Test #<u>12697</u>



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # H01543							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	ver Water Backflo	w Assembl	v Test & Ma	aintena	<mark>nce Report</mark> (plea	se print with BLOCK LETTE	:RING)		
nt	Water Supplier:	FIRESTO	NE D	istrict:		Mete	r #:		
Account	Facility Address: 66	<u>600 OWL I</u>	AKE DRIV	Έ					
4	Contact Person:								
	Make:FEBCO	Model:			Type of Use	<u>Protection</u>	Orienta	ation	
	Type: ■ RP 🔲			•			<u> </u>		
yldr	Size: 1" Da		:		☐ Domestic	Containment	Inlet	Outlet	
Assembly	□ New ■ Existing	-			□Fire □ Glycol	•	_		
Ä	Previous Assembly				Irrigation	☐ Isolation	☐ Vertica	. –	
	Location: OUTSIDI	E NE CORN	IER		□ Recycled		□ Vertical		
	Lina	laitial Taa	t Dagulta				Approved:	1000	
	Line PSI: 65	Initial Tes	Differential		F	Repairs	Re-Test Tightness	Differential	
	Check Valve #1	Leak	7.8				□ Leak	2	
	(RP, DC, PVB)	■ Tight					☐ Tight		
	Check Valve #2	Leak	TIGHT				☐ Leak		
ė	(RP, DC)	Tight					☐ Tight		
Testing & Maintenance	Relief Valve (RP)		2.8						
	Buffer		5.0						
x Ma	(RP)		3.0						
gui	Air Inlet								
Test	(PVB)	.=\ Timbt □	Looking D	Donloo	and Ichusett	Value #2: Tight □ Look	ing Donlor	a d	
•	Shutoff Valve #1: ☐ Tight ☐ Leaking ☐ Replaced Shutoff Valve #2: ■ Tight ☐ Leaking ☐ Replaced Backpressure: ☐ Yes ☐ No Test Procedure: X ABPA: ☐ ASSE:								
	· ·								
	Comments: Be sure to provide adequate drainage. Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677								
	CONTRACTOR: OVVE E	ARLTIOA	Carrett Dia	gaiorie,	303-070-7077				
_									
otification	Alarm Company/Fir		' <u>'</u>				rtification #:		
tifica	Person Notified:				Contacted By:				
No	Turn Off Date/Time):			Turn Or	n Date/Time:			
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test Kit	Serial #: 10111943	3			Last Calibration Date: December 6 th , 2017				
		•			e listed procedure and	verifies the isolation valves were re	turned to pre-test of	orientation.	
Tester	Testing Company: Tester Name: Scott		Dackilow LLC	<u> </u>		Phone: 303-875-499			
Te		·						0.10	
	Signature:	a. conflet				Certificate Expiration	Jate: <u>June 3</u>	oth, 2018	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_____



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # H45672							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	<u>iver Water Backflo</u>	w Assembly	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Water Supplier: Facility Address: 67 Contact Person:	700 OWL I	AKE DRIV				Meter #:	:	
Assembly	Type: RP LI DC LI PVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #: Location: OUTSIDE NORTH WALL			Type of Use □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 81 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	Tightness Leak Tight Leak Tight Tight Tight Yes	Differential 7.6 TIGHT 2.7 4.9 Leaking □ □ No le adequate	Replac Test drainag	ed Shutoff Procedure: X /	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		cation # <u>:</u>	
Test Kit	Test Kit Make: M Serial #: 10111943				Model:_ Last Ca	845-5 libration Date: Dec	ember 6 th , 2	017	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_

Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # J089514							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)									
Account	Water Supplier: Facility Address: 62 Contact Person:	715 OWL I	AKE DRIV				Meter #:	:		
Assembly	Make: FBO Model: 825Y Type: RP DC PVB Air Gap Size: T Date Installed: New Existing Previous Assembly #: Location: LEFT SIDE OF HOUSE BY HOT TUB			Type of Use □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N		
Testing & Maintenance	Line PSI: 45 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	☐ Leak ■ Tight □ Leak ■ Tight Tight □ Yes ure to provide	Differential 7.4 TIGHT 2.7 4.7 Leaking □ □ No le adequate	Test	ed Shutoff Procedure: X A	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential	
Notification	Alarm Company/Fire Department: DFS Certification #: Person Notified: Contacted By: Turn Off Date/Time: Turn On Date/Time:									
Test Kit	Test Kit Make: M Serial #: 10111943				Model: 845-5 Last Calibration Date: December 6 th , 2017					
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,		

