

Dwr Cymru Welsh Water Application Form to Self Lay Water Mains and Services

This form is to be used when applying to self lay water mains and /or services
Please complete all sections and provide the information requested so that your application can be processed as quickly and as accurately as possible.
Insufficient information may result in delays to the provision of the supplies.

Section 1. Developer:

If section 1 is not completed by the developer a letter of authorisation must be attached to the application form as proof that the developer is asking the self lay organisation to act on their behalf.

Developer name:

Name/for attention of:

Address:

Post code:

Telephone number: Mobile Number:

fax number: email:

I can confirm that the self lay organisation named on this application has approval to exclusively act on my behalf in dealing with Dwr Cymru / Welsh Water regarding this site.

Name: Signature:

Section 2 – Land Owner (to be completed if different from the Developer)

Land owner name:

Address

Post Code:

Tel Number: Mobile number:

Fax number: email:

Section 3 - Site and Construction Design and Management Regulations (CDM) 2007 details

3a) Address of the site

Site name: _____ phase: _____

Site address: _____

Post code: _____

Site contact: _____

Tel number: _____ mobile number: _____

Fax number: _____ email: _____

Site grid reference (centre of site): _____

3b) Previous use of site _____

3c) Has an analysis of the soil been carried out? Yes No

If yes, please provide a copy, if no DCWW may request this to be carried out at your expense.

3d) CDM co-ordinator Name: _____

company: _____

contact number: _____

3e) Principle contractor: Name: _____

company _____

contact number: _____

3f) Information to be supplied in accordance with the Construction Design and Management Regulations (CDM)2007.

- | | | |
|------|---|------------------------------|
| i) | Drawing showing the following | |
| | • location plan (1:2500 scale) | yes <input type="checkbox"/> |
| | • detailed site layout (1:500 scale) | yes <input type="checkbox"/> |
| | • designated service strip | yes <input type="checkbox"/> |
| | • existing utility information (gas, electricity etc.) | yes <input type="checkbox"/> |
| | • the extent of land in the developers ownership | yes <input type="checkbox"/> |
| | • area for adoption by the highway authority | yes <input type="checkbox"/> |
| | • wayleave, private land information etc. | yes <input type="checkbox"/> |
| ii) | Soil survey | yes <input type="checkbox"/> |
| iii) | Permits and authorisation requirements for the site | yes <input type="checkbox"/> |
| iv) | Copy of F10 notification | yes <input type="checkbox"/> |
| v) | Health risks arising from other works (eg demolition Work, asbestos removal etc.) | yes <input type="checkbox"/> |
| vi) | Safety hazards (eg boundaries and access, storage of hazardous materials, existing structures) | yes <input type="checkbox"/> |

3g) Type of development

Please indicate below the type of development (please tick and complete):

- | | | | | |
|------|----------------------|--------------------------|--------|----------------------|
| i) | housing/ residential | <input type="checkbox"/> | number | <input type="text"/> |
| ii) | commercial | <input type="checkbox"/> | number | <input type="text"/> |
| iii) | industrial | <input type="checkbox"/> | number | <input type="text"/> |
| iv) | Area of site | <input type="text"/> | | ha |

3h) Planning Permission: Please attach a copy of the decision notice and a copy of your original planning application.

- | | | |
|------|--|----------------------|
| i) | Date detailed planning permission received | <input type="text"/> |
| ii) | Local authority area | <input type="text"/> |
| iii) | Reference: | <input type="text"/> |

3i) Phasing information for the installation of the water main (please show the extent of each phase on the site plan)

Phase	
Total number of plots:	
Plot numbers:	
Date works due to start:	
Occupation date:	

Phase	
Total number of plots:	
Plot numbers:	
Date works due to start:	
Occupation date:	

Phase	
Total number of plots:	
Plot numbers:	
Date works due to start:	
Occupation date:	

Phase	
Total number of plots:	
Plot numbers:	
Date works due to start:	
Occupation date:	

