

Test # 18411



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 5/8/2023
 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: 6600 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 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: 40 | Tightness | | Differential | Tightness |
| Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 5.8 | | <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) | | 2.2 | | | |
| Buffer (RP) | | 3.5 | | | |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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, 2023

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 # 18411



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 5/8/2023
 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> | | 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 NORTH WALL</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>95</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>3.3</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>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO 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>23-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>May 31st, 2022</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, 2023</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 # 18411



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 5/8/2023
 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>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>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>70</u> | Tightness | Differential | | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>8.1</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>2.1</u> | | | | |
| | Buffer (RP) | | <u>6.0</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>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO 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>23-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>May 31st, 2022</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, 2023</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 # 18411



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 5/8/2023
 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: 60 | Tightness | | Differential | Tightness |
| 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: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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, 2023

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 # 18411



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 5/8/2023
 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: FBCO Model: 825Y
 Type: RP DC PVB Air Gap
 Size: 15' Date Installed: _____
 New Existing
 Previous Assembly #: _____
 Location: NEXT TO METER

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

| Line | Initial Test Results | | Repairs | Re-Test Results | |
|------------------------------|--|--------------|---------|--|--------------|
| | Tightness | Differential | | Tightness | Differential |
| PSI: 70 | | | | | |
| Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 5.4 | | <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) | | 3.3 | | | |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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, 2023

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 # 18411



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 5/8/2023
 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>6745 OWL LAKE DRIVE</u> | | | | | | |
| Contact Person: _____ | | | | | | | |
| Assembly | Make: <u>WATTS</u> Model: <u>009M2QT</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 | | | |
| <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>60</u> | Tightness | Differential | | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>8.1</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>3.0</u> | | | | |
| | Buffer (RP) | | <u>5.1</u> | | | | |
| | Air Inlet (PVB) | | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO 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>23-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>May 31st, 2022</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, 2023</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 # 18411



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 5/8/2023
 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>6750 OWL LAKE DRIVE</u> | | | | | | |
| Contact Person: _____ | | | | | | | |
| Assembly | Make: <u>WATTS</u> Model: <u>009M2QT</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 | | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input type="checkbox"/> Irrigation | | Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Isolation | | <input type="checkbox"/> Vertical Up <input type="checkbox"/> | | | |
| Location: <u>OUTSIDE EAST WALL</u> | | <input type="checkbox"/> Recycled | | <input type="checkbox"/> Vertical Down <input type="checkbox"/> | | | |
| | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>7.4</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>2.2</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>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO 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>23-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>May 31st, 2022</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 Campbell</i></u> | | Certificate Expiration Date: <u>June 30th, 2023</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 # 18411



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 5/8/2023
 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: 60 | Tightness | | Differential | Tightness |
| 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) | | 3.3 | | | |
| Buffer (RP) | | 4.7 | | | |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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 Campbell Certificate Expiration Date: June 30th, 2023

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 # 18411



Certified Backflow Testing, Repair & Installation

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

| |
|---|
| Assembly Serial # <u>A239719</u> |
| Test Date / Time <u>5/8/2023</u> |
| Tester Certification # <u>6-20</u> |
| Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail |
| <input type="checkbox"/> 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>6760 OWL LAKE DRIVE</u> |
| | Contact Person: _____ |

| | | | | |
|-------------------------------------|--|---|--|---|
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | Type of Use | Protection | Orientation |
| | 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 | Inlet <u>Outlet</u> |
| | Size: <u>1"</u> Date Installed: _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | <input type="checkbox"/> Containment by Isolation | <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> |
| | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | <input checked="" type="checkbox"/> Irrigation | <input type="checkbox"/> Isolation | <input type="checkbox"/> Vertical Up <input type="checkbox"/> |
| Previous Assembly #: _____ | <input type="checkbox"/> Recycled | | <input type="checkbox"/> Vertical Down <input type="checkbox"/> | |
| Location: <u>OUTSIDE SOUTH WALL</u> | | | 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 | 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) | | 3.0 | | | |
| | Buffer (RP) | | 4.7 | | | |
| | 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>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO 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>23-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>May 31st, 2022</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 Campbell</u> Certificate Expiration Date: <u>June 30th, 2023</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 # 18411



