



COUNTY OF HANOVER
DEPARTMENT OF PUBLIC UTILITIES
P. O. Box 470
HANOVER, VIRGINIA 23069

BACKFLOW PREVENTION DEVICE CERTIFICATION

Business name: _____
(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 # _____

	Check Valve 1	Check Valve 2	Other Equipment	Diff. Press. Relief Valve*	Manufacturer's Specification
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 or Replacement**

---**New Construction**

---**This device operates in accordance with manufacturer's specifications**

---**This device has failed**

Name of Tester (print): _____

Tester Certification number: _____

Date _____

 Signature of Tester

Please Complete and return to:

Hanover County Public Utilities
 Attention: Utility Agent
 P.O. Box 470
 Hanover, Va. 23069