

Test # 17373



Advanced

Backflow

Certified Backflow Testing, Repair & Installation

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

(17) 5/16/22

Assembly Serial # J146453

Test Date / Time 5/10/22

Tester Certification # 6-20

Assembly Test Results  Pass  \*Fail

Under Suspension - Process Immediately

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

Water Supplier: FIRESTONE District: Meter #:

Facility Address: 6765 OWL LAKE DRIVE

Contact Person:

Make&Model: FBCO 825Y

Type:  RP  DC  PVB  Air Gap

Size: 1" Date Installed:

New  Existing

Previous Assembly #:

Location: OUTSIDE SE CORNER

Type of Use

- Domestic
- Fire  Glycol
- Irrigation
- Recycled

Protection

- Containment
- Containment by Isolation
- Isolation

Orientation

- |   |                                     |
|---|-------------------------------------|
| Inlet   | Outlet                              |
| <input checked="" type="checkbox"/> Horizontal  | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Vertical Up  | <input type="checkbox"/>            |
| <input type="checkbox"/> Vertical Down  | <input type="checkbox"/>            |
| Approved: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |                                     |

Line PSI:	Initial Test Results		Repairs	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	5.4		<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	—		<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Relief Valve (RP)		3.1			
Buffer (RP)		5.3			
Air Inlet (PVB)					

Shutoff Valve #1:  Tight  Leaking  Replaced Shutoff Valve #2:  Tight  Leaking  Replaced

Backpressure:  Yes  No Test Procedure:  ABPA:  ASSE:

Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.

Contractor: OWL LAKE HOA Garrett Bragaione, 303-678-7677

Alarm Company/Fire Department: DFS Certification #: 22-B-01504

Person Notified: Contacted By:

Turn Off Date/Time: Turn On Date/Time:

Test Kit Make: Midwest Model: 845-5

Serial #: 06210801 Last Calibration Date: June 15<sup>th</sup>, 2021

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: Certificate Expiration Date: June 30<sup>th</sup>, 2022

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 SOV#2

Test # 17373



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A239719

Test Date / Time 5/10/22

Tester Certification # 6-20

Assembly Test Results  Pass  \*Fail

Under Suspension - Process Immediately

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

Water Supplier: FIRESTONE District: Meter #:

Facility Address: 6760 OWL LAKE DRIVE

Contact Person:

Make & Model: FBCO 825Y

Type:  RP  DC  PVB  Air Gap

Size: 1 Date Installed:

New  Existing

Previous Assembly #:

Location: OUTSIDE SOUTH WALL

Type of Use

Domestic

Fire  Glycol

Irrigation

Recycled

Protection

Containment

Containment by Isolation

Isolation

Orientation

Inlet

Horizontal

Vertical Up

Vertical Down

Approved: Y  N

Line	Initial Test Results		Repairs	Re-Test Results	
	PSI:	Tightness		Tightness	Differential
Check Valve #1 (RP, DC, PVB)	55	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		<input type="checkbox"/> Leak <input type="checkbox"/> Tight	6.5
Check Valve #2 (RP, DC)		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
Relief Valve (RP)		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight			2.6
Buffer (RP)					3.9
Air Inlet (PVB)					

Shutoff Valve #1:  Tight  Leaking  Replaced Shutoff Valve #2:  Tight  Leaking  Replaced

Backpressure:  Yes  No Test Procedure: X ABPA:  ASSE:

Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROMDE ADEQUATE DRAINAGE.

Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Alarm Company/Fire Department: DFS Certification #: 22-B-01504

Person Notified: Contacted By:

Turn Off Date/Time: Turn On Date/Time:

Test Kit Make: Midwest Model: 845-5

Serial #: 06210801 Last Calibration Date: June 15th, 2021

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: Certificate Expiration Date: June 30th, 2022

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 SOV#2

Handwritten signatures and initials

Test # 17373



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 5/10/22

Tester Certification # 6-20

Assembly Test Results  Pass  \*Fail

Under Suspension - Process Immediately

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

Water Supplier: FIRESTONE District: Meter #:
Facility Address: 6755 OWL LAKE DRIVE
Contact Person:

Make&Model: FBCO 860
Type:  RP  DC  PVB  Air Gap
Size: 1" Date Installed:
Previous Assembly #:
Location: OUTSIDE BETWEEN HOUSE & STREET SURROUNDED BY BUSHES

Table with columns: Line, Initial Test Results (Tightness, Differential), Repairs, Re-Test Results (Tightness, Differential). Includes handwritten data for Check Valve #1, Check Valve #2, Relief Valve, Buffer, and Air Inlet.