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_

Test #_12697_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # J09451							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	ver Water Backflo	w Assembl	v Test & Ma	aintena	<mark>nce Report</mark> (plea	se print with BLOCK LETT	ERING)		
ınt	Water Supplier:	FIRESTO	NE Di	istrict:		Mete	er #:		
Account	Facility Address: 67	720 OWL I	AKE DRIV	Έ					
⋖	Contact Person:								
	Make: FEBCO	Model:			Type of Use	<u>Protection</u>	Orienta	ation_	
	Type: ■ RP □			•	F-Domostic	Containment			
Assembly	Size: 1" Da		:		Domestic	Containment	Inlet	Outlet	
ssen	□ New ■ Existing	_			□Fire □ Glycol	•	_		
Ä	Previous Assembly				Irrigation	☐ Isolation	☐ Vertica	. –	
	Location: FRONT	OF HOUSE			☐ Recycled		□ Vertical		
							Approved:	Table 1	
	Line PSI: 75	Initial Tes	t Results Differential		F	Repairs		Results Differential	
	Check Valve #1	Tigritiless	7.5			<u> </u>	☐ Leak	Dillelelillai	
	(RP, DC, PVB)	■ Tight	7.5				☐ Tight		
	Check Valve #2	Leak	TIGHT				☐ Leak		
ø.	(RP, DC)	Tight					☐ Tight		
Testing & Maintenance	Relief Valve		2.4						
	(RP) Buffer		- 4						
Mai	(RP)		5.1						
ag G	Air Inlet								
estir	(PVB)								
ř						Valve #2: ■ Tight □ Leal	<u> </u>	ced	
	Backpressure: ☐ Yes ☐ No Test Procedure: X ABPA: ☐ ASSE:								
	Comments: Be sure to provide adequate drainage.								
	Contractor: OWL L	AKE HOA	Garrett Bra	galone,	303-678-7677				
ion	Alarm Company/Fir	re Departme	nt:			DFS Ce	ertification #:		
otification	Person Notified:		·						
Notif	Turn Off Date/Time				Turn On Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test Kit	Serial #: 10111943				Last Calibration Date: December 6 th , 2017				
		•			e listed procedure and	verifies the isolation valves were r	eturned to pre-test o	orientation.	
Tester	Testing Company: Tester Name: Scott		DAUKIIUW LLU	<u> </u>		Phone: 303-875-49	06		
Te		·							
	Signature:	L. Conflet				Certificate Expiration	Date: June 3	30th, 2018	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_____

Test #<u>12697</u>



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # J005185								
Test Date / Time 5/5/2018								
Tester Certification # 06-00020								
Assembly Test Results X Pass *Fail								
Under Suspension - Process Immediately								

<u>Der</u>	ver Water Backflo	w Assembl	v Test & Ma	aintena	<mark>nce Report</mark> (plea	se print with BLOCK LETTE	RING)		
ınt	Water Supplier: _	FIRESTO	NE D	istrict:		Mete	r #:		
Account	Facility Address: 67	735 OWL I	AKE DRIV	<u>'E</u>					
٧	Contact Person:								
	Make: FEBCO	Model:	825Y		Type of Use	<u>Protection</u>	Orienta	ation	
	Type: ■ RP □	DC 🗆 P'	√B □ Air C	Зар	Type or ose	FTOLECTION	Onenta	<u>ation</u>	
bly	Size: 15' Da	ate Installed	:		☐ Domestic	Containment	Inlet	Outlet	
Assembly	□ New ■ Existing	9			□Fire □ Glycol	☐ Containment by Isolation	Horizo	ntal 💻	
Asi	Previous Assembly	/ #:			Irrigation	☐ Isolation	☐ Vertica	l Up □	
	Location: NEXT TO	METER			□ Recycled		□ Vertical	Down 🗆	
							Approved:	Y	
	Line	Initial Tes			F	Repairs		Results	
	PSI: 80 Check Valve #1	Tightness ☐ Leak	Differential				l ightness ⊟ Leak	Differential	
	(RP, DC, PVB)	■ Tight	7.6				☐ Tight		
	Check Valve #2	Leak	TIGHT				c		
4)	(RP, DC)	Tight					☐ Tight		
Testing & Maintenance	Relief Valve		2.0						
	(RP) Buffer		- C						
Mai	(RP)		5.6						
s G	Air Inlet								
estir	(PVB)								
_						Valve #2: ■ Tight □ Leak		ed	
	Backpressure: ☐ Yes ☐ No Test Procedure: X ABPA: ☐ ASSE:								
	Comments: Be s				_				
	Contractor: OWL L	AKE HOA	Garrett Bra	galone,	303-678-7677				
ion	Alarm Company/Fir	e Departme	nt:			DFS Ce	rtification #:		
otification	Person Notified:		•						
Noti	Turn Off Date/Time					n Date/Time:			
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test Kit	Serial #: 10111943	3			Last Calibration Date: December 6 th , 2017				
		•			e listed procedure and	verifies the isolation valves were re	turned to pre-test o	orientation.	
Tester	Testing Company:		Sackilow LL	<u> </u>		Dhana: 000.075.400)C		
Te	Tester Name: Scot	·				Phone: 303-875-499			
	Signature:	L. Campbell				Certificate Expiration	Date: <u>June 3</u>	0th, 2018	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_____



