

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 5/8/2021
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Der</u>	iver Water Backflo	w Assembl	V Test & Ma	iintena	nce Report (piea	se print with BLOCK	LETTERI	NG)	
Account	Water Supplier: Facility Address: 66 Contact Person:	600 OWL I	AKE DRIV	Έ			_Meter #: 	:	
Assembly	Type: ■ RP		Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Is Isolation	olation —	Orienta Inlet Horizo Vertical Approved:	Outlet ntal I Up		
Testing & Maintenance	Line PSI: 80 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 provio	Differential 8.3 TIGHT 3.0 5.3 Leaking □ □ No le adequate	Replace Test draina	ed Shutoff Procedure: X A	Valve #2: Tight DABPA:	□ Leaking	Tightness Leak Tight Leak Tight	Results Differential
Alarm Company/Fire Department: DFS (Person Notified: Contacted By: Turn Off Date/Time: Turn On Date/Time:						tion #: 21	-B-0150 <u>4</u>		
Test Kit	Test Kit Make: M Serial #: 10201451					Model: 845-5 Last Calibration Date: October 27 th , 2020			
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LLC		e listed procedure and	Phone: 303-8 Certificate Expir	75-4996	•	

^{*}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______ __SOV#1<u>_O/O</u>__SOV#2<u>_O/O</u>



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 5/8/2021
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Der</u>	<u>iver Water Backflo</u>	w Assembl	y Test & Ma	<u>iintena</u>	<mark>nce Report</mark> (plea	se print with BLOCK LETTER	RING)		
nt	Water Supplier:	FIRESTO	NE Di	strict:		Meter	#:		
Account	Facility Address: 67	700 OWL I							
Ř	Contact Person:								
	Make: WATTS	Model:	LF009M2Q	Т	Type of Use	<u>Protection</u>	Orienta	ation	
	Type: ■ RP 🔲			•			Official	<u>ation</u>	
lbly	Size: 1" Da		:		□Domestic	Containment	Inlet	Outlet	
Assembly	☐ New ■ Existing	_			☐Fire ☐ Glycol	☐ Containment by Isolation	Horizo	ntal 🔳	
As	Previous Assembly	y # <u>: </u>			Irrigation	☐ Isolation	☐ Vertica	I Up □	
	Location: OUTSIDI	E NORTH W	/ALL		□ Recycled		☐ Vertical		
							Approved:	-	
	Line		t Results		F	Repairs		Results	
	PSI: 85 Check Valve #1	∏ Leak	Differential 8.5			'	☐ Leak	Differential	
	(RP, DC, PVB)	■ Tight	6.5				☐ Tight		
	Check Valve #2	Leak	TIGHT				☐ Leak		
e	(RP, DC)	Tight					☐ Tight		
Testing & Maintenance	Relief Valve		3.5						
	(RP) Buffer		F 0						
Mai	(RP)		5.0						
g &	Air Inlet								
estir	(PVB)				-				
-	Shutoff Valve #1:		Leaking □ □ No		ed Shutoff Procedure: X	Valve #2: ■ Tight □ Leakin		ed	
	Backpressure:	ABPA:	SSE:						
	Comments: Be s								
	Contractor: OWL L	AKE HOA	Garrett Brag	galone,	303-678-7677				
ion	Alarm Company/Fir	re Departme	ent:			DFS Certification #: 2	21-B-01504		
Notification	Person Notified:				Contacted By:				
Noti	Turn Off Date/Time				Turn Or	n Date/Time:			
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: 10201451				Last Calibration Date: October 27th, 2020				
		•			e listed procedure and	verifies the isolation valves were retu	ırned to pre-test o	rientation.	
Tester	Testing Company: Tester Name: Scott		sackflow LL(<u>ن</u>		Dhono: 202 075 4006	•		
Te		L. Carripbell				Phone: 303-875-4996		011- 0004	
	Signature:					Certificate Expiration D	ate: <u>June 3</u>	uth, 2021	

^{*} 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_



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 5/8/2021								
Tester Certification # 6-20								
Assembly Test Results X Pass *Fail								
Under Suspension - Process Immediately								

Der	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)								
Account		ater Supplier:FIRESTONEDistriction					Meter #:		
Assembly	Previous Assembly #:		Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection ■ Containment □ Containment by Iso □ Isolation	— olation	☐ Vertica☐ Vertica☐ Vertica☐ Vertica☐ Vertica☐	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 s Contractor: OWL L	☐ Leak ■ Tight □ Leak ■ Tight Tight □ Yes ure to provio	Differential 8.6 TIGHT 3.0 5.6 Leaking □ □ No le adequate	Test draina	ced Shutoff Procedure: X A	Valve #2: ■ Tight □ ABPA:	Leaking □ ASS	☐ Leak ☐ Tight ☐ Leak ☐ Tight ☐ Replace	Differential
					Contact Turn Or	DFS Certification of the DFS Certification of	on #: 21-	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: Midwest Serial #: 10201451				Model:_ Last Ca	845-5 libration Date: October	r 27 th , 202	20	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LLC		re listed procedure and	Phone: 303-87 Certificate Expira	5-4996	·	

