



**COUNTY OF HANOVER**  
**P. O. Box 470**  
**HANOVER, VIRGINIA 23069**

**BACKFLOW PREVENTION DEVICE CERTIFICATION**

Business name: \_\_\_\_\_ Device ID: \_\_\_\_\_  
 (Owner/Operator of Backflow Device)

Business Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Site Address  
 (If different from above): \_\_\_\_\_

Site Contact Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Location of device on property: \_\_\_\_\_

NAME & MODEL OF DEVICE: \_\_\_\_\_ Type \_\_\_\_\_ Size \_\_\_\_\_ Serial # \_\_\_\_\_

Device is protecting:    Domestic main line       Irrigation       Fire Suppression System Main Line       Fire Suppression System Low-flow line

	Check Valve		Other Equipment	Diff. Press. Relief Valve*	Manufacturer's Specification
	1	2			
Test before Repair	Leaked Closed Tight	Leaked Closed Tight	Leaked Closed Tight	Opened at ____ psi Reduced pressure	Acceptable range
Describe Repairs					
Materials Used					
Final Test	Closed Tight	Closed Tight	Closed Tight	Opened at ____ psi Reduced pressure	Acceptable range

\*Required only on reduced pressure principle devices

Comments: \_\_\_\_\_

**Recertification**  
**Replacement**  
**New Construction**

**This device operates in accordance with manufacturer's specifications**  
**This device has failed**

If for fire suppression system low flow line, leave isolation valve open and provide the low-flow meter reading:

Low-flow meter reading: \_\_\_\_\_  
 (Include any fixed zeros at end of register and decimal point)

Name of Tester (print): \_\_\_\_\_

Company: \_\_\_\_\_

Telephone # \_\_\_\_\_ Tester Certification number: \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Tester

**COMMERCIAL** complete and mail to:  
 Hanover County Public Utilities  
 Attention: Backflow Prevention Coordinator  
 P.O. Box 470 Hanover, Va. 23069 or  
 Fax to (804) 365-6245

**RESIDENTIAL** complete and mail to:  
 Hanover County Building Inspections  
 P.O. Box 470 Hanover, Va. 23069 or  
 Fax to (804) 365-6247