Shutoff Valve #1:  Tight  Leaking  Replaced
Shutoff Valve #2:  Tight  Leaking  Replaced

Backpressure:  Yes  No Test Procedure: X ABPA:  ASSE:

Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.

Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677

Alarm Company/Fire Department: DFS Certification #: 22-B-01504

Person Notified: Contacted By:
Turn Off Date/Time: Turn On Date/Time:

Test Kit Make: Midwest Model: 845-5
Serial #: 06210801 Last Calibration Date: June 15th, 2021

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: Certificate Expiration Date: June 30th, 2022

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 SOV#2

Test # 17373



Certified Backflow Testing, Repair & Installation

4500 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-5556 Fax: 303-427-5532

Assembly Serial # 122135

Test Date / Time 5/10/22

Tester Certification # 6-20

Assembly Test Results  Pass  \*Fail

Under Suspension - Process Immediately

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>			
Assembly	Contact Person: _____			
	Make & Model: <u>WATTS 009M2QT</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	Inlet <input checked="" type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Outlet		
Previous Assembly #: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation	<input type="checkbox"/> Vertical Up <input type="checkbox"/>		
Location: <u>OUTSIDE EAST WALL</u>	<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation	<input type="checkbox"/> Vertical Down <input type="checkbox"/>		
	<input type="checkbox"/> Recycled	Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Equipment	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>7.7</u>		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)	<u>2.1</u>		
	Buffer (RP)	<u>5.6</u>		
	Air Inlet (PVB)			
Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA <input type="checkbox"/> ASSE		
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>				
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>				
Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>		
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>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</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>[Signature]</u>		Certificate Expiration Date: <u>June 30<sup>th</sup>, 2022</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 0/0/0 SOV#2 0/0/0

Test # 17373



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 174993

Test Date / Time 5/10/22

Tester Certification # 6-20

Assembly Test Results [X] Pass [ ] \*Fail

[ ] Under Suspension - Process Immediately

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

Account	Water Supplier: FIRESTONE District: _____ Meter #: _____			
	Facility Address: 6745 OWL LAKE DRIVE			
Assembly	Contact Person: _____			
	Make & Model: WATTS 009M2QT	Type of Use		
	Type: [X] RP [ ] DC [ ] PVB [ ] Air Gap	[ ] Domestic [X] Containment		
	Size: 75 Date Installed: _____	[ ] Fire [ ] Glycol [ ] Containment by Isolation [ ] Isolation		
[ ] New [X] Existing	[ ] Irrigation [ ] Recycled	Orientation		
Previous Assembly #: _____		Inlet [X] Horizontal [ ] Vertical Up [ ] Vertical Down		
Location: OUTSIDE NE CORNER		Approved: Y [ ] N [ ]		
Testing & Maintenance	Line PSI: 55	Initial Test Results	Repairs	Re-Test Results
	Check Valve #1 (RP, DC, PVB)	[ ] Leak [X] Tight 5.7		[ ] Leak [ ] Tight
	Check Valve #2 (RP, DC)	[ ] Leak [X] Tight		[ ] Leak [ ] Tight
	Relief Valve (RP)	2.4		
	Buffer (RP)	3.3		
	Air Inlet (PVB)			
	Shutoff Valve #1: [ ] Tight [ ] Leaking [ ] Replaced	Shutoff Valve #2: [X] Tight [ ] Leaking [ ] Replaced		
	Backpressure: [ ] Yes [ ] No	Test Procedure: X ABPA [ ] ASSE		
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.			
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677			
Notification	Alarm Company/Fire Department: _____		DFS Certification #: 22-B-01504	
	Person Notified: _____		Contacted By: _____	
	Turn Off Date/Time: _____		Turn On Date/Time: _____	
Test Kit	Test Kit Make: Midwest		Model: 845-5	
	Serial #: 06210801		Last Calibration Date: June 15 <sup>th</sup> , 2021	
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: _____		Certificate Expiration Date: June 30 <sup>th</sup> , 2022		