^{*}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______ __SOV#1_<u>O/O</u>__SOV#2_<u>O/O</u>



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 5/8/2021
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Der</u>	iver water Backflo	w Assembl	v lest & Ma	iintena	nce Report (piea	se print with BLOCK	LETTERI	NG)	
Account	Water Supplier:Facility Address: 67		AKE DRIV	_			_Meter #: 	:	
	Make: FEBCO	Model:			Type of Use	<u>Protection</u>		Orienta	ation
	Type: ■ RP 🔲	DC D	VB □ Air G	€ap	<u>. , p </u>	<u> </u>		<u> </u>	<u></u>
oly	Size:1" Da	ate Installed	:		□Domestic	Containment		Inlet	Outlet
Assembly	□ New ■ Existing	g			□Fire □ Glycol	☐ Containment by Is	olation	Horizo	ntal -
Ass	Previous Assembly	y #:			Irrigation	☐ Isolation		☐ Vertica	I Up □
	Location: FRONT	OF HOUSE			□ Recycled	_		─ Vertical	. — Down □
								Approved:	
	Line	Initial Tes	t Results			Popoiro			Results
	PSI: 80		Differential		Γ	Repairs		_	Differential
	Check Valve #1	Leak	9.4					□ Leak	
	(RP, DC, PVB) Check Valve #2	Tight	_					☐ Tight	
	(RP, DC)	□ Leak ■ Tight	TIGHT					☐ Leak ☐ Tight	
Testing & Maintenance	Relief Valve	<u>-</u> 119110	2.1						
	(RP)		2.1						
ainte	Buffer		7.3					_	
ž	(RP)								
ing	Air Inlet								
Fest	(PVB)	3 T.J. D	Lastina D	D I	- 1 101	V-l "O T'-l-1 F	7 I I do -	D. D. alla	1
	Shutoff Valve #1:	_				Valve #2: ■ Tight □			ea
	Backpressure: ☐ Yes ☐ No Test Procedure: X ABPA: ☐ AS							JE.	
	Comments: Be s		•		-				
	Contractor: OWL L	AKE HOA	Garrett Brac	galone,	303-678-7677				
tion	Alarm Company/Fir	re Departme	nt:			DFS Certification	tion #: 21	-B-0150 <u>4</u>	
Notification	Person Notified:				Contacted By:				
Not	Turn Off Date/Time):			Turn On Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: <u>1020145</u> 1				Last Calibration Date: October 27 th , 2020				
		-			e listed procedure and	verifies the isolation valves	were return	ned to pre-test c	orientation.
Tester	Testing Company:		Backflow LLC	ز					
Te	Tester Name: Scot	•				Phone: 303-8			
	Signature:	L. Cangley				Certificate Expir	ation Dat	te: <u>June 3</u>	0th, 2021

^{*}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<u>_O/O</u>__SOV#2<u>_O/O</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 5/8/2021
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Der</u>	iver water Backflo	w Assembly	v lest & Ma	iintena	nce Report (plea	se print with BLOCK LE	HERI	NG)	
Account	Water Supplier: Facility Address: 67 Contact Person:		AKE DRIV	_			Meter #:		
						-			
	Make: FEBCO	Model:			Type of Use	<u>Protection</u>		Orienta	ation
	Type: ■ RP 🛛	DC D	VB □ Air G	€ap		<u></u>			
ЫУ	Size: 15' Da	ate Installed	:		□Domestic	Containment	_1	nlet	Outlet
Assembly	□ New ■ Existing	g			□Fire □ Glycol	☐ Containment by Isol	ation	Horizo	ntal 🔳
Ass	Previous Assembly	y #:			■ Irrigation	☐ Isolation		☐ Vertica	l Up □
	Location: NEXT TO) METER			□ Recycled			☐ Vertical	Down □
					, , , , , ,			Approved:	
	Line	Initial Tes	t Results		<u>'</u>			Re-Test	Results
	PSI: 70		Differential		Г	Repairs			Differential
	Check Valve #1	☐ Leak	7.7					□ Leak	
	(RP, DC, PVB)	Tight						□ Tight	
	Check Valve #2 (RP, DC)	□ Leak ■ Tight	TIGHT					☐ Leak ☐ Tight	
Testing & Maintenance	Relief Valve	- rigit	2.2						
	(RP)		2.2						
ainte	Buffer		5.5					-	
Š	(RP)								
ing	Air Inlet								
Test	(PVB)	.⊐ Tiabt □	Looking D	Danlag	and Churct	Value #0. Tight □ I	a alsin a	□ Deplee	a d
	Shutoff Valve #1: Backpressure:	_	Leaking ⊔ ☐ No		Procedure: X	Valve #2: ■ Tight □ L	_eaking □ ASS		eu
	•			I		ADI A.		JL.	
	Comments: Be sure to provide adequate drainage. Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677								
	Contractor: OVVL L	AKE HOA	Garrett Brac	gaione,	303-678-7677				
tion	Alarm Company/Fir	re Departme	nt:			DFS Certification	n #: 21	-B-01504	
Notification	Person Notified:				Contacted By:				
Not	Turn Off Date/Time):			Turn On Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: 10201451				Last Calibration Date: October 27 th , 2020				
		-			e listed procedure and	verifies the isolation valves w	ere return	ed to pre-test o	rientation.
Tester	Testing Company:		Backflow LLC	ز					
Te	Tester Name: Scot	•				Phone: 303-875			-
	Signature:	L. Cangley				Certificate Expirat	ion Date	e: <u>June 3</u>	0th, 2021