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # 174993							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	<u>iver Water Backflo</u>	w Assembl	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Water Supplier: Facility Address: 62 Contact Person:	745 OWL I	AKE DRIV	strict: _ E			Meter #:	:	
Assembly	Type: RP LI DC LI PVB Air Gap Size: 75' Date Installed: New Existing Previous Assembly #:			Type of Use □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up	
Testing & Maintenance	PSI: 60 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	Tightness Leak Tight Leak Tight Tight Tight Ves	Differential 6.4 TIGHT 2.4 4.0 Leaking □ □ No le adequate	Replac Test draina	ed Shutoff Procedure: X /	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		cation # <u>:</u>	
Test Kit	Test Kit Make: M Serial #: 10111943				Model:_ Last Ca	845-5 libration Date: Dec	ember 6 th , 2	017	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # 122135							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	<u>iver Water Backflo</u>	w Assembl	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Water Supplier: FIRESTONE District: Facility Address: 6750 OWL LAKE DRIVE Contact Person:						Meter #:	:	
Assembly	Type: RP LI DC LI PVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #: Location: OUTSIDE EAST WALL			Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 20 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	☐ Leak ■ Tight ☐ Leak ■ Tight Tight Tight Yes Ure to provide	Differential 6.9 TIGHT 3.0 3.9 Leaking □ □ No e adequate	Replac Test draina	ed Shutoff Procedure: X /	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential
Notification	Alarm Company/Fire Department: DFS Certification #: Person Notified: Contacted By: Turn Off Date/Time: Turn On Date/Time:								
Test Kit	Test Kit Make: M Serial #: 10111943				Model: 845-5 Last Calibration Date: December 6 th , 2017				
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # H34997								
Test Date / Time 5/5/2018								
Tester Certification # 06-00020								
Assembly Test Results X Pass *Fail								
Under Suspension - Process Immediately								