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 SOV#2

Handwritten initials and marks

Test # 17373



Certified Backflow Testing, Repair & Installation

450 W. 90th Ave., Westminster, CO 80031 Phone: 303-427-9556 Fax: 303-427-5532

Assembly Serial # J005185

Test Date / Time 5/10/22

Tester Certification # 6-20

Assembly Test Results  Pass  \*Fail

Under Suspension - Process Immediately

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 & Model: RBCO 825Y	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: 1.5" Date Installed: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol	<input type="checkbox"/> Containment by Isolation	<input checked="" type="checkbox"/> Horizontal	<input checked="" 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: NEXT TO METER			Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 55	Tightness	Differential		Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.6		<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	—		<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)		2.2			
	Buffer (RP)		5.4			
	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: X ABPA: <input checked="" type="checkbox"/> ASSE: <input type="checkbox"/>				
Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.						
Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677						
Notification	Alarm Company/Fire Department: _____		DFS Certification #: 22-B-01504			
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
Test Kit	Test Kit Make: Midwest		Model: 845-5			
	Serial #: 06210801		Last Calibration Date: June 15 <sup>th</sup> , 2021			
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: <i>Scott Campbell</i>		Certificate Expiration Date: June 30 <sup>th</sup> , 2022				

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 SOV#2

Test # 17373



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J09451

Test Date / Time 5/10/22

Tester Certification # 6-20

Assembly Test Results  Pass  \*Fail

Under Suspension - Process Immediately

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>			
	Contact Person: _____			
Assembly	Make & Model: <u>RECO 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 checked="" 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"/> New <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Isolation	<input type="checkbox"/> Vertical Up
Previous Assembly #: _____	<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Down	
Location: <u>FRONT OF HOUSE</u>			Approved: Y <input type="checkbox"/> N <input type="checkbox"/>	
Testing & Maintenance	Line <u>55</u>	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>9.3</u>		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight <u>—</u>		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)	<u>2.1</u>		
	Buffer (RP)	<u>7.2</u>		
	Air Inlet (PVB)			
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Procedure: <input checked="" type="checkbox"/> ABPA <input type="checkbox"/> ASSE		
	Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>			
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>				
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>	
	Person Notified: _____		Contacted By: _____	
	Turn Off Date/Time: _____		Turn On Date/Time: _____	
Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>	
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</u>	
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.			
	Testing Company: <u>Advanced Backflow LLC</u>			
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>	
Signature: <u>Scott Campbell</u>		Certificate Expiration Date: <u>June 30th, 2022</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 SOV#2

Test # 17373



**Advanced Backflow**

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 5/10/22

Tester Certification # 6-20

Assembly Test Results  Pass  \*Fail

Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____					
	Facility Address: <u>6715 OWL LAKE DRIVE</u>					
	Contact Person: _____					
Assembly	Make & Model: <u>RBCO 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	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 checked="" 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>LEFT SIDE OF HOUSE BY HOT TUB</u>			Approved: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>			
Testing & Maintenance	Line <u>50</u>	Initial Test Results		Repairs	Re-Test Results	
	PSI: <u>50</u>	Tightness	Differential		Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak	<u>6.4</u>		<input type="checkbox"/> Leak	
	Check Valve #2 (RP, DC)	<input checked="" type="checkbox"/> Tight	<u>—</u>		<input type="checkbox"/> Tight	
	Relief Valve (RP)	<input type="checkbox"/> Leak	<u>2.1</u>		<input type="checkbox"/> Leak	
	Buffer (RP)	<input checked="" type="checkbox"/> Tight	<u>4.3</u>		<input type="checkbox"/> Tight	
	Air Inlet (PVB)					
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced				
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>					
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>						
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>			
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>			
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</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>[Signature]</u>		Certificate Expiration Date: <u>June 30<sup>th</sup>, 2022</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

