

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H01543
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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>		<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		<u>Orientation</u>			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		<u>Inlet</u>			
Location: <u>OUTSIDE NE CORNER</u>				<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
				<u>Outlet</u>			
				<input type="checkbox"/> Vertical Up <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Down <input type="checkbox"/>			
				Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: <u>65</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.8</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>2.8</u>				
	Buffer (RP)		<u>5.0</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>				
Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H45672
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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: 6700 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 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	
	PSI: 81	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.6		<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)		2.7			
Buffer (RP)		4.9			
Air Inlet (PVB)					
Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:			
Comments: <u>Be sure to provide adequate drainage.</u>					
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>					

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

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: December 6th, 2017

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

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J089514
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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: 6715 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: LEFT SIDE OF HOUSE BY HOT TUB

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

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 45	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	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)		2.7			
Buffer (RP)		4.7			
Air Inlet (PVB)					

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

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

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: December 6th, 2017

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

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J09451
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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: 75	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)		2.4			
Buffer (RP)		5.1			
Air Inlet (PVB)					

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

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

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: December 6th, 2017

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

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # <u>J005185</u>
Test Date / Time <u>5/5/2018</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____	
	Facility Address: <u>6735 OWL LAKE DRIVE</u>	
Assembly	Make: <u>FBCO</u> Model: <u>825Y</u>	Type of Use
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	Protection
Testing & Maintenance	Size: <u>15'</u> Date Installed: _____	Orientation
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment
Test Kit	Previous Assembly #: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation
	Location: <u>NEXT TO METER</u>	<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation
Tester	Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Test Kit	Line	Initial Test Results
	PSI: <u>80</u>	Tightness Differential
Notification	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
Test Kit	Relief Valve (RP)	2.0
	Buffer (RP)	5.6
Test Kit	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
Test Kit	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>	
Test Kit	Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>	
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____	
	Person Notified: _____ Contacted By: _____	
Test Kit	Turn Off Date/Time: _____ Turn On Date/Time: _____	
Test Kit	Test Kit Make: <u>Midwest</u> Model: <u>845-5</u>	
	Serial #: <u>10111943</u> Last Calibration Date: <u>December 6th, 2017</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	Tester Name: <u>Scott Campbell</u> Phone: <u>303-875-4996</u>	
	Signature: <u>Scott L. Campbell</u> Certificate Expiration Date: <u>June 30th, 2018</u>	

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

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Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 174993
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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>		<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>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		<input type="checkbox"/> Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Location: <u>OUTSIDE NE CORNER</u>							
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>6.4</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>2.4</u>				
	Buffer (RP)		<u>4.0</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: _____ <input type="checkbox"/> ASSE: _____				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>				
Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 122135
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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>		<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		<u>Orientation</u>			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		<u>Inlet</u>			
Location: <u>OUTSIDE EAST WALL</u>				<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Up <input type="checkbox"/>			
				<input type="checkbox"/> Vertical Down <input type="checkbox"/>			
				Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: <u>20</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>6.9</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		
	Relief Valve (RP)		<u>3.0</u>				
	Buffer (RP)		<u>3.9</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>				
Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H34997
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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>6755 OWL LAKE DRIVE</u>									
Contact Person: _____										
Assembly	Make: <u>FIBCO</u> Model: <u>860</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		Outlet	
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"/> Vertical Up		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation		<input type="checkbox"/> Vertical Down		<input type="checkbox"/>		
Previous Assembly #: _____		<input type="checkbox"/> Recycled				Approved: Y <input type="checkbox"/> N <input type="checkbox"/>				
Location: <u>OUTSIDE BETWEEN HOUSE & STREET SURROUNDED BY BUSHES</u>										
Testing & Maintenance	Line		Initial Test Results		Repairs				Re-Test Results	
	PSI: <u>60</u>		Tightness						Differential	
	Check Valve #1 (RP, DC, PVB)		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		<u>7.5</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 type="checkbox"/> Tight			
	Relief Valve (RP)				<u>2.4</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>Be sure to provide adequate drainage.</u>									
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>										
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____									
	Person Notified: _____					Contacted By: _____				
	Turn Off Date/Time: _____					Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>				Model: <u>845-5</u>					
	Serial #: <u>10111943</u>				Last Calibration Date: <u>December 6th, 2017</u>					
Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>									
	Testing Company: <u>Advanced Backflow LLC</u>									
	Tester Name: <u>Scott Campbell</u>					Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u> Certificate Expiration Date: <u>June 30th, 2018</u>										

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

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

Test # 12697



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>5/5/2018</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

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>						
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		Orientation			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>			
Location: <u>OUTSIDE SOUTH WALL</u>				Outlet <input type="checkbox"/> Vertical Up <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>45</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.7</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 type="checkbox"/> Tight		
	Relief Valve (RP)		<u>2.6</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>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # <u>J116031</u>
Test Date / Time <u>5/5/2018</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____			
	Facility Address: <u>6765 OWL LAKE DRIVE</u>			
Assembly	Make: <u>FECO</u> Model: <u>825Y</u>	Type of Use		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	Protection		
	Size: <u>1"</u> Date Installed: _____	Orientation		
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment		
Previous Assembly #: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation	Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet		
Location: <u>OUTSIDE SE CORNER</u>	<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation	<input type="checkbox"/> Vertical Up <input type="checkbox"/>		
	<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>65</u>	Tightness Differential		Tightness Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.6</u>	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>	<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)		<u>2.8</u>	
	Buffer (RP)		<u>4.8</u>	
	Air Inlet (PVB)			
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:	
	Comments: <u>Be sure to provide adequate drainage.</u>			
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>				
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____			
	Person Notified: _____ Contacted By: _____			
	Turn Off Date/Time: _____ Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u> Model: <u>845-5</u>			
	Serial #: <u>10111943</u> Last Calibration Date: <u>December 6th, 2017</u>			
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.			
	Testing Company: <u>Advanced Backflow LLC</u>			
	Tester Name: <u>Scott Campbell</u> Phone: <u>303-875-4996</u>			
Signature: <u>Scott L. Campbell</u> Certificate Expiration Date: <u>June 30th, 2018</u>				

