

Test # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

Denver Water 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>						
Contact Person: _____							
Assembly	Make: <u>FECO</u> Model: <u>860</u>		Type of Use		Protection		
	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		Orientation			
Location: <u>OUTSIDE NE CORNER</u>				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>80</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.3</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>5.3</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 #: <u>21-B-01504</u>			
	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>10201451</u>		Last Calibration Date: <u>October 27th, 2020</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, 2021</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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6700 OWL LAKE DRIVE</u>						
	Contact Person: _____						
Assembly	Make: <u>WATTS</u> Model: <u>LF009M2QT</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	<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 NORTH WALL</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>85</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.5</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>3.5</u>				
	Buffer (RP)		<u>5.0</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 #: <u>21-B-01504</u>			
	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>10201451</u>		Last Calibration Date: <u>October 27th, 2020</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, 2021</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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6715 OWL LAKE DRIVE</u>						
Contact Person: _____							
Assembly	Make: <u>FECO</u> Model: <u>825Y</u>		Type of Use		Protection		
	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		Orientation			
Location: <u>LEFT SIDE OF HOUSE BY HOT TUB</u>				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>60</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.6</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>3.0</u>				
	Buffer (RP)		<u>5.6</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 #: <u>21-B-01504</u>			
	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>10201451</u>		Last Calibration Date: <u>October 27th, 2020</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, 2021</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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6720 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FECO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 1" Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: FRONT OF HOUSE

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: 80	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	9.4		<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)		7.3			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

Denver Water 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: FECO 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 _____ Outlet _____
 Horizontal
 Vertical Up
 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	7.7		<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)		5.5			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6745 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: WATTS Model: 009M2QT
 Type: RP DC PVB Air Gap
 Size: 7.5' Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE NE CORNER

Type of Use
 Domestic
 Fire Glycol
 Irrigation
 Recycled

Protection
 Containment
 Containment by Isolation
 Isolation

Orientation
 Inlet _____ Outlet _____
 Horizontal
 Vertical Up
 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	6.1		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.1
Check Valve #2 (RP, DC)	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	LEAK	REPAIR KIT	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT
Relief Valve (RP)		6.1	CLEANED		3.0
Buffer (RP)		0			3.1
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

Denver Water 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
 Domestic
 Fire Glycol
 Irrigation
 Recycled

Protection
 Containment
 Containment by Isolation
 Isolation

Orientation
 Inlet _____ Outlet _____
 Horizontal
 Vertical Up
 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	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)		3.0			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

Denver Water 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: FECO 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: 70	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.2		<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)		2.2			
Buffer (RP)		5.0			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6760 OWL LAKE DRIVE
 Contact Person: _____

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

Type of Use
 Domestic
 Fire Glycol
 Irrigation
 Recycled

Protection
 Containment
 Containment by Isolation
 Isolation

Orientation
 Inlet _____ 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	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)		3.1			
Buffer (RP)		4.2			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 6765 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: FECO 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: 90	Tightness		Differential	Tightness
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)		2.4			
Buffer (RP)		4.2			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account
 Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9005 OWL LAKE DRIVE
 Contact Person: _____

Assembly
 Make: WATTS Model: 009M3QT
 Type: RP DC PVB Air Gap
 Size: 7.5' Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: OUTSIDE NORTH WALL

Type of Use
 Domestic
 Fire Glycol
 Irrigation
 Recycled

Protection
 Containment
 Containment by Isolation
 Isolation

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

Line	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
PSI: 105					
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.0		<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)		5.0			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account Water Supplier: FIRESTONE District: _____ Meter #: _____
 Facility Address: 9010 OWL LAKE DRIVE
 Contact Person: _____

Assembly Make: FECO Model: 805Y
 Type: RP DC PVB Air Gap
 Size: 7.5' Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: UNDER ROCK SOUTH OF DRIVEWAY

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: 61	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	2.2		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	2.4		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)					
Buffer (RP)					
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

Denver Water 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	8.4		<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)		2.8			
Buffer (RP)		5.6			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 15448



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9065 OWL LAKE DRIVE</u>						
	Contact Person: <u>KEN DEBIE</u> <u>805-558-4606</u>						
Assembly	Make: <u>FECO</u> Model: <u>860</u>		Type of Use		Protection		
	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		Orientation			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
Location: <u>OUTSIDE NEAR METER</u>				Outlet <input type="checkbox"/> Vertical Up <input type="checkbox"/>			
				Vertical Down <input type="checkbox"/>			
				Approved: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: <u>75</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.3</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>5.2</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 #: <u>21-B-01504</u>			
	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>10201451</u>		Last Calibration Date: <u>October 27th, 2020</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, 2021</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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

Denver Water 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: FECO 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	
	PSI: 70	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)		2.2			
Buffer (RP)		6.0			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9095 OWL LAKE DRIVE</u>						
	Contact Person: _____						
Assembly	Make: <u>FECO</u> Model: <u>860</u>		Type of Use		Protection		
	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		Orientation			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
Location: <u>OUTSIDE BETWEEN HOUSE & STREET</u>				Outlet <input type="checkbox"/> Vertical Up <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>70</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>6.8</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>3.2</u>				
	Buffer (RP)		<u>3.6</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 #: <u>21-B-01504</u>			
	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>10201451</u>		Last Calibration Date: <u>October 27th, 2020</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, 2021</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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

Denver Water 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: FECO 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	7.1		<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)		6.8			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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 # 16278



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

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____							
	Facility Address: <u>9130 OWL LAKE DRIVE</u>							
Contact Person: _____								
Assembly	Make: <u>FBCO</u> Model: <u>825Y</u>		Type of Use		Protection			
	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>7.5'</u> Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation	Orientation			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation	Inlet			
Previous Assembly #: _____		<input type="checkbox"/> Recycled			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:	Tightness	Differential			Tightness	Differential	
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		BACKFLOW ASSEMBLY REMOVED		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		LINE CAPPED		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		
	Relief Valve (RP)			SYSTEM NOT CONNECTED TO CITY WATER				
	Buffer (RP)			PLEASE REMOVE FROM YOUR RECORD				
	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 #: <u>21-B-01504</u>							
	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>10201451</u>			Last Calibration Date: <u>October 27th, 2020</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, 2021</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 # 16278



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 Pass *Fail
 Under Suspension - Process Immediately

Denver Water 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: FECO 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: 70	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)		2.0			
Buffer (RP)		2.8			
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 #: 21-B-01504
 Person Notified: _____ Contacted By: _____
 Turn Off Date/Time: _____ Turn On Date/Time: _____

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10201451 Last Calibration Date: October 27th, 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 Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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