

Test # 14998



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 5/9/2020
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____			
	Facility Address: <u>6600 OWL LAKE DRIVE</u>			
Contact Person: _____				
Assembly	Make: <u>FECO</u> Model: <u>860</u>	Type of Use		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	<input type="checkbox"/> Domestic		
Size: <u>1"</u> Date Installed: _____		<input checked="" type="checkbox"/> Containment		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		
Previous Assembly #: _____		<input type="checkbox"/> Containment by Isolation		
Location: <u>OUTSIDE NE CORNER</u>		<input checked="" type="checkbox"/> Irrigation		
		<input type="checkbox"/> Isolation		
		<input type="checkbox"/> Recycled		
		Orientation		
		<input type="checkbox"/> 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: 65	Tightness Differential		Tightness Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.3	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Relief Valve (RP)		3.1	
	Buffer (RP)		5.2	
	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>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>	
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.			
	Testing Company: <u>Advanced Backflow LLC</u>			
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>	
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>		

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 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>				
Assembly	Make: <u>WATTS</u> Model: <u>LF009M2QT</u>	Type of Use			
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	<input type="checkbox"/> Domestic <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 #: _____	Location: <u>OUTSIDE NORTH WALL</u>	Orientation			
		<input checked="" type="checkbox"/> Inlet <input type="checkbox"/> Outlet			
		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down			
		Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results	Repairs	Re-Test Results	
	PSI: <u>65</u>	Tightness Differential		Tightness Differential	
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.7</u>	REPLACED LEAKING TEST COCK	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Relief Valve (RP)		<u>3.2</u>		
	Buffer (RP)		<u>5.5</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>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>			

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

Test # 14998



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 5/9/2020
 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>																																														
Assembly	Make: <u>FECO</u> Model: <u>825Y</u>																																														
	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: _____																																														
Testing & Maintenance	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Previous Assembly #: _____ Location: <u>LEFT SIDE OF HOUSE BY HOT TUB</u>																																														
	Type of Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Recycled Protection: <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Isolation Orientation: <input type="checkbox"/> Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down <input type="checkbox"/> Outlet Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>																																														
	<table border="1"> <thead> <tr> <th rowspan="2">Line</th> <th colspan="2">Initial Test Results</th> <th rowspan="2">Repairs</th> <th colspan="2">Re-Test Results</th> </tr> <tr> <th>Tightness</th> <th>Differential</th> <th>Tightness</th> <th>Differential</th> </tr> </thead> <tbody> <tr> <td>PSI: 60</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Check Valve #1 (RP, DC, PVB)</td> <td><input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight</td> <td>8.2</td> <td></td> <td><input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight</td> <td></td> </tr> <tr> <td>Check Valve #2 (RP, DC)</td> <td><input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight</td> <td>TIGHT</td> <td></td> <td><input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight</td> <td></td> </tr> <tr> <td>Relief Valve (RP)</td> <td></td> <td>2.4</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Buffer (RP)</td> <td></td> <td>5.8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Air Inlet (PVB)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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	8.2		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight		Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		Relief Valve (RP)		2.4				Buffer (RP)		5.8				Air Inlet (PVB)				
Line	Initial Test Results			Repairs	Re-Test Results																																										
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Buffer (RP)		5.8																																													
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>03050952</u> Last Calibration Date: <u>January 30th, 2020</u>																																														
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. Testing Company: <u>Advanced Backflow LLC</u> Tester Name: <u>Scott Campbell</u> Phone: <u>303-875-4996</u> Signature: <u>Scott L. Campbell</u> Certificate Expiration Date: <u>June 30th, 2021</u>																																														

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 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>6720 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	<input type="checkbox"/> Domestic			
	Size: <u>1"</u> Date Installed: _____	<input checked="" type="checkbox"/> Containment			
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol			
Previous Assembly #: _____	<input type="checkbox"/> Containment by Isolation	Orientation			
Location: <u>FRONT OF HOUSE</u>	<input checked="" type="checkbox"/> Irrigation	<input checked="" type="checkbox"/> Horizontal			
	<input type="checkbox"/> Recycled	<input type="checkbox"/> Vertical Up			
		<input type="checkbox"/> Vertical Down			
		Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results	Repairs	Re-Test Results	
	PSI: <u>45</u>	Tightness		Differential	Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.6</u>	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
	Relief Valve (RP)		<u>2.5</u>		
	Buffer (RP)		<u>6.1</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>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>			

