

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6600 OWL LAKE DRIVE</u>						
Assembly	Make: <u>FBCO</u> Model: <u>860</u>		<u>Type of Use</u>		<u>Protection</u>		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input checked="" type="checkbox"/> Domestic		<u>Orientation</u>		
	Size: <u>1"</u> Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<u>Inlet</u>		
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input type="checkbox"/> Irrigation		<u>Outlet</u>		
Previous Assembly #: _____		<input type="checkbox"/> Isolation		<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
Location: <u>OUTSIDE NE CORNER</u>		<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Up <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Down <input type="checkbox"/>			
				Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: <u>65</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.6</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		
	Relief Valve (RP)		<u>2.2</u>				
	Buffer (RP)		<u>5.4</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____				DFS Certification #: _____		
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>November 28th, 2018</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>			Phone: <u>303-875-4996</u>			
Signature: <u><i>Scott L. Campbell</i></u>			Certificate Expiration Date: <u>June 30th, 2018</u>				

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 SOV#1 O/O SOV#2 O/O

Test # 13969



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 166297
 Test Date / Time 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6700 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: WATTS Model: LF009M2QT
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: H45672
 Location: OUTSIDE NORTH WALL

Type of Use
 Domestic Fire Glycol Irrigation Recycled

Protection
 Containment Containment by Isolation Isolation

Orientation
 Inlet Horizontal Vertical Up Vertical Down
 Outlet Horizontal Vertical Up Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 60	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.8		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		3.1			
Buffer (RP)		5.7			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6715 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: LEFT SIDE OF HOUSE BY HOT TUB

Type of Use **Protection** **Orientation**
 Domestic Containment Inlet Outlet
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 45	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.2		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.1			
Buffer (RP)		6.1			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.
 * **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6720 OWL LAKE DRIVE</u>						
Contact Person: _____							
Assembly	Make: <u>FBCO</u> Model: <u>825Y</u>		<u>Type of Use</u>		<u>Protection</u>		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Containment		
Size: <u>1"</u> Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		<input type="checkbox"/> Inlet <input type="checkbox"/> Outlet			
Location: <u>FRONT OF HOUSE</u>				<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Up <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Down <input type="checkbox"/>			
				Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: <u>60</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.2</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.2</u>	
	Check Valve #2 (RP, DC)	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	<u>LEAK</u>	<u>REPLACED BROKEN CHECK</u>	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>	
	Relief Valve (RP)		<u>2.0</u>			<u>3.0</u>	
	Buffer (RP)		<u>6.2</u>			<u>5.2</u>	
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____				DFS Certification #: _____		
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>November 28th, 2018</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6735 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 15' Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: NEXT TO METER

Type of Use
 Domestic
 Fire Glycol
 Irrigation
 Recycled

Protection
 Containment
 Containment by Isolation
 Isolation

Orientation
 Inlet Horizontal Vertical Up Vertical Down
 Outlet Horizontal Vertical Up Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
PSI: 65					
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.6		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.1			
Buffer (RP)		6.5			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced
 Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6745 OWL LAKE DRIVE</u>						
	Contact Person: _____						
Assembly	Make: <u>WATTS</u> Model: <u>009M2QT</u>		<u>Type of Use</u>		<u>Protection</u>		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Containment		
	Size: <u>7/8"</u> Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation	<u>Orientation</u>		
Previous Assembly #: _____		<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Up <input type="checkbox"/>	<input checked="" type="checkbox"/> Inlet <input type="checkbox"/> Outlet		
Location: <u>OUTSIDE NE CORNER</u>				<input type="checkbox"/> Vertical Down <input type="checkbox"/>	Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Testing & Maintenance	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: <u>50</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.1</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		
	Relief Valve (RP)		<u>3.0</u>				
	Buffer (RP)		<u>4.1</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____				DFS Certification #: _____		
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>November 28th, 2018</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6750 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: WATTS Model: 009M2QT
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE EAST WALL

Type of Use **Protection** **Orientation**
 Domestic Containment **Inlet** **Outlet**
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 60	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.5		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.3			
Buffer (RP)		5.2			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

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Customer verifies SOV returned to original positions: X _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6755 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 860
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE BETWEEN HOUSE & STREET SURROUNDED BY BUSHES

Type of Use **Protection** **Orientation**
 Domestic Containment Inlet Outlet
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 60	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.3		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.2			
Buffer (RP)		5.1			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.
 * **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # <u>A239719</u>
Test Date / Time <u>5/6/2019</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____				
	Facility Address: <u>6760 OWL LAKE DRIVE</u>				
Assembly	Make: <u>FBCO</u> Model: <u>825Y</u>	Type of Use			
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	<input type="checkbox"/> Domestic			
	Size: <u>1"</u> Date Installed: _____	<input checked="" type="checkbox"/> Containment			
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol			
Previous Assembly #: _____	<input type="checkbox"/> Containment by Isolation	Orientation			
Location: <u>OUTSIDE SOUTH WALL</u>	<input checked="" type="checkbox"/> Irrigation	Inlet <input checked="" type="checkbox"/> Horizontal			
	<input type="checkbox"/> Recycled	Outlet <input type="checkbox"/> Vertical Up			
		<input type="checkbox"/> Vertical Down			
		Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results	Repairs	Re-Test Results	
	PSI: <u>50</u>	Tightness		Differential	Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>6.1</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Relief Valve (RP)		<u>2.1</u>		
	Buffer (RP)		<u>4.0</u>		
	Air Inlet (PVB)				
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:		
	Comments: <u>Be sure to provide adequate drainage.</u>				
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>					
Notification	Alarm Company/Fire Department: _____		DFS Certification #: _____		
	Person Notified: _____		Contacted By: _____		
	Turn Off Date/Time: _____		Turn On Date/Time: _____		
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>		
	Serial #: <u>10111943</u>		Last Calibration Date: <u>November 28th, 2018</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2018</u>			