<u>Der</u>	<u>iver Water Backflo</u>	w Assembly	<u>y Test & Ma</u>	<u>iintena</u>	nce Report (plea	se print with BLOC	K LETTERI	NG)		
Account	Water Supplier:Facility Address: 67	755 OWL I	LAKE DRIV				Meter #			
	Contact Person:									
	Make: F⊞CO Type: ■ RP □			Bap	Type of Use	<u>Protection</u>		Orienta	ation .	
>	Size:1" Da			•	□Domestic	Containment		Inlet	Outlet	
Assembly	□ New ■ Existing		·		□Fire □ Glycol	☐ Containment by	_			
As	Previous Assembly	y #:			Irrigation	☐ Isolation		☐ Vertica	I Up □	
	Location: OUTSIDI	E BETWEEN	N HOUSE &		□ Recycled			□ Vertical		
	STREET SURROL	JNDED BY E	BUSHES					Approved:	Y I N 🗆	
	Line	Initial Tes			<u>. </u>	Repairs			Results	
	PSI: 60		Differential		<u>'</u>	(epails			Differential	
	Check Valve #1							⊟ Leak		
	(RP, DC, PVB) Check Valve #2							☐ Tight		
	(RP, DC)	□ Leak ■ Tight	TIGHT					☐ Leak ☐ Tight		
nce	Relief Valve		2.4							
ena	(RP)		2. 1							
aint	Buffer		5.1							
8	(RP)									
Testing & Maintenance	Air Inlet									
Fest	(PVB)	=======================================		<u> </u>	1 101 . ")/ "O T' /	<u> </u>			
	Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced								ea	
	Backpressure: ☐ Yes ☐ No ☐ Test Procedure: X ABPA: ☐ ASSE:									
	Comments: Be sure to provide adequate drainage.									
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677									
tion	Alarm Company/Fir	re Departme	nt:				DFS Certifi	ication #:		
ficat	Person Notified:				Contact	ed By:				
Notification	Turn Off Date/Time					n Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5				
Test	Serial #: 10111943	3			Last Calibration Date: December 6 th , 2017					
		•			e listed procedure and	verifies the isolation valv	es were return	ned to pre-test o	orientation.	
Tester	Testing Company: Tester Name: Scott		sackflow LL(<u> </u>		Phone: 303	975 4006			
Te			-/						011 0046	
	Signature:	a. confitely				Certificate Ex	piration Dat	ie: <u>June 3</u>	uth, 2018	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_

Test #<u>12697</u>



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # A239719						
Test Date / Time 5/5/2018						
Tester Certification # 06-00020						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Der</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)									
ınt	Water Supplier:	FIRESTO	NE D	istrict:		Mete	r #:			
Account	Facility Address: 67	760 OWL I	LAKE DRIV	<u>′E</u>						
¥	Contact Person:									
	Make: FEBCO Model: 825Y				Type of Use	<u>Protection</u>	Orienta	ation		
	Type: ■ RP 🔲			•						
lbly	Size: 1" Da		:		□Domestic	Containment	<u>Inlet</u>	Outlet		
Assembly	□ New ■ Existing	_			☐Fire ☐ Glycol	☐ Containment by Isolation	Horizo	ntal 👤		
As	Previous Assembly	/ # <u>:</u>			Irrigation	☐ Isolation	☐ Vertica	ıl Up □		
	Location: OUTSIDI	E SOUTH W	/ALL		☐ Recycled		□ Vertical	Down □		
							Approved:	Y I N 🗆		
	Line	Initial Tes			F	Repairs		Results		
	PSI: 45 Check Valve #1		Differential		•		Tightness ⊟ Leak	Differential		
	(RP, DC, PVB)	☐ Leak ■ Tight	7.7				☐ Tight			
	Check Valve #2	☐ Leak	TIGHT				☐ Leak			
Testing & Maintenance	(RP, DC)	■ Tight	110111				Tight			
	Relief Valve		2.6							
tena	(RP)									
Nain	Buffer		5.1							
8	(RP) Air Inlet									
sting	(PVB)									
Te	` ,	Tight □	Leaking 🗆	Replac	ed Shutoff	Valve #2: ■ Tight □ Leak	ing □ Replac	ed		
	Backpressure: ☐ Yes ☐ No Test Procedure: X ABPA: ☐ ASSE:									
	Comments: Be sure to provide adequate drainage.									
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677									
ion	Alarm Company/Fir	e Departme	nt:			DFS Ce	rtification #:			
otification	Person Notified:		' <u>'</u>							
Notii	Turn Off Date/Time				Turn On Date/Time:					
Kit	Test Kit Make: Mi	idwest			Model:	845-5				
Test Kit	Serial #: 10111943				Last Calibration Date: December 6 th , 2017					
		•			e listed procedure and	verifies the isolation valves were re	turned to pre-test o	orientation.		
Tester	Testing Company:		sackflow LL	ن		DI 000.075 :::				
Te	Tester Name: Scott	·				Phone: 303-875-499				
	Signature:	L. Compley				Certificate Expiration	Date: <u>June 3</u>	0th, 2018		