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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 5/8/2021						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

Der	iver Water Backflo	w Assembl	y lest & Ma	intena	nce Report (plea	se print with BLOCK	LETTERI	NG)	
Account	Water Supplier: Facility Address: 67 Contact Person:	745 OWL I	LAKE DRIV	_			Meter #: 	:	
Assembly	Make:WATTS Type: ■ RP □	Model: DC P ate Installed y #: E NE CORN	009M2QT VB □ Air G : : ER	•	Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Is Isolation	_	☐ Vertical Approved:	Outlet ontal al Up Down Y I N
Testing & Maintenance	Line PSI: 70 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	□ No le adequate	Replac Test draina	RECOMPTED CONTROL OF THE PROCEDURE: X A gge.	Repairs PAIR KIT LEANED Valve #2: Tight Tight	□ Leaking	Tightness Leak Tight Leak Tight	TIGHT 3.0 3.1
Alarm Company/Fire Department: Person Notified: Turn Off Date/Time: DFS Certification #: 21-B-01504 Contacted By: Turn On Date/Time:									
Test Kit	Test Kit Make: Mi Serial #: 10201451				Model: _ Last Ca	845-5 libration Date: Octob	er 27 th , 20)20	
Tester	Tester certifies this as Testing Company: Tester Name: Scott Signature:	Advanced E	Backflow LLC		re listed procedure and	verifies the isolation valves Phone: 303-8 Certificate Expi	75-4996		

^{*}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______ __SOV#1_<u>O/O</u>__SOV#2_<u>O/O</u>



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 5/8/2021					
Tester Certification # 6-20					
Assembly Test Results X Pass *Fail					
Under Suspension - Process Immediately					

Der	<u>Denver Water Backflow Assembly Test & Maintenance Report</u> (please print with BLOCK LETTERING)								
Account	Water Supplier: Facility Address: 67 Contact Person:		AKE DRIV	_			_Meter #: 	:	
Assembly	□ New ■ Existing Previous Assembly #:			Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Is Isolation	olation —	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 70 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	☐ Leak ■ Tight □ Leak ■ Tight Tight □ Yes ure to provid	Differential 7.5 TIGHT 3.0 4.5 Leaking □ □ No le adequate	Replace Test	ced Shutoff Procedure: X A	Valve #2: Tight DABPA:	⊒ Leaking □ ASS	Tightness Leak Tight Leak Tight	Results Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time		nt:		Contact Turn Or	DFS Certifica ed By: n Date/Time:	tion #: 21	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: Midwest Serial #: 10201451				Model: 845-5 Last Calibration Date: October 27 th , 2020				
Tester	Tester certifies this as Testing Company: Tester Name: Scott Signature:	Advanced E	Backflow LLC		e listed procedure and	Phone: 303-8 Certificate Expi	75-4996	•	

^{*}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______ __SOV#1<u>_O/O</u>__SOV#2<u>_O/O</u>