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 270925
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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	
	PSI: 90	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)		2.3			
Buffer (RP)		5.1			
Air Inlet (PVB)					

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

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

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: December 6th, 2017

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

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A146950
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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: 58	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	1.3		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	2.0		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					
Shutoff Valve #1: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:			
Comments: <u>Be sure to provide adequate drainage.</u>					
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>					

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

Test Kit
 Test Kit Make: Midwest Model: 845-5
 Serial #: 10111943 Last Calibration Date: December 6th, 2017

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

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # <u>J014929</u>
Test Date / Time <u>5/5/2018</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9035 OWL LAKE DRIVE</u>						
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>OUTSIDE EAST 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>90</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.9</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		
	Relief Valve (RP)		<u>2.8</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>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

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

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

Test # 12697



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>5/5/2018</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

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 <input type="checkbox"/> Outlet <input type="checkbox"/>		
	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	<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 type="checkbox"/> Tight	
	Relief Valve (RP)		<u>2.0</u>			
	Buffer (RP)		<u>6.3</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 #: _____			
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>			
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>			
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.					
	Testing Company: <u>Advanced Backflow LLC</u>					
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>			
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2018</u>				

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H00004
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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: _____					
Assembly	Make: <u>FIBCO</u> Model: <u>860</u>		<u>Type of Use</u>		<u>Protection</u>	
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input 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 NEAR METER</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>90</u>	Tightness	Differential		Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.0</u>		<input checked="" type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.0</u>
	Check Valve #2 (RP, DC)	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	<u>LEAK</u>	CLEANED	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>
	Relief Valve (RP)		<u>2.0</u>			<u>2.4</u>
	Buffer (RP)		<u>5.0</u>			<u>4.6</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 #: _____					
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>			
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>			
Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>					
	Testing Company: <u>Advanced Backflow LLC</u>					
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>			
Signature: <u><i>Scott L. Campbell</i></u> Certificate Expiration Date: <u>June 30th, 2018</u>						

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H51895
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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>9070 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 Size: <u>1</u> Date Installed: _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Previous Assembly #: _____ Location: <u>R. OF FRONT DOOR IN PIT</u>	<input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Recycled	<input checked="" type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation	Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down	Outlet <input type="checkbox"/> Approved: Y <input checked="" type="checkbox"/> N	
Testing & Maintenance	Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: <u>65</u>	Tightness	Differential		Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>5.9</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
	Relief Valve (RP)		<u>2.3</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 #: _____			
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>			
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>			
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.					
	Testing Company: <u>Advanced Backflow LLC</u>					
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>			
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2018</u>				

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

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H01604
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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>		<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 BETWEEN HOUSE & STREET</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>70</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 type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.4</u>	
	Check Valve #2 (RP, DC)	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	<u>LEAK</u>	<u>REPLACED BROKEN CHECK</u>	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>	
	Relief Valve (RP)		<u>2.1</u>			<u>3.0</u>	
	Buffer (RP)		<u>5.3</u>			<u>4.4</u>	
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>				
Tester	<i>Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.</i>						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

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

Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # <u>A165814</u>
Test Date / Time <u>5/5/2018</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9100 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		Orientation			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet			
Location: <u>OUTSIDE NE CORNER</u>				<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>62</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>6.7</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 type="checkbox"/> Tight		
	Relief Valve (RP)		<u>3.0</u>				
	Buffer (RP)		<u>3.7</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: _____ <input type="checkbox"/> ASSE: _____				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

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

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Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H11417
 Test Date / Time 5/5/2018
 Tester Certification # 06-00020
 Assembly Test Results 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>FIBCO</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			
<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: 60	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.3		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		
	Relief Valve (RP)		2.0				
	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>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>10111943</u>		Last Calibration Date: <u>December 6th, 2017</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2018</u>					

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Test # 12697



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # <u>A256652</u>
Test Date / Time <u>5/5/2018</u>
Tester Certification # <u>06-00020</u>
Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/> Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____			
	Facility Address: <u>9160 OWL LAKE DRIVE</u>			
Assembly	Make: <u>FECO</u> Model: <u>825Y</u>	Type of Use		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	Protection		
	Size: <u>1"</u> Date Installed: _____	Orientation		
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Domestic		
	Previous Assembly #: _____	<input checked="" type="checkbox"/> Containment		
	Location: <u>OUTSIDE SE CORNER</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		
		<input type="checkbox"/> Containment by Isolation		
		<input checked="" type="checkbox"/> Irrigation		
		<input type="checkbox"/> Isolation		
		<input type="checkbox"/> Recycled		
		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: 60	Tightness Differential		Tightness Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.9	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Relief Valve (RP)		2.8	
	Buffer (RP)		4.1	
	Air Inlet (PVB)			
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:	
	Comments: <u>Be sure to provide adequate drainage.</u>			
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>				
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____			
	Person Notified: _____ Contacted By: _____			
	Turn Off Date/Time: _____ Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u> Model: <u>845-5</u>			
	Serial #: <u>10111943</u> Last Calibration Date: <u>December 6th, 2017</u>			
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.			
	Testing Company: <u>Advanced Backflow LLC</u>			
	Tester Name: <u>Scott Campbell</u> Phone: <u>303-875-4996</u>			
Signature: <u>Scott L. Campbell</u> Certificate Expiration Date: <u>June 30th, 2018</u>				

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