3j) Site build rate(please complete the table below):

Year	Number of properties occupied	Phase	Number
1	By the end of Year 1		
2	By the end of Year 2		
3	By the end of Year 3		
4	By the end of Year 4		
5	By the end of Year 5		
6	By the end of Year 6		
7	By the end of Year 7		
8	By the end of Year 8		
9	By the end of Year 9		
10	By the end of Year 10		
11	By the end of Year 11		
12	By the end of Year 12		

3k) Type of connection required (please tick and complete)

Number and type of connections required:

E.g. domestic, commercial/industrial units, fire fighting equipment, hotel, school or other. Please include the size of connection needed, e.g. 25m, 32m, 50m, 63m or 90m:

Number & Type of Connection	Size

Number & Type of Connection	Size

Section 4 – Self Lay Organisation

Company name:	
Name for the attention of:	
Address:	
Post Code:	
Telephone Number:	Mobile:
Fax Number:	email:
WIRS accreditation status	Full <input type="checkbox"/> Partial <input type="checkbox"/>

Section 5 – Self Lay works to be carried out

5a Please indicate areas of work you would like to carry out under the Self Lay Agreement:

- Design of water main Construct water main
- Service pipe connections from new main (DCWW to fit meters)
- Service pipe connections + fit meters (DCWW to supply meters)
- Service pipe connections from existing main (DCWW to fit meters)
- Service pipe connections + fit meter from existing main (DCWW to supply meters)
- Other work (please specify): _____

Section 6 – Water Regulations

Under Regulation 5 of the Water Supply (Water Fittings) Regulations :

Drawings showing the intended pipe work layout and a schedule of the proposed water fittings to be used must be attached to complete this application.

6a) Details of proposed work:

- | | | |
|---|------------------------------|-----------------------------|
| 1) Erection of a building or other structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Extension or alteration of a water system on any premises (other than a house) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) A material change of use of the premises | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, previous use <input type="text"/> | | |
| Proposed use <input type="text"/> | | |
| 4) Temporary standpipe | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Other installation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6b) Proposed Installations

- | | | | | |
|---|----------------------|--------------------------|----|--------------------------|
| a) A bath having a capacity, as measured to the centre line of the overflow, of more than 230 litres e.g. spa bath or Jacuzzi (these are larger than the average size bath) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) A bidet with an ascending spray or flexible hose | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) A pump or booster drawing more than 12 litres per minute, connected directly or indirectly to a supply pipe, e.g. pumped delivery showers (power showers), pressure washers, high rise building pumped water delivery systems. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) A unit which incorporates reverse osmosis, e.g. pure water systems. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) A water treatment unit which produces a wastewater discharge or which requires the use of water for regeneration of cleaning e.g. certain types of domestic/commercial salt regenerated water. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Highest Fluid Category to be supplied with water (not required for a house). | <input type="text"/> | | | |

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| g) A reduced pressure zone (RPZ) valve assembly or other mechanical device for Fluid Category 4 backflow protection. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h) A garden watering system, unless designed to be operated by hand. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i) Any water system laid outside a building, either less than 750mm or more than 1350mm below ground level. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j) The construction of a pond or swimming pool over 10,000 litres capacity, designed to be replenished automatically with water. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| k) Any water pipes for fire fighting purposes. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| l) Are you installing a grey water system | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| m) Are you installing a rainwater harvesting system | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

6c) Approved plumber/ contractors

- 1) Will you be using an approved plumber for internal plumbing Yes No
 If Yes, please provide the registration number:
 Scheme:
- 2) If you are using a non-approved plumber, please provide details of the plumber below:
 Name: _____
 Address: _____ post code _____
 Telephone number: _____ mobile number _____

Section 7 – Drainage

- 1) Will this property / development have a new connection to a DWCC sewer Yes No
- 2) If Yes to the above, will drainage be: foul and surface water foul water only
 Surface water only Are soakaways to be used for surface water Yes No



Dŵr Cymru
Welsh Water