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 5/8/2021					
Tester Certification # 6-20					
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)								
nt	Water Supplier:	FIRESTO	NE Di	strict:		Meter	#:		
Account	Facility Address: 67	755 OWL I		-					
٧	Contact Person:								
	Make: FEBCO	Model:	860		Type of Use	<u>Protection</u>	Orienta	ation	
	Type: 🔳 RP 🗆	DC DP	VB □ Air C	Sap	Type or ose	1 TOLCOLIOIT	Onente	<u>ation</u>	
bly	Size: 1" Da	ate Installed	:		□Domestic	Containment	Inlet	Outlet	
Assembly	□ New ■ Existing	g			□Fire □ Glycol	☐ Containment by Isolation	Horizo	ntal 🔳	
As	Previous Assembly	y #:			Irrigation	☐ Isolation	☐ Vertica	I Up □	
	Location: OUTSIDI	E BETWEEN	N HOUSE &		☐ Recycled		□ Vertical	Down 🖵	
	STREET SURROL	JNDED BY I	BUSHES				Approved:	Y	
	Line	Initial Tes			<u>. </u>	Repairs		Results	
	PSI: 70		Differential			·····		Differential	
	Check Valve #1 (RP, DC, PVB)	☐ Leak ■ Tight	7.2				☐ Leak ☐ Tight		
	Check Valve #2	Leak	TIGHT				☐ Leak		
	(RP, DC)	■ Tight	ПОП				☐ Tight		
Testing & Maintenance	Relief Valve		2.2						
	(RP)								
	Buffer		5.0						
8 ((RP) Air Inlet								
stinç	(PVB)								
Te	Shutoff Valve #1:	_ Tight □	Leaking	Replac	ed Shutoff	Valve #2: ■ Tight □ Leakin	g □ Replac	ed	
	Backpressure:	Yes	□ No	Test	Procedure: X A	ABPA: □ A	SSE:		
	Comments: Be s	ure to provid	le adequate	draina	ge.				
	Contractor: OWL L	AKE HOA	Garrett Brag	galone,	303-678-7677				
	<u> </u>								
ion	Alarm Company/Fir	re Departme	nt:			DFS Certification #: 2	21-B-01504		
Notification	Person Notified:				Contacted By:				
Noti	Turn Off Date/Time	e:			Turn Or	n Date/Time:			
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: 10201451	1			Last Calibration Date: October 27 th , 2020				
		•			e listed procedure and	verifies the isolation valves were retu	rned to pre-test o	rientation.	
Tester	Testing Company: Tester Name: Scott		sackflow LL(<u> </u>		Dhono: 202 075 4006			
Te		L. Carribbell				Phone: 303-875-4996		011- 0004	
	Signature:					Certificate Expiration D	ate: <u>June 3</u>	utn. 2021	

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Customer verifies SOV returned to original positions:X________SOV#1_O/O__SOV#2_O/O_



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 5/8/2021						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

Der	<u>Denver Water Backflow Assembly Test & Maintenance Report</u> (please print with BLOCK LETTERING)								
Account	Water Supplier: Facility Address: 67 Contact Person:	760 OWL I	AKE DRIV				Meter #: 	:	
Assembly	□ New ■ Existing Previous Assembly #: Location: OUTSIDE SOUTH WALL			Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection ■ Containment □ Containment by Is □ Isolation	solation —	☐ 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:	☐ Leak ■ Tight □ Leak ■ Tight Tight Tight Yes ure to provid	Differential 7.3 TIGHT 3.1 4.2 Leaking □ □ No le adequate	Replace Test draina	ed Shutoff Procedure: X A	Valve #2: Tight [ABPA:	□ Leaking	☐ Leak ☐ Tight ☐ Leak ☐ Tight ☐ Replace	Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time		nt:		Contact Turn Or	DFS Certifica ed By: n Date/Time:	ition #: 21	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: Midwest Serial #: 10201451				Model: 845-5 Last Calibration Date: October 27 th , 2020				
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LLC		e listed procedure and	verifies the isolation valves Phone: 303-8 Certificate Expi	75-4996	•	

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Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J146453					
Test Date / Time 5/8/2021					
Tester Certification # 6-20					
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)								
nt	Water Supplier: FIRESTONE District: Meter #:								
Account	Facility Address: 67	765 OWL I							
Ă	Contact Person:								
	Make: FBCO	Model:	825Y		Type of Llee	Drotostion	Orionte	otion	
	Type: ■ RP 🔲	DC □ P'	VB □ Air C	Зар	Type of Use	<u>Protection</u>	<u>Orienta</u>	ation	
bly	Size:1" 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: OUTSIDI	E SE CORN	ER		□ Recycled		Vertical		
							Approved:	-	
	Line		t Results		F	Repairs		Results	
	PSI: 90 Check Valve #1	Tigntness ☐ Leak	Differential 8.6			<u>'</u>	☐ Leak	Differential	
	(RP, DC, PVB)	■ Tight	0.0				☐ Tight		
	Check Valve #2	Leak	TIGHT				☐ Leak		
ø.	(RP, DC)	Tight					☐ Tight		
Testing & Maintenance	Relief Valve		2.4						
	(RP)								
Mai	Buffer (RP)		4.2						
ag G	Air Inlet								
estin	(PVB)								
ř	Shuton valve #1. Li right Leaking Replaced Shuton valve #2.							ed	
	Backpressure:		□ No		Procedure: X A	ABPA: □ A	SSE:		
	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 Certification #: 2	21-B-01504		
Notification	Person Notified:	•			Contact	ed By:			
Noti	Turn Off Date/Time				Turn On Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: 10201451				Last Calibration Date: October 27 th , 2020				
		•			e listed procedure and	verifies the isolation valves were retu	ırned to pre-test o	rientation.	
Tester	Testing Company:		sackflow LL(<u>ئ</u>		Dhono: 202.075.4000	<u>, </u>		
Te	Tester Name: Scot	L. Campbell				Phone: 303-875-4996		011- 0004	
	Signature:	a. conjud				Certificate Expiration D	ate: <u>June 3</u>	oth, 2021	