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 5/8/2023
 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: 60 | Tightness | | Differential | Tightness |
| Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 7.4 | | <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) | | 3.0 | | | |
| Buffer (RP) | | 4.4 | | | |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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 Campbell Certificate Expiration Date: June 30th, 2023

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 # 18411



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 5/8/2023
 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 Protection Orientation
 Domestic Containment Inlet Outlet
 Fire Glycol Containment by Isolation Horizontal
 Irrigation Isolation Vertical Up
 Recycled Vertical Down
 Approved: Y N

| Line | Initial Test Results | | Repairs | Re-Test Results | |
|------------------------------|--|--------------|---------|--|--------------|
| | Tightness | Differential | | Tightness | Differential |
| PSI: 60 | | | | | |
| Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 8.9 | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | |
| Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | TIGHT | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | |
| Relief Valve (RP) | | 3.0 | | | |
| Buffer (RP) | | 5.9 | | | |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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, 2023

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 # 18411



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 5/8/2023
 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: Domestic Containment
 Fire Glycol Containment by Isolation
 Irrigation Isolation
 Recycled
 Orientation: Inlet Horizontal Outlet
 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 | 1.8 | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | |
| Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 1.2 | | <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: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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, 2023

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 # 18411



Certified Backflow Testing, Repair & Installation

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

| |
|---|
| Assembly Serial # <u>A268468</u> |
| Test Date / Time <u>5/8/2023</u> |
| Tester Certification # <u>6-20</u> |
| Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail |
| <input type="checkbox"/> 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>9040 OWL LAKE DRIVE</u> |
| | Contact Person: _____ |

| | | | | |
|------------------------------------|--|---|--|---|
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | Type of Use | Protection | Orientation |
| | 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 | Inlet <u>Outlet</u> |
| | Size: <u>1"</u> Date Installed: _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | <input type="checkbox"/> Containment by Isolation | <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> |
| | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | <input checked="" type="checkbox"/> Irrigation | <input type="checkbox"/> Isolation | <input type="checkbox"/> Vertical Up <input type="checkbox"/> |
| Previous Assembly #: _____ | <input type="checkbox"/> Recycled | | <input type="checkbox"/> Vertical Down <input type="checkbox"/> | |
| Location: <u>OUTSIDE NE CORNER</u> | | | 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 | 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) | | 2.1 | | | |
| | Buffer (RP) | | 5.3 | | | |
| | 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>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO 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>23-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>May 31st, 2022</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 Campbell</u> Certificate Expiration Date: <u>June 30th, 2023</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 # 18411



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 5/8/2023
 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

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

| Line | Initial Test Results | | Repairs | Re-Test Results | |
|------------------------------|--|-----------|------------|--|-----------|
| | PSI: 60 | Tightness | | Differential | Tightness |
| Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 8.3 | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 8.3 |
| 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) | | 2.0 | | | 3.0 |
| Buffer (RP) | | 6..3 | | | 5.3 |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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, 2023

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 # 18411



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 5/8/2023
 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: 9095 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
 Type of Use: Domestic Containment
 Fire Glycol Containment by Isolation
 Irrigation Isolation
 Recycled
 Orientation: Inlet Horizontal Outlet
 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 | 7.0 | | <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) | | 4.0 | | | |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced
 Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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, 2023

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 # 18411



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 5/8/2023
 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: 60 | Tightness | | Differential | Tightness |
| Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 5.8 | | <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) | | 2.2 | | | |
| Buffer (RP) | | 3.6 | | | |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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, 2023

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 # 18411



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 5/8/2023
 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: 50 | Tightness | | Differential | Tightness |
| Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 7.5 | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | |
| Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | TIGHT | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | |
| Relief Valve (RP) | | 2.1 | | | |
| Buffer (RP) | | 5.4 | | | |
| Air Inlet (PVB) | | | | | |

Shutoff Valve #1: Tight Leaking Replaced Shutoff Valve #2: Tight Leaking Replaced
 Backpressure: Yes No Test Procedure: ABPA: ASSE:
 Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
 Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Notification
 Alarm Company/Fire Department: _____ DFS Certification #: 23-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: May 31st, 2022

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 Campbell Certificate Expiration Date: June 30th, 2023

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