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_____



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # J116031						
Test Date / Time 5/5/2018						
Tester Certification # 06-00020						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Der</u>	<u>iver Water Backflo</u>	w Assembly	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Water Supplier: Facility Address: 67 Contact Person:	765 OWL I	AKE DRIV				Meter #:	:	
Assembly	Type: RP LIDC LIPVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #: Location: OUTSIDE SE CORNER			Type of Use □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 65 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	Tightness Leak Tight Leak Tight Tight Yes	Differential 7.6 TIGHT 2.8 4.8 Leaking □ □ No e adequate	Replac Test draina	ed Shutoff Procedure: X /	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		cation # <u>:</u>	
Test Kit	Test Kit Make: M Serial #: 10111943				Model:_ Last Ca	845-5 libration Date: Dec	ember 6 th , 2	017	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # 270925							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	<u>iver Water Backflo</u>	w Assembly	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Water Supplier: Facility Address: 90 Contact Person:	005 OWL I	AKE DRIV	strict: _ E			Meter #:	:	
Assembly	Type: RP LIDC LIPVB Air Gap Size: 75' Date Installed: New Existing Previous Assembly #: Location: OUTSIDE NORTH WALL			Type of Use □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 90 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	☐ Leak ■ Tight □ Leak ■ Tight Tight Tight Yes ure to provid	Differential 7.4 TIGHT 2.3 5.1 Leaking □ □ No le adequate	Replac Test draina	ed Shutoff Procedure: X /	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		cation # <u>:</u>	
Test Kit	Test Kit Make: M Serial #: 10111943				Model: 845-5 Last Calibration Date: December 6 th , 2017				
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_

Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # A146950							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

DEI		M Wasellini	y lest & ivid	iiiiteiia	nce Report (piea	ise print with BLO	CK LETTER	iiiG)		
nt	Water Supplier: FIRESTONE District: Meter #:									
Account	Facility Address: 90	010 OWL I	AKE DRIV	E						
٧	Contact Person:									
	Make: FBCO Model: 805Y				Type of Use	<u>Protection</u>		Orienta	ation	
	Type: 🗓 RP 🔃	DC DP	VB □ Air C	ap				Official	<u>ation</u>	
bly	Size: <u>.75'</u> Da	ate Installed	: <u> </u>		☐ Domestic	Containment	_	Inlet	Outlet	
Assembly	□ New ■ Existing	g			□Fire □ Glycol	□ Containment	by Isolation	Horizo	ntal 🔳	
As	Previous Assembly	y # <u>:</u>			Irrigation	☐ Isolation		☐ Vertica	I Up □	
	Location: UNDER	ROCK SOU	TH OF		□ Recycled			□ Vertical		
	DRIVEWAY							Approved:	1	
	Line PSI: 58	Initial Tes	t Results Differential		F	Repairs		Re-Test	Results Differential	
	Check Valve #1	∏ Leak	1.3			•		☐ Leak	Dillerential	
	(RP, DC, PVB)	■ Tight	1.5					☐ Tight		
	Check Valve #2	Leak	2.0					Leak		
υ	(RP, DC)	Tight						☐ Tight		
anc	Relief Valve									
inter	(RP) Buffer									
, Ma	(RP)									
ng &	Air Inlet									
Testing & Maintenance	(PVB)	T 14 0	=	Б	1 101 . "	V I "0 T' I	. =			
	Shutoff Valve #1: Backpressure:		Leaking ⊔ ☐ No	Replace Tact	Procedure: X	Valve #2: ■ 11gn	t ⊔ Leakino □ AS		ea	
	<u> </u>									
	Contractor: OWILLAKE HOA. Corrett Bragalone, 203,679,7677									
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677									
ıtion	Alarm Company/Fi	re Departme	nt:				DFS Certif	fication #:		
Notification	Person Notified:				Contacted By:					
No	Turn Off Date/Time):			Turn O	n Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5				
Test Kit	Serial #: 10111943				Last Calibration Date: December 6 th , 2017					
					re listed procedure and	I verifies the isolation v	alves were retur	rned to pre-test o	rientation.	
Tester	Testing Company: Tester Name: Scot		sackflow LL(<u> </u>		Phono: 20)3-875-4996			
ĭ	Signature:								045 0040	
	Signature:	- anjudy				Certificate I	expiration Da	ate: <u>June 3</u>	utn, 2018	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # J014929							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	<u>iver Water Backflo</u>	w Assembly	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Facility Address: 90	ter Supplier:FIRESTONEDistrict sility Address: 9035 OWL LAKE DRIVE htact Person:					Meter #:	:	
Assembly	Type: RP LIDC LIPVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #:			Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 90 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	☐ Leak ■ Tight □ Leak ■ Tight Tight Tight Yes ure to provid	Differential 7.9 TIGHT 2.8 5.1 Leaking □ □ No le adequate	Replac Test drainag	ed Shutoff Procedure: X /	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		cation # <u>:</u>	
Test Kit	Test Kit Make: M Serial #: 10111943				Model:_ Last Ca	845-5 libration Date: Dec	ember 6 th , 2	017	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # A268468						
Test Date / Time 5/5/2018						
Tester Certification # 06-00020						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Der</u>	<u>iver Water Backflo</u>	w Assembly	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Water Supplier: Facility Address: 90 Contact Person:	040 OWL I	AKE DRIV				Meter #:	:	
Assembly	Type: RP LIDC LIPVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #:			Type of Use □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 60 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	☐ Leak ■ Tight □ Leak ■ Tight Tight Tight Yes ure to provid	Differential 8.3 TIGHT 2.0 6.3 Leaking □ □ No e adequate	Replac Test draina	ed Shutoff Procedure: X /	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		cation # <u>:</u>	
Test Kit	Test Kit Make: M Serial #: 10111943				Model: 845-5 Last Calibration Date: December 6 th , 2017				
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_

Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # H00004							
Test Date / Time 5/5/2018							
Tester Certification # 06-00020							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Der</u>	<u>iver Water Backflo</u>	w Assembly	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Water Supplier: Facility Address: 90 Contact Person:	065 OWL I	AKE DRIV	<u>'E</u>			Meter #	:	
Assembly	Type: RP LIDC LIPVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #:		Type of Use □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical Approved:	Outlet ontal al Up Down Y I N		
Testing & Maintenance	Line PSI: 90 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	☐ Leak ■ Tight ■ Leak ፫ Tight Tight Yes Ure to provide	Differential 7.0 LEAK 2.0 5.0 Leaking □ □ No le adequate	Replac Test drainag	ed Shutoff Procedure: X A	Repairs LEANED Valve #2: Tight ABPA:	□ Leaking	Tightness Leak Tight Leak Tight	TIGHT 2.4 4.6
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		ication # <u>:</u>	
Test Kit	Test Kit Make: M Serial #: 10111943				Model: _ Last Ca	845-5 libration Date: Dec	ember 6 th , 2	017	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # H51895								
Test Date / Time 5/5/2018								
Tester Certification # 06-00020								
Assembly Test Results X Pass *Fail								
Under Suspension - Process Immediately								

<u>Der</u>	<u>iver Water Backflo</u>	w Assembly	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)	
Account	Facility Address: 90	ater Supplier: FIRESTONE District cility Address: 9070 OWL LAKE DRIVE ontact Person:					Meter #:	:	
Assembly	Type: RP LIDC LIPVB Air Gap Size:1 Date Installed: New Existing Previous Assembly #:			Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 65 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure: Comments: Be si	☐ Leak ■ Tight □ Leak ■ Tight Tight Tight Yes ure to provid	Differential 5.9 TIGHT 2.3 3.6 Leaking □ □ No le adequate	Replac Test drainag	ed Shutoff Procedure: X /	Valve #2: Tight	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		cation # <u>:</u>	
Test Kit Make: Midwest Model: 845-5 Serial #: 10111943 Last Calibration Date							ember 6 th , 2	017	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	3-875-4996	,	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # H01604						
Test Date / Time 5/5/2018						
Tester Certification # 06-00020						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Der</u>	iver Water Backflo	w Assembly	<u>v Test & Ma</u>	intena	nce Report (plea	se print with BLOC	K LETTERI	NG)		
Account	Water Supplier: Facility Address: 90 Contact Person:	095 OWL I	AKE DRIV				Meter #	:		
Testing & Maintenance Assembly	Type: RP LI DC LI PVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #: Location: OUTSIDE BETWEEN HOUSE & STREET Line Initial Test Results PSI: 70 Tightness Differential Check Valve #1 Leak 7.4 (RP, DC, PVB) Tight				Type of Use □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment by Isolation	_	☐ Vertical ☐ Vertical Approved: Re-Test Tightness ☐ Leak ■ Tight	Outlet ontal I Up Down Y I N Results Differential 7.4	
	Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1:				ed Shutoff	Valve #2: Tight		_ □ Replac	3.0	
	Backpressure: ☐ Yes ☐ No ☐ Test Procedure: X ABPA: ☐ ASSE: Comments: Be sure to provide adequate drainage. Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677									
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time				Contact	ed By: n Date/Time:		ication #:		
Test Kit	Test Kit Make: Midwest Serial #: 10111943					Model: 845-5 Last Calibration Date: December 6 th , 2017				
Tester	Tester certifies this as Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LL0		e listed procedure and	Phone: 303 Certificate Ex	-875-4996	,		