SOV#2

0/0/0



Test # 17373



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 166297  
 Test Date / Time 5/10/22  
 Tester Certification # 6-20  
 Assembly Test Results  Pass  \*Fail  
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____					
	Facility Address: <u>6700 OWL LAKE DRIVE</u>					
	Contact Person: _____					
Assembly	Make & Model: <u>WATTS LF009M2QT</u>	Type of Use	Protection	Orientation		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	<input type="checkbox"/> Domestic	<input checked="" type="checkbox"/> Containment	Inlet <u>Horizontal</u> Outlet <u>Horizontal</u>		
	Size: <u>1"</u> Date Installed: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol	<input type="checkbox"/> Containment by Isolation	<input type="checkbox"/> Vertical Up <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 Down <input type="checkbox"/>		
Previous Assembly #: _____	Location: <u>OUTSIDE NORTH WALL</u>	<input type="checkbox"/> Recycled	Approved: <u>Y</u> <input type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line <u>65</u>	Initial Test Results		Repairs	Re-Test Results	
	PSI:	Tightness	Differential		Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak	<u>2.9</u>		<input type="checkbox"/> Leak	
	Check Valve #2 (RP, DC)	<input checked="" type="checkbox"/> Tight	<u>—</u>		<input type="checkbox"/> Tight	
	Relief Valve (RP)	<input type="checkbox"/> Leak	<u>3.2</u>		<input type="checkbox"/> Leak	
	Buffer (RP)	<input checked="" type="checkbox"/> Tight	<u>4.7</u>		<input type="checkbox"/> Tight	
	Air Inlet (PVB)					
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced				
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
	Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>					
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>						
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>			
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>			
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</u>			
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.					
	Testing Company: <u>Advanced Backflow LLC</u>					
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>			
Signature: <u>Scott Campbell</u>		Certificate Expiration Date: <u>June 30<sup>th</sup>, 2022</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                      SOV#2                       
c/c c/c

Test # 17373



**Advanced Backflow**

Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H01543  
 Test Date / Time 5/10/22  
 Tester Certification # 6-20  
 Assembly Test Results  Pass  \*Fail  
 Under Suspension - Process Immediately

**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>		
Assembly	Make & Model: <u>RECO 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 <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	
Location: <u>OUTSIDE NE CORNER</u>	Orientation		
		Inlet <input checked="" type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Outlet	
		<input type="checkbox"/> Vertical Up <input type="checkbox"/>	
		<input type="checkbox"/> Vertical Down <input type="checkbox"/>	
		Approved: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>	
Testing & Maintenance	Line <u>65</u> Initial Test Results	Repairs	Re-Test Results
	PSI: _____		Tightness Differential
	Check Valve #1	<input type="checkbox"/> Leak <u>7.0</u>	<input type="checkbox"/> Leak
	(RP, DC, PVB)	<input checked="" type="checkbox"/> Tight	<input type="checkbox"/> Tight
	Check Valve #2	<input type="checkbox"/> Leak <u>-</u>	<input type="checkbox"/> Leak
	(RP, DC)	<input checked="" type="checkbox"/> Tight	<input type="checkbox"/> Tight
	Relief Valve (RP)	<u>3.0</u>	
Buffer (RP)	<u>4.0</u>		
Air Inlet (PVB)			
Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	
Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> X ABPA: <input type="checkbox"/> ASSE:	
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>			
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>			
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>
	Person Notified: _____		Contacted By: _____
	Turn Off Date/Time: _____		Turn On Date/Time: _____
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</u>
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.		
	Testing Company: <u>Advanced Backflow LLC</u>		
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>
Signature: <u>Scott Campbell</u>		Certificate Expiration Date: <u>June 30<sup>th</sup>, 2022</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 \_\_\_\_\_ SOV#2 \_\_\_\_\_

*Handwritten initials/signature*

Test # 17373



**Advanced Backflow**

Certified Backflow Testing, Repair & Installation

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

Assembly Serial #	A256652
Test Date / Time	5/10/22
Tester Certification #	6-20
Assembly Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
<input type="checkbox"/>	Under Suspension - Process Immediately

