

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

BACKFLOW PREVENTION DEVICE CERTIFICATION

Business name:			Device ID:					
(Owner/Operator of	Backflow Device)							
Business Addres	s:							
Contact Name:					Telephone #			
Site Address (If different from abo	ove):							
Site Contact Name:					Telephone #			
Location of devi	ce on property:							
NAME & MODEL OF DEVICE:					Туре		Size Serial #	
Device is protecting: O Domestic main line O Irrigation O Fire Suppression System O Fire Suppression System Main Line Low-flow line								
	Check Valve				Other		Diff. Press.	Manufacturer's
	1 2				Equipment		Relief Valve*	Specification
Test before Repair	Leaked Closed Tight	00	Leaked Closed Tight	0	Leaked Closed Tight	0	Opened at psi Reduced pressure	Acceptable range
Describe Repairs		<u> </u>	closed fight	<u> </u>	closed right	<u> </u>		
Materials Used								
Final Test	Closed Tight	0	Closed Tight	0	Closed Tight	0	Opened at psi Reduced pressure	Acceptable range
*Required only on reduced pressure principle devices								
Comments:								
OThis de	ement onstruction evice operates i evice 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

<u>COMMERCIAL</u> 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

Signature of Tester

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