^{*} 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_



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 5/8/2021						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Der</u>	<u>Denver Water Backflow Assembly Test & Maintenance Report</u> (please print with BLOCK LETTERING)								
nt	Water Supplier:	FIRESTO	NE Di	strict:		Meter	#:		
Account	Facility Address: 90	005 OWL I							
٧	Contact Person:								
	Make: WATTS	Model:	009M3QT		Type of Use	Protection_	Orienta	ation	
	Type: ■ RP 🔲			•			Onche	<u>ation</u>	
bly	Size: <u>.75'</u> Da		:		□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: OUTSIDI	E NORTH W	/ALL		□ Recycled		Vertical		
							Approved:	-	
	Line		t Results		F	Repairs		Results	
	PSI: 105 Check Valve #1	Tigntness ☐ Leak	Differential			<u>'</u>	☐ Leak	Differential	
	(RP, DC, PVB)	■ Tight	8.0				☐ Tight		
	Check Valve #2	Leak	TIGHT				c		
ø.	(RP, DC)	Tight					☐ Tight		
anc	Relief Valve		3.0						
Testing & Maintenance	(RP)								
	Buffer (RP)		5.0						
& D	Air Inlet								
estin	(PVB)								
ř	Shuton valve #1. I right Leaking Replaced Shuton valve #2.							ed	
	Backpressure:		□ No		Procedure: X A	ABPA: □ A	SSE:		
	Comments: Be sure to provide adequate drainage.								
	Contractor: OWL L	AKE HOA	Garrett Brag	galone,	303-678-7677				
ion	Alarm Company/Fir	re Departme	nt:			DFS Certification #: 2	21-B-01504		
Notification	Person Notified:				Contacted By:				
Noti	Turn Off Date/Time):			Turn On Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: <u>1020145</u> 1				Last Calibration Date: October 27 th , 2020				
		•			e listed procedure and	verifies the isolation valves were retu	ırned to pre-test o	orientation.	
Tester	Testing Company:		Backflow LL(<i>:</i>		Dhana. 202.075 4000	<u> </u>		
Te	Tester Name: Scot	Campbell				Phone: 303-875-4996		0.1 0.55.	
	Signature:	a. conflet				Certificate Expiration D	ate: <u>June 3</u>	0th, 2021	

^{*} 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_



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 5/8/2021							
Tester Certification # 6-20							
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:Facility Address: 90		LAKE DRIV	_			Meter #:			
	Contact Person:									
	Make: FEBCO	Model:			Type of Use	Protection		Orienta	ation	
	Type: 🗓 RP 🔃	DC D	VB □ Air G	Bap						
ЫУ	Size: <u>.75'</u> Da	ate Installed	:		□Domestic	Containment	_!	nlet	Outlet	
Assembly	□ New ■ Existing	g			□Fire □ Glycol	☐ Containment by Iso	olation	Horizo	ntal 🔳	
Ass	Previous Assembly	y #:			Irrigation	☐ Isolation		☐ Vertica	I Up □	
	Location: UNDER	ROCK SOU	TH OF		□ Recycled			☐ Vertical	Down □	
	DRIVEWAY							Approved:		
	Line	Initial Tes	st Results		<u>.</u>			Re-Test	Results	
	PSI: 61	Tightness	Differential		ŀ	Repairs		Tightness	Differential	
	Check Valve #1	☐ Leak	2.2					□ Leak		
	(RP, DC, PVB)	Tight						□ Tight		
	Check Valve #2	□ Leak	2.4					Leak		
ø	(RP, DC)	Tight						☐ Tight		
Testing & Maintenance	Relief Valve									
	(RP) Buffer									
Mai	(RP)									
& 0	Air Inlet									
stin	(PVB)									
ĭ	Shutoff Valve #1:	■ Tight □	Leaking			Valve #2: ■ Tight □	Leaking	☐ Replac	ed	
	Backpressure:	Yes	□ No	Test	Procedure: X	ABPA:	□ AS	SE:		
	Comments: Be sure to provide adequate drainage.									
	Contractor: OWL L	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677								
	· ·									
L.	Alarm Company/Fi	ro Donartma	unt:			DFS Certificati	on #: 21	-B-01504		
Notification	Person Notified:	о рераните	· · · · · · · · · · · · · · · · · · ·		Contact		∪∩ #. ∠ l	-D-01304		
otifi	_				Contacted By:					
Ž	Turn Off Date/Time). 			Turn Or	n Date/Time:				
t Kit	Test Kit Make: M	idwest			Model:	845-5				
Test	Serial #: 1020145	1			Last Calibration Date: October 27 th , 2020					
		-			e listed procedure and	verifies the isolation valves v	were return	ed to pre-test o	rientation.	
Tester	Testing Company:		Backflow LLC	<i>;</i>						
Te	Tester Name: Scot	•				Phone: 303-87				
	Signature:	L. Cangley	/			Certificate Expira	ation Dat	e: <u>June 3</u>	0th, 2021	