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

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

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

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

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 45	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.3		<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)		2.3			
Buffer (RP)		6.0			
Air Inlet (PVB)					

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

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

Test Kit Test Kit Make: Midwest Model: 845-5
 Serial #: 03050952 Last Calibration Date: January 30th, 2020

Tester Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

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

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

Type of Use 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	7.7		<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)		3.6			
Buffer (RP)		4.1			
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 #: 03050952 Last Calibration Date: January 30th, 2020

Tester Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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

Test # 14998



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 5/9/2020
 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>		<u>Type of Use</u>		<u>Protection</u>		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap		<input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Containment		
Size: <u>1"</u> Date Installed: _____		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation			
Previous Assembly #: _____		<input type="checkbox"/> Recycled		<input type="checkbox"/> Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet			
Location: <u>OUTSIDE EAST WALL</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>60</u>	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.4</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>3.0</u>				
	Buffer (RP)		<u>5.4</u>				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>Be sure to provide adequate drainage.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
Notification	Alarm Company/Fire Department: _____ DFS Certification #: _____						
	Person Notified: _____		Contacted By: _____				
	Turn Off Date/Time: _____		Turn On Date/Time: _____				
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>				
	Serial #: <u>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.						
	Testing Company: <u>Advanced Backflow LLC</u>						
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>				
Signature: <u><i>Scott L. Campbell</i></u>		Certificate Expiration Date: <u>June 30th, 2021</u>					

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

*** FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.**

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

Test # 14998



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 5/9/2020
 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>6755 OWL LAKE DRIVE</u>				
Contact Person: _____					
Assembly	Make: <u>FECO</u> Model: <u>860</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 <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet			
Location: <u>OUTSIDE BETWEEN HOUSE & STREET SURROUNDED BY BUSHES</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>55</u>	Tightness Differential		Tightness Differential	
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.7</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 checked="" type="checkbox"/> Tight	
	Relief Valve (RP)		<u>3.0</u>		
	Buffer (RP)		<u>5.7</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>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>			

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A239719
 Test Date / Time 5/9/2020
 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>6760 OWL LAKE DRIVE</u>				
Assembly	Make: <u>FBCO</u> Model: <u>825Y</u>				
	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				
Testing & Maintenance	Previous Assembly #: _____				
	Location: <u>OUTSIDE SOUTH WALL</u>				
	Type of Use				
	Protection				
Testing & Maintenance	Orientation				
	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment				
	<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				
	Outlet				
	<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: 60	Tightness		Differential	Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.1		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Relief Valve (RP)		2.4		
	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>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>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>			

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 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>6765 OWL LAKE DRIVE</u>				
Contact Person: _____					
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	<input type="checkbox"/> Domestic			
Size: <u>1"</u> Date Installed: _____		<input checked="" type="checkbox"/> Containment			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol			
Previous Assembly #: <u>J137382</u>		<input type="checkbox"/> Containment by Isolation			
Location: <u>OUTSIDE SE CORNER</u>		<input checked="" type="checkbox"/> Irrigation			
		<input type="checkbox"/> Isolation			
		<input type="checkbox"/> Recycled			
		Orientation			
		<input checked="" type="checkbox"/> Inlet <input type="checkbox"/> Outlet			
		<input type="checkbox"/> Horizontal <input type="checkbox"/>			
		<input type="checkbox"/> Vertical Up <input type="checkbox"/>			
		<input type="checkbox"/> Vertical Down <input type="checkbox"/>			
		Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results	Repairs	Re-Test Results	
	PSI: <u>60</u>	Tightness		Differential	Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>8.6</u>	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
	Relief Valve (RP)		<u>2.2</u>		
	Buffer (RP)		<u>6.4</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>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>			

