)	Taste satisfactory (y/n)	Time

					Aiteii	lusning			
Job Number	Plot number	Date installed	Trickle flow plug fitted (tick to confirm)	Full postal address	Free chlorine (mg/l)	Total chlorine (mg/l)	Smell satisfactory (y/n)	Taste satisfactory (y/n)	Time

After Flushing

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 two working days.

This form is to be retained by Anglian Water for a period of 2 year. \*Please note any aborted visits for non-compliance will be charged at £129 per visit.