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

Approvals	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____
	Facility Address: <u>9160 OWL LAKE DRIVE</u>
	Contact Person: _____
Assembly	Make&Model: <u>RBCO 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: <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"/> Recycled
	Protection: <input type="checkbox"/> Isolation
Testing & Maintenance	Orientation: Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down <input type="checkbox"/> Outlet <input checked="" type="checkbox"/>
	Approved: <u>Y</u> <input checked="" type="checkbox"/> <input type="checkbox"/>
	Line <u>65</u> Initial Test Results
	PSI: <u>65</u> Tightness Differential
Testing & Maintenance	Check Valve #1 (RP, DC, PVB) <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight <u>6.9</u>
	Check Valve #2 (RP, DC) <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight <u>—</u>
	Relief Valve (RP) <u>2.2</u>
	Buffer (RP) <u>4.7</u>
Testing & Maintenance	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
Testing & Maintenance	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:
	Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>
Testing & Maintenance	Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>
	Alarm Company/Fire Department: _____ DFS Certification #: <u>22-B-01504</u>
	Person Notified: _____ Contacted By: _____
Testing & Maintenance	Turn Off Date/Time: _____ Turn On Date/Time: _____
	Test Kit Make: <u>Midwest</u> Model: <u>845-5</u>
	Serial #: <u>06210801</u> Last Calibration Date: <u>June 15<sup>th</sup>, 2021</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>
Tester	Signature: <u>Scott Campbell</u> Certificate Expiration Date: <u>June 30<sup>th</sup>, 2022</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 C/C SOV#2 C/C

Test # 17373



**Advanced Backflow**

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	5/10/22
Tester Certification #	6-20
Assembly Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
	<input type="checkbox"/> Under Suspension - Process Immediately

**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 & Model: <u>RBCO 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	Outlet	
	Size: <u>1"</u> Date Installed: _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol	<input type="checkbox"/> Containment by Isolation	<input checked="" type="checkbox"/> Horizontal	<input checked="" type="checkbox"/>	
Previous Assembly #: _____	<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Isolation	<input type="checkbox"/> Vertical Up	<input type="checkbox"/>		
Location: <u>OUTSIDE NE CORNER</u>	<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Down	<input type="checkbox"/>		
			Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Testing & Maintenance	Line <u>65</u>	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	<u>5.6</u>		<input type="checkbox"/> Leak	
	Check Valve #2 (RP, DC)	<input checked="" type="checkbox"/> Tight	<u>—</u>		<input type="checkbox"/> Tight	
	Relief Valve (RP)	<input type="checkbox"/> Leak	<u>2.2</u>		<input type="checkbox"/> Leak	
	Buffer (RP)	<input checked="" type="checkbox"/> Tight	<u>3.4</u>		<input type="checkbox"/> Tight	
Air Inlet (PVB)						
Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced				
Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:				
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>						
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>			
	Person Notified: _____		Contacted By: _____			
	Turn Off Date/Time: _____		Turn On Date/Time: _____			
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>			
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</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>[Signature]</u>		Certificate Expiration Date: <u>June 30<sup>th</sup>, 2022</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 \_\_\_\_\_ SOV#2 \_\_\_\_\_

0/0 0/0

Test # 17373



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 5/10/22  
 Tester Certification # 6-20  
 Assembly Test Results  Pass  \*Fail  
 Under Suspension - Process Immediately

**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&Model: <u>FBCO 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
	Size: <u>1"</u> Date Installed: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol	<input type="checkbox"/> Containment by Isolation	<input type="checkbox"/> Horizontal
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Isolation	<input type="checkbox"/> Vertical Up	
Previous Assembly #: _____	<input type="checkbox"/> Recycled		<input type="checkbox"/> Vertical Down	
Location: <u>OUTSIDE BETWEEN HOUSE &amp; STREET</u>			Approved: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Testing & Maintenance	Line <u>65</u>	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>7.7</u>		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight <u>—</u>		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)	<u>2.3</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>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>			
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>				
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>	
	Person Notified: _____		Contacted By: _____	
	Turn Off Date/Time: _____		Turn On Date/Time: _____	
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>	
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</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>[Signature]</u>		Certificate Expiration Date: <u>June 30th, 2022</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 0/0/0 SOV#2 0/0/0

Test # 17373



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 5/10/22  
 Tester Certification # 6-20  
 Assembly Test Results  Pass  \*Fail  
 Under Suspension - Process Immediately