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 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: 75' 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: 75	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.4		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.1			
Buffer (RP)		6.3			
Air Inlet (PVB)					

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

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

Test Kit Test Kit Make: Midwest Model: 845-5
 Serial #: 03050952 Last Calibration Date: January 30th, 2020

Tester Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

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

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

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

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 61	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	1.4		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	1.9		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)					
Buffer (RP)					
Air Inlet (PVB)					

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

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

Test Kit Test Kit Make: Midwest Model: 845-5
 Serial #: 03050952 Last Calibration Date: January 30th, 2020

Tester Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J014929
 Test Date / Time 5/9/2020
 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>9035 OWL LAKE DRIVE</u>				
Assembly	Make: <u>FECO</u> Model: <u>825Y</u>				
	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				
Testing & Maintenance	Previous Assembly #: _____				
	Location: <u>OUTSIDE EAST WALL</u>				
	Type of Use				
	Protection				
Testing & Maintenance	Orientation				
	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment				
	<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				
	Outlet				
	<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>				
	<input type="checkbox"/> Vertical Up <input type="checkbox"/>				
	<input type="checkbox"/> Vertical Down <input type="checkbox"/>				
Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					
Testing & Maintenance	Line	Initial Test Results	Repairs	Re-Test Results	
	PSI:	Tightness Differential		Tightness Differential	
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	BACKFLOW ASSWEMBLY REMOVED	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	LINE CAPPED	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
	Relief Valve (RP)		SYSTEM NOT CONNECTED TO CITY WATER		
	Buffer (RP)				
	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>03050952</u> Last Calibration Date: <u>January 30th, 2020</u>				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>			

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A268468
 Test Date / Time 5/9/2020
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

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

Assembly Make: 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: 65	Tightness		Differential	Tightness
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.7		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
Relief Valve (RP)		2.3			
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: 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 #: 03050952 Last Calibration Date: January 30th, 2020

Tester Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.
 Testing Company: Advanced Backflow LLC
 Tester Name: Scott Campbell Phone: 303-875-4996
 Signature: Scott L. Campbell Certificate Expiration Date: June 30th, 2021

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____	
	Facility Address: <u>9065 OWL LAKE DRIVE</u>	
Contact Person: _____		
Assembly	Make: <u>FECO</u> Model: <u>860</u>	Type of Use
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	Protection
Assembly	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
Assembly	Previous Assembly #: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation
	Location: <u>OUTSIDE NEAR METER</u>	<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation
Testing & Maintenance	Line	Repairs
	PSI: <u>70</u>	Re-Test Results
Testing & Maintenance	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
	Relief Valve (RP)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Buffer (RP)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Air Inlet (PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	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>03050952</u> Last Calibration Date: <u>January 30th, 2020</u>	
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.	
	Testing Company: <u>Advanced Backflow LLC</u>	
Tester	Tester Name: <u>Scott Campbell</u> Phone: <u>303-875-4996</u>	
	Signature: <u>Scott L. Campbell</u> Certificate Expiration Date: <u>June 30th, 2021</u>	

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 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>9070 OWL LAKE DRIVE</u>	
Assembly	Make: <u>FECO</u> Model: <u>825Y</u>	
	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	
Testing & Maintenance	Previous Assembly #: _____	
	Location: <u>R. OF FRONT DOOR IN PIT</u>	
	Type of Use	
	Protection	
Testing & Maintenance	Orientation	
	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment	
	<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"/>	
	Initial Test Results	
Repairs		
Re-Test Results		
Line PSI: 60		
Tightness Differential		
Check Valve #1 (RP, DC, PVB) <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight 7.5		
Check Valve #2 (RP, DC) <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight TIGHT		
Relief Valve (RP) 3.3		
Buffer (RP) 4.2		
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>		
Alarm Company/Fire Department: _____ DFS Certification #: _____		
Person Notified: _____ Contacted By: _____		
Turn Off Date/Time: _____ Turn On Date/Time: _____		
Test Kit Make: <u>Midwest</u> Model: <u>845-5</u>		
Serial #: <u>03050952</u> Last Calibration Date: <u>January 30th, 2020</u>		
Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.		
Testing Company: <u>Advanced Backflow LLC</u>		
Tester Name: <u>Scott Campbell</u> Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u> Certificate Expiration Date: <u>June 30th, 2021</u>		