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_____



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # A165814								
Test Date / Time 5/5/2018								
Tester Certification # 06-00020								
Assembly Test Results X Pass *Fail								
Under Suspension - Process Immediately								

<u>Der</u>	ver Water Backflo	w Assembl	v Test & Ma	aintena	nce Report (plea	se print with BLOCK LETT	ERING)		
ınt	Water Supplier:	FIRESTO	NE D	istrict:		Met	er #:		
Account	Facility Address: 92	<u> 100 OWL I</u>	LAKE DRIV	Έ					
⋖	Contact Person:								
	Make: F⊞CO Type: ■ RP □	Model:		 Gap	Type of Use	<u>Protection</u>	<u>Orient</u>	ation_	
<u> </u>	Size: 1" Da	ate Installed	:	·	Domestic	Containment	Inlet	Outlet	
Assembly	□ New ■ Existing				□Fire □ Glycol	☐ Containment by Isolatic	on 🔳 Horizo	ontal 🔳	
Ass	Previous Assembly	y #:			Irrigation	☐ Isolation	☐ Vertica		
	Location: OUTSIDI	E NE CORN	IER		☐ Recycled		□ Vertical	Down 🗆	
							Approved:	Y	
	Line	Initial Tes			· -	Repairs		Results	
	PSI: 62 Check Valve #1		Differential			····	Tightness	Differential	
Testing & Maintenance	(RP, DC, PVB)	☐ Leak ■ Tight	6.7				□ Leak		
	Check Valve #2	Leak	TIGHT				□ Leak		
	(RP, DC)	■ Tight	110111				Tight		
	Relief Valve		3.0						
	(RP)								
Main	Buffer		3.7						
8 6	(RP) Air Inlet								
stinç	(PVB)								
Te						Valve #2: ■ Tight □ Lea	king □ Replac	ced	
	Backpressure: ☐ Yes ☐ No Test Procedure: X ABPA: ☐ ASSE:								
	Comments: Be sure to provide adequate drainage.								
	Contractor: OWL L	AKE HOA	Garrett Bra	galone,	303-678-7677				
lon	Alarm Company/Fir	re Departme	nt:			DFS C	ertification #:		
otification	Person Notified:		' <u>'</u>						
Notii	Turn Off Date/Time				Turn On Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test Kit	Serial #: 10111943				Last Calibration Date: December 6 th , 2017				
		•			e listed procedure and	verifies the isolation valves were	returned to pre-test o	orientation.	
Tester	Testing Company:		Sackilow LL	<u> </u>		Dhana: 202.075.40			
Te	Tester Name: Scot	·				Phone: 303-875-49			
	Signature:	L. Campley				Certificate Expiration	Date: June 3	30th, 2018	