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J137382
 Test Date / Time 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6765 OWL LAKE DRIVE</u>						
Contact Person: _____							
Assembly	Make: <u>FBCO</u> Model: <u>825Y</u>		<u>Type of Use</u>		<u>Protection</u>		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Containment		
Size: <u>1"</u> Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing		<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation			
Previous Assembly #: <u>J116031</u>		<input type="checkbox"/> Recycled		<input type="checkbox"/> Inlet <input type="checkbox"/> Outlet			
Location: <u>OUTSIDE SE CORNER</u>				<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Up <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Down <input type="checkbox"/>			
				Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: <u>60</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.4</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		
	Relief Valve (RP)		<u>2.0</u>				
	Buffer (RP)		<u>5.4</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____				DFS Certification #: _____		
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>November 28th, 2018</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9005 OWL LAKE DRIVE</u>						
Contact Person: _____							
Assembly	Make: <u>WATTS</u> Model: <u>009M3QT</u>		<u>Type of Use</u>		<u>Protection</u>		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Containment		
Size: <u>7/8"</u> Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		<input type="checkbox"/> Inlet <input type="checkbox"/> Outlet			
Location: <u>OUTSIDE NORTH WALL</u>				<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Up <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Down <input type="checkbox"/>			
				Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: <u>98</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.9</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		
	Relief Valve (RP)		<u>2.1</u>				
	Buffer (RP)		<u>5.8</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____				DFS Certification #: _____		
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>November 28th, 2018</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # <u>A146950</u>
Test Date / Time <u>5/6/2019</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____				
	Facility Address: <u>9010 OWL LAKE DRIVE</u>				
Assembly	Make: <u>FBCO</u> Model: <u>805Y</u>	Type of Use			
	Type: <input type="checkbox"/> RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	<input checked="" type="checkbox"/> Domestic			
	Size: <u>7/8"</u> Date Installed: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol			
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Irrigation			
Previous Assembly #: _____	Location: <u>UNDER ROCK SOUTH OF DRIVEWAY</u>	Protection			
		<input checked="" type="checkbox"/> Containment			
		<input type="checkbox"/> Containment by Isolation			
		<input type="checkbox"/> Isolation			
		<input type="checkbox"/> Recycled			
		Orientation			
		Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
		Outlet <input type="checkbox"/> Vertical Up <input type="checkbox"/>			
		<input type="checkbox"/> Vertical Down <input type="checkbox"/>			
		Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results	Repairs	Re-Test Results	
	PSI: <u>65</u>	Tightness		Differential	Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>2.0</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>2.0</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Relief Valve (RP)				
	Buffer (RP)				
	Air Inlet (PVB)				
	Shutoff Valve #1: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:		
	Comments: <u>Be sure to provide adequate drainage.</u>				
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>					
Notification	Alarm Company/Fire Department: _____		DFS Certification #: _____		
	Person Notified: _____		Contacted By: _____		
	Turn Off Date/Time: _____		Turn On Date/Time: _____		
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>		
	Serial #: <u>10111943</u>		Last Calibration Date: <u>November 28th, 2018</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2018</u>			

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9035 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE EAST WALL

Type of Use **Protection** **Orientation**
 Domestic Containment Inlet Outlet
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
PSI: 95					
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.8		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		3.0			
Buffer (RP)		5.8			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9040 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE NE CORNER

Type of Use **Protection** **Orientation**
 Domestic Containment Inlet Outlet
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 70	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.2		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.2
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT
Relief Valve (RP)		0	CLEANED		3.1
Buffer (RP)		8.2			5.1
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9065 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 860
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE NEAR METER

Type of Use **Protection** **Orientation**
 Domestic Containment **Inlet** **Outlet**
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 95	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.6		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.2			
Buffer (RP)		4.4			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.
 * **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 SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9070 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 1 Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: R. OF FRONT DOOR IN PIT

Type of Use **Protection** **Orientation**
 Domestic Containment Inlet Outlet
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
PSI: 65					
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.3		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.1			
Buffer (RP)		5.3			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9095 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 860
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE BETWEEN HOUSE & STREET
 Type of Use: Domestic Fire Glycol Irrigation Recycled
 Protection: Containment Containment by Isolation Isolation
 Orientation: Inlet Horizontal Vertical Up Vertical Down
Outlet Horizontal Vertical Up Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
PSI: 60					
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.7		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.2			
Buffer (RP)		4.5			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9100 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE NE CORNER

Type of Use **Protection** **Orientation**
 Domestic Containment Inlet Outlet
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 60	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.8		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.1			
Buffer (RP)		4.7			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9130 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 7/8" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE NORTH WALL

Type of Use **Protection** **Orientation**
 Domestic Containment **Inlet** **Outlet**
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
PSI: 60					
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.3		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.2			
Buffer (RP)		6.1			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O

Test # 13969



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 5/6/2019
 Tester Certification # 06-00020
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9160 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE SE CORNER

Type of Use **Protection** **Orientation**
 Domestic Containment **Inlet** **Outlet**
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 60	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.9		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.3			
Buffer (RP)		4.6			
Air Inlet (PVB)					

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: Be sure to provide adequate drainage.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: _____
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: November 28th, 2018

Tester
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2018

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org, type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **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 _____ SOV#1 O/O SOV#2 O/O