^{*}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_<u>O/O</u>__SOV#2_<u>O/O</u>



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 5/8/2021						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Der</u>	iver Water Backflo	w Assembl	V Test & IVIa	iintena	nce Report (piea	se print with BLOCK I	LETTERII	NG)	
Account	Water Supplier: Facility Address: 90 Contact Person:	040 OWL I	AKE DRIV				_Meter #: 	·	
Assembly	Type: RP LI DC LI PVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #:		Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Is Isolation	olation —	☐ Vertica☐ Vertica☐ Vertica☐ Approved:	Outlet I Up Down Y N		
Testing & Maintenance	Line PSI: 70 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 provid	Differential 8.4 TIGHT 2.8 5.6 Leaking □ □ No e adequate	Replace Test	ced Shutoff Procedure: X A	Valve #2: ■ Tight □	Leaking □ ASS	☐ Leak ☐ Tight ☐ Leak ☐ Tight ☐ Replace	Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time		nt:		Contact Turn Or	DFS Certificated By:	ion #: 21	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: Mi Serial #: 10201451					Model: 845-5 Last Calibration Date: October 27 th , 2020			
Tester	Tester certifies this as Testing Company: Tester Name: Scott Signature:	Advanced E	Backflow LLC		re listed procedure and	verifies the isolation valves Phone: 303-87 Certificate Expir	75-4996		

^{*}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______ __SOV#1<u>_O/O</u>__SOV#2<u>_O/O</u>



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 5/8/2021						
Tester Certification # 6-20						
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 BLOCK LET	TERING)		
Account	Water Supplier: Facility Address: 90		AKE DRIV			Me	ter #:		
	Contact Person: K	<u>FN DFBIF</u>	805-558-46	606					
	Make: F⊞CO Type: ■ RP □	Model:		 Bap	Type of Use	<u>Protection</u>	<u>Orien</u>	tation	
خِ	Size: 1" Da	ate Installed	:		□Domestic	Containment	Inlet	Outlet	
Assembly	□ New ■ Existing				□Fire □ Glycol	☐ Containment by Isolation	on Horiz	ontal -	
As	Previous Assembly	y #:			Irrigation	☐ Isolation	☐ Vertic	al Up □	
	Location: OUTSIDI	E NEAR ME	TER		□ Recycled		Vertical	Down □	
							Approved:	Y ■ N □	
	Line		t Results			Repairs		t Results	
	PSI: 75	_	Differential		Γ	vehalis		Differential	
	Check Valve #1	Leak	7.3				⊟ Leak		
	(RP, DC, PVB) Check Valve #2	■ Tight □ Leak					☐ Tight ☐ Leak		
	(RP, DC)	■ Tight	TIGHT				☐ Tight		
a)Ce	Relief Valve		2.1						
Testing & Maintenance	(RP)		2.1						
	Buffer		5.2						
≥ ≈	(RP)								
ing	Air Inlet								
Test	(PVB) Shutoff Valve #1:	.⊐ Tight □	Looking □	Donlac	od Chutoff	Valve #2: ■ Tight □ Lea	king Donlo	ood	
	Backpressure:	_	□ No		Procedure: X		aking ⊔ Kepia ∃ ASSE:	ceu	
	•					10171.	7,002.		
	Comments: Be sure to provide adequate drainage. Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677								
	Contractor: OVVL L	AKE HUA	Garrell Brag	gaione,	303-676-7677				
Notification	Alarm Company/Fi	re Departme	nt:			DFS Certification	#: 21-B-0150 <u>4</u>		
ifica	Person Notified:				Contacted By:				
No	Turn Off Date/Time):			Turn On Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: 1020145	1			Last Calibration Date: October 27 th , 2020				
		-			e listed procedure and	verifies the isolation valves were	returned to pre-test	orientation.	
Tester	Testing Company: Tester Name: Scot		Sackflow LLC	<i></i>		Phone: 303-875-4	006		
ī	Signature:	•						2011- 2004	
	Signature:	- Jang	569			Certificate Expiration	1 Date: <u>June</u>	30th, 2021	