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	Contact Person: _____				
	Make & Model: <u>FBCO 825Y</u>				
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	Type of Use			
	Size: <u>1</u> Date Installed: _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Previous Assembly #: _____ Location: <u>R. OF FRONT DOOR <del>IN PIT</del></u>	Protection <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			
		Orientation 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 <u>65</u>	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		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	<u>7.2</u>
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight		<input checked="" type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
	Relief Valve (RP)	<input checked="" type="checkbox"/> Tight		<u>tighten leaking RV cover</u>	
	Buffer (RP)				<u>3.1</u>
Air Inlet (PVB)			<u>4.1</u>		
Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced			
Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:			
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>					
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>					
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>		
	Person Notified: _____		Contacted By: _____		
	Turn Off Date/Time: _____		Turn On Date/Time: _____		
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>		
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</u>		
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.				
	Testing Company: <u>Advanced Backflow LLC</u>				
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>		
Signature: <u>Scott Campbell</u>		Certificate Expiration Date: <u>June 30th, 2022</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 0/0 SOV#2 0/0

Test # 17373



**Advanced Backflow**

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	5/10/22
Tester Certification #	6-20
Assembly Test Results	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail
	<input type="checkbox"/> Under Suspension - Process Immediately

**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>			
Assembly	Make & Model: <u>FBCO 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 <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 checked="" type="checkbox"/> Inlet <input checked="" type="checkbox"/> Outlet		
	<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"/> Vertical Down <input type="checkbox"/>		
	Location: <u>OUTSIDE NE CORNER</u>	Approved: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>		
Testing & Maintenance	Line <u>65</u> 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 <u>8.0</u>		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight <u>—</u>		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)	<u>2.8</u>		
	Buffer (RP)	<u>5.2</u>		
	Air Inlet (PVB)			
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:		
	Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>			
	Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>			
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>	
	Person Notified: _____		Contacted By: _____	
	Turn Off Date/Time: _____		Turn On Date/Time: _____	
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>	
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</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>[Signature]</u>		Certificate Expiration Date: <u>June 30th, 2022</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 C/c SOV#2 o/o

Test # 17373



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 5/10/22  
 Tester Certification # 6-20  
 Assembly Test Results  Pass  \*Fail  
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____			
	Facility Address: <u>9010 OWL LAKE DRIVE</u>			
	Contact Person: _____			
Assembly	Make & Model: <u>FBCO 805Y</u>	Type of Use	Protection	Orientation
	Type: <input type="checkbox"/> RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	<input type="checkbox"/> Domestic	<input checked="" type="checkbox"/> Containment	Inlet: <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet: <input checked="" type="checkbox"/>
	Size: <u>7.5"</u> Date Installed: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol	<input type="checkbox"/> Containment by Isolation	<input type="checkbox"/> Vertical Up <input type="checkbox"/>
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Isolation	<input type="checkbox"/> Vertical Down <input type="checkbox"/>
Previous Assembly #: _____	<input checked="" type="checkbox"/> Recycled	Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
Location: <u>UNDER ROCK SOUTH OF DRIVEWAY</u>				
Testing & Maintenance	Line <u>60</u> Initial Test Results	Repairs		Re-Test Results
	PSI: _____	Tightness	Differential	Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <u>2.0</u>		<input type="checkbox"/> Leak
	Check Valve #2 (RP, DC)	<input checked="" type="checkbox"/> Tight		<input type="checkbox"/> Tight
	Relief Valve (RP)	<input type="checkbox"/> Leak <u>2.0</u>		<input type="checkbox"/> Leak
	Buffer (RP)	<input checked="" type="checkbox"/> Tight		<input type="checkbox"/> Tight
	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>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>				
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>				
Verification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>	
	Person Notified: _____		Contacted By: _____	
	Turn Off Date/Time: _____		Turn On Date/Time: _____	
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>	
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</u>	
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.			
	Testing Company: <u>Advanced Backflow LLC</u>			
	Tester Name: <u>Scott Campbell</u>		Phone: <u>303-875-4996</u>	
Signature: <u>Scott Campbell</u>		Certificate Expiration Date: <u>June 30th, 2022</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 9/0 SOV#2 9/0



Test # 17373



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 270925  
 Test Date / Time 5/10/22  
 Tester Certification # 6-20  
 Assembly Test Results  Pass  \*Fail  
 Under Suspension - Process Immediately

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

Account	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____		
	Facility Address: <u>9005 OWL LAKE DRIVE</u>		
Assembly	Make & Model: <u>WATTS 009M3QT</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>75</u> Date Installed: _____	Orientation	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment	Inlet <input checked="" type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Outlet
Previous Assembly #: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation	<input type="checkbox"/> Vertical Up <input type="checkbox"/>	
Location: <u>OUTSIDE NORTH WALL</