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____				
	Facility Address: <u>9095 OWL LAKE DRIVE</u>				
Contact Person: _____					
Assembly	Make: <u>FECO</u> Model: <u>860</u>	Type of Use			
	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			
	Location: <u>OUTSIDE BETWEEN HOUSE & STREET</u>	<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: <u>70</u>	Tightness		Differential	Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.6</u>		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>TIGHT</u>		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight
	Relief Valve (RP)		<u>2.2</u>		
	Buffer (RP)		<u>5.4</u>		
	Air Inlet (PVB)				
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:		
	Comments: <u>Be sure to provide adequate drainage.</u>				
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>					
Notification	Alarm Company/Fire Department: _____		DFS Certification #: _____		
	Person Notified: _____		Contacted By: _____		
	Turn Off Date/Time: _____		Turn On Date/Time: _____		
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>		
	Serial #: <u>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>			

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 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>9100 OWL LAKE DRIVE</u>				
Assembly	Make: <u>FECO</u> Model: <u>825Y</u>				
	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				
Testing & Maintenance	Previous Assembly #: _____				
	Location: <u>OUTSIDE NE CORNER</u>				
	Type of Use				
	Protection				
Testing & Maintenance	Orientation				
	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment				
	<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				
	Outlet				
	<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: 65	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>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>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>			

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____			
	Facility Address: <u>9130 OWL LAKE DRIVE</u>			
Contact Person: _____				
Assembly	Make: <u>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	<input type="checkbox"/> Domestic		
Size: <u>7.5'</u> Date Installed: _____		<input checked="" type="checkbox"/> Containment		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		
Previous Assembly #: _____		<input type="checkbox"/> Containment by Isolation		
Location: <u>OUTSIDE NORTH WALL</u>		<input checked="" type="checkbox"/> Irrigation		
		<input type="checkbox"/> Isolation		
		<input type="checkbox"/> Recycled		
		Orientation		
		<input checked="" type="checkbox"/> Inlet <input type="checkbox"/> Outlet		
		<input 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: 60	Tightness Differential		Tightness Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight 8.0	REASSEMBLED LOOSE RV	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight 8.0
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight TIGHT
	Relief Valve (RP)	0		3.4
	Buffer (RP)			4.6
	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>03050952</u>		Last Calibration Date: <u>January 30th, 2020</u>	
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.			
	Testing Company: <u>Advanced Backflow LLC</u>			
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>	
Signature: <u>Scott L. Campbell</u>		Certificate Expiration Date: <u>June 30th, 2021</u>		

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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

Test # 14998



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 5/9/2020
 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>9160 OWL LAKE DRIVE</u>	
Assembly	Make: <u>FECO</u> Model: <u>825Y</u>	
	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	
Testing & Maintenance	Previous Assembly #: _____	
	Location: <u>OUTSIDE SE CORNER</u>	
	Type of Use	
	Protection	
Testing & Maintenance	Orientation	
	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment	
	<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"/>	
	Initial Test Results	
Repairs		
Re-Test Results		
Line PSI: 60		
Tightness Differential		
Check Valve #1 (RP, DC, PVB) <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight 6.7		
Check Valve #2 (RP, DC) <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight TIGHT		
Relief Valve (RP) 2.4		
Buffer (RP) 4.3		
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>03050952</u> Last Calibration Date: <u>January 30th, 2020</u>	
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.	
	Testing Company: <u>Advanced Backflow LLC</u>	
	Tester Name: <u>Scott Campbell</u> Phone: <u>303-875-4996</u>	
Signature: <u>Scott L. Campbell</u> Certificate Expiration Date: <u>June 30th, 2021</u>		

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

* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5969.

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