^{*}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<u>_O/O</u>__SOV#2<u>_O/O</u>



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 5/8/2021
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Der</u>	iver Water Backflo	w Assembl	V Test & Ma	<u>ııntena</u>	nce Report (piea	se print with BLOCK	LETTERI	NG)	
Account	Water Supplier:Facility Address: 90		AKE DRIV				_Meter #: 	:	
Assembly	Type: RP LI DC LI PVB Air Gap Size:1 Date Installed: New Existing Previous Assembly #: Location: R. OF FRONT DOOR IN PIT			Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment by Is Isolation	_	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 70 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	☐ Leak ■ Tight □ Leak ■ Tight Tight □ Yes ure to provid	Differential 8.2 TIGHT 2.2 6.0 Leaking □ □ No le adequate	Replace Test	ed Shutoff Procedure: X A	Valve #2: Tight DABPA:	□ Leaking	☐ Leak ☐ Tight ☐ Leak ☐ Tight ☐ Replace	Differential
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time			Contact Turn Or	DFS Certificated By: n Date/Time:	tion #: 21	-B-0150 <u>4</u>		
Test Kit	Test Kit Make: M Serial #: 10201451				Model:	845-5 libration Date: Octobe	er 27 th , 20	20	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E	Backflow LLC		e listed procedure and	verifies the isolation valves Phone: 303-8 Certificate Expire	75-4996		

^{*}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______ __SOV#1<u>O/O</u>__SOV#2_<u>O/O</u>_



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 5/8/2021
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Der</u>	iver water Backflo	<u>w Assembi</u>	<u>y lest & Ma</u>	<u>iintena</u>	nce Report (piea	se print with BLOCK LETTE	RING)		
Account	Water Supplier:Facility Address: 90					Meter	#:		
⋖	Contact Person:								
,	Make: ₱BCO Type: ■ RP □	DC □ P	VB □ Air C	Эар	Type of Use	Protection Containment	Orient		
Assembly	Size: 1" Da		:				Inlet	Outlet	
sser	□ New ■ Existing	-			□Fire □ Glycol	☐ Containment by Isolation			
Ä	Previous Assembly				Irrigation	☐ Isolation	☐ Vertica		
	Location: OUTSIDI	E BETWEE	N HOUSE &		□ Recycled		☐ Vertical		
	STREET						Approved:	Table 1	
	Line		t Results		F	Repairs		Results	
	PSI: 70 Check Valve #1		Differential		·	topuno	Tightness	Differential	
	(RP, DC, PVB)	☐ Leak ■ Tight	6.8				☐ Leak		
	Check Valve #2	Leak	TIGHT				☐ Leak		
	(RP, DC)	■ Tight	ПОП				☐ Tight		
nce	Relief Valve		3.2				_		
Testing & Maintenance	(RP)								
lain	Buffer		3.6						
≥ ∞	(RP)								
ting	Air Inlet (PVB)								
Tes	` ′	ı Tiaht □	Leaking □	Replac	ed Shutoff	Valve #2: ■ Tight □ Leaki	ng □ Replac	ced	
	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								
tion	Alarm Company/Fir	re Departme	nt:			DFS Certification #:	21-B-01504		
Notification	Person Notified:				Contact	ed By:			
Noti	Turn Off Date/Time) :			Turn On Date/Time:				
Kit	Took Kit Mokey M	idurant			Model	0.45 5			
Test M	Test Kit Make: M				Model: 845-5				
ř	Serial #: <u>10201451</u>					libration Date: October 27 th ,			
ڀ	Tester certifies this a Testing Company:	•			e listed procedure and	verifies the isolation valves were rea	furned to pre-test	orientation.	
Tester	Tester Name: Scott					Phone: 303-875-499	6		
_	Signature:		/			Certificate Expiration [30th. 2021	
							-		

^{*}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<u>_O/O</u>__SOV#2<u>_O/O</u>_



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 5/8/2021						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

Der	iver Water Backflo	w Assembl	V Test & IVIa	iintena	nce Report (piea	se print with BLOCK	LETTERI	NG)	
Account	Water Supplier:Facility Address: 9.2 Contact Person:	100 OWL I	AKE DRIV				Meter #: 	:	
Assembly	Type: RP LI DC LI PVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #: Location: OUTSIDE NE CORNER			Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Is Isolation	solation —	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 70 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 s Contractor: OWL L	☐ Leak ■ Tight □ Leak ■ Tight Tight □ Yes ure to provid	Differential 7.1 TIGHT 2.3 6.8 Leaking □ □ No le adequate	Replace Test	ed Shutoff Procedure: X A	Valve #2: ■ Tight [ABPA:	□ Leaking □ AS\$	☐ Leak ☐ Tight ☐ Leak ☐ Tight ☐ Replace	Differential
					Contact Turn Or	DFS Certificated By: n Date/Time:	ition #: 21	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: M Serial #: 10201451				Model:_ Last Ca	845-5 libration Date: Octob	er 27 th , 202	20	
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E	Backflow LLC		e listed procedure and	verifies the isolation valves Phone: 303-8 Certificate Expi	75-4996	•	