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_____



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # H11417						
Test Date / Time 5/5/2018						
Tester Certification # 06-00020						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Den</u>	iver water backing	w Assembl	<u>y rest a ivia</u>	amtena	nce Report (pied	ase print with BLOCI	N LEITER	ing)		
Account	Water Supplier: FIRESTONE District: Meter #:							# :		
	Facility Address: 9130 OWL LAKE DRIVE									
	Contact Person:									
	Make: FEBCO Model: 825Y				Type of Use	<u>Protection</u>		Orienta	ation	
	Type: ■ RP □ DC □ PVB □ Air Gap				Type of Use	<u>FTOLECTION</u>		Onenta	<u>alion</u>	
bly	Size:75' Date Installed:				□Domestic	Containment	_	Inlet	Outlet	
Assembly	□ New ■ Existing				□Fire □ Glycol	□ Containment by	Isolation	Horizo	ntal 🔳	
	Previous Assembly #:				Irrigation	☐ Isolation		☐ Vertica	ıl Up □	
	Location: OUTSIDE NORTH WALL				□ Recycled			□ Vertical		
								Approved:	-	
Testing & Maintenance	Line Initial Test Results PSI: 60 Tightness Differential				Repairs				Results Differential	
	Check Valve #1	Leak	7.3					☐ Leak	Differential	
	(RP, DC, PVB)	■ Tight	7.5					□ Tight		
	Check Valve #2	Leak	TIGHT					☐ Leak		
	(RP, DC)	■ Tight						☐ Tight		
	Relief Valve (RP)		2.0							
	Buffer		5.3							
	(RP)									
ting	Air Inlet (PVB)									
Tes	` ,	Tiaht □	Leaking □	Replac	ed Shutoff	Valve #2: ■ Tight	☐ Leaking	 n □ Replac	ed	
	Backpressure: ☐ Yes ☐ No Test				Procedure: X	Procedure: X ABPA:				
	Comments: Be sure to provide adequate drainage.									
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677									
- E	Alarm Company/Fire Department: DFS Certification #:									
icati	Person Notified:									
Notification	Turn Off Date/Time:				Turn On Date/Time:					
Ċ.					Madal	945 5				
Test Kit	Test Kit Make: Midwest Serial #: 10111943				Model: 845-5 Last Calibration Date: December 6 th , 2017					
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.								orientation	
	Testing Company: Advanced Backflow LLC									
	Tester Name: Scott Campbell				Phone: 303-875-4996					
	Signature:day 1. Carsley					Certificate Ex	piration Da	ite: <u>June 3</u>	0th, 2018	
		T (: 0	0.1		", , , , , , ,	0 : 0 : 10 !				

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_



Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # A256652						
Test Date / Time 5/5/2018						
Tester Certification # 06-00020						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Denver Water Backflow Assembly Test & Maintenance Report</u> (please print with BLOCK LETTERING)									
Account	Water Supplier: FIRESTONE District:					Meter #:			
	Facility Address: 9160 OWL LAKE DRIVE								
	Contact Person:								
	Make: FEBCO Model: 825Y				Type of Use	<u>Protection</u>		Orienta	ation
	Type: ■ RP □ DC □ PVB □ Air Gap								
bly	Size: 1" Date Installed:				Domestic	Containment	_	Inlet	Outlet
Assembly	□ New ■ Existing				☐Fire ☐ Glycol	□ Containment by	Isolation	Horizo	ntal 👤
	Previous Assembly #:				Irrigation	☐ Isolation		☐ Vertica	l Up □
	Location: OUTSID	E SE CORN	ER		☐ Recycled			□ Vertical	Down □
								Approved:	Y
	Line Initial Test Results			Repairs				Results	
Testing & Maintenance	PSI: 60 Check Valve #1	_	Differential			· · · · · · · · · · · · · · · · · · ·			Differential
	(RP, DC, PVB)	☐ Leak ■ Tight	6.9					☐ Leak ☐ Tight	
	Check Valve #2	Leak	TIGHT					Leak	
	(RP, DC)	■ Tight	110111					☐ Tight	
	Relief Valve		2.8						
	(RP)								
	Buffer		4.1						
~	(RP) Air Inlet								
sting	(PVB)								
Ę	Shutoff Valve #1:	_i Tight □	Leaking	Replac	ed Shutoff	Valve #2: ■ Tight	□ Leaking	☐ Replac	ed
	Backpressure:	Yes	□ No	Test	Procedure: X	ABPA:	□ AS	SE:	
	Comments: Be sure to provide adequate drainage.								
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677								
ion	Alarm Company/Fire Department: DFS					DFS Certifi	ication #:		
Notification	Person Notified:				Contacted By:				
Noti	Turn Off Date/Time:				Turn On Date/Time:				
Ķ	Test Kit Make: Midwest				Model: 845-5				
Test Kit	Serial #: 10111943				Last Calibration Date: December 6 th , 2017				
	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.								orientation.
Tester	Testing Company: Advanced Backflow LLC Tester Name: Scott Campbell				Phone: 303-875-4996				
ř	Signature: _ And A. Candled _					Certificate Ex		te: June 3	Oth. 2018
	J								

^{*}FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969. Customer verifies SOV returned to original positions:X_