^{*}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______ __SOV#1<u>_O/O</u>__SOV#2<u>_O/O</u>



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 5/8/2021
Tester Certification # 6-20
Assembly Test Results ** Pass *Fail
Under Suspension - Process Immediately

<u>Der</u>	iver water backilo	w Assembl	y rest & ivia	aintena	nce Report (piea	ase print with BLOCK LET	IEKII	NG)	
Account	Water Supplier: FIRESTONE District: Meter #: Facility Address: 9130 OWL LAKE DRIVE								
Ac	Contact Person:								
						-			
	Make: FEBCO				Type of Use	<u>Protection</u>		<u>Orienta</u>	ation .
	Type: ■ RP □			э ар	□Domestic	- Containment		-1-1	Ovillad
nbly	Size: 75' Da		:			■ Containment	_	nlet	Outlet
Assembly	□ New ■ Existing	_			☐Fire ☐ Glycol	•	on		
Ä	Previous Assembly				Irrigation	☐ Isolation		☐ Vertica	
	Location: OUTSIDI	E NORTH W	/ALL		□ Recycled			☐ Vertical	
								Approved:	-
	Line		t Results		F	Repairs		Re-Test	
	PSI: Check Valve #1	Tightness ☐ Leak	Differential			•		Tightness	Differential
	(RP, DC, PVB)	☐ Tight			BACKFLOW A	SSEMBLY REMOVED		☐ Tight	
	Check Valve #2	☐ Leak			IIN	IE CAPPED		☐ Leak	
4.	(RP, DC)	Tight			LINE CAPPED				
Testing & Maintenance	Relief Valve				SYSTEM NOT CON	INECTED TO CITY WATER			
	(RP)							_	
Main	Buffer	PLEAS			E REMOVE FROM YOUR RECORD				
8	(RP) Air Inlet							_	
sting	(PVB)								
Te	Shutoff Valve #1:	Tight □	 Leaking □	Replac	ced Shutoff	Valve #2: ■ Tight □ Le	aking	☐ 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								
				<u>, </u>					
_									
Notification	Alarm Company/Fir	re Departme	nt:			DFS Certification	#: 21	-B-0150 <u>4</u>	
tifica	Person Notified:				Contacted By:				
Š	Turn Off Date/Time): 			Turn Oı	n Date/Time:			
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: <u>1020145</u> 1	1			Last Calibration Date: October 27 th , 2020				
		•			re listed procedure and	I verifies the isolation valves were	return	ed to pre-test o	rientation.
Tester	Testing Company: Tester Name: Scott		Dackiiow LL	<u> </u>		Dhono: 202 975 4	006		
T _e	Signature:	•				Phone: 303-875-4		or lung 2	Oth 2024
	Signature:	,	50 C			Certificate Expiratio	וו טמני	e. <u>June 3</u>	UIII, ZUZ I

^{*}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_<u>O/O</u>__SOV#2_<u>O/O</u>_



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 5/8/2021						
Tester Certification # 6-20						
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: Facility Address: 9160 OWL LAKE DRIVE Contact Person:						Meter #: 	:	
Assembly	Make: FEBOO Model: 825Y Type: RP DC PVB Air Gap Size: T Date Installed: New Existing Previous Assembly #: Location: OUTSIDE SE CORNER			Type of Use □Domestic □Fire □ Glycol ■Irrigation □ Recycled	Protection Containment Containment by Is Isolation	solation —	☐ Vertical ☐ Approved:	Outlet ntal I Up Down Y I N	
Testing & Maintenance	Line PSI: 70 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	☐ Leak ■ Tight □ Leak ■ Tight Tight □ Yes ure to provio	Differential 6.8 TIGHT 2.0 2.8 Leaking □ □ No le adequate	Replace Test draina	ed Shutoff Procedure: X A	Valve #2: Tight [ABPA:	□ Leaking □ AS\$	☐ Leak ☐ Tight ☐ Leak ☐ Tight ☐ Replace	Differential
Notification	Alarm Company/Fire Department: Person Notified: Turn Off Date/Time:					DFS Certification #: 21-B-01504 Contacted By: Turn On Date/Time:			
Test Kit	Test Kit Make: Midwest Serial #: 10201451					Model: 845-5 Last Calibration Date: October 27 th , 2020			
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 Signature: Certificate Expiration Date: June 30th, 2021								

^{*}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<u>_O/O</u>__SOV#2<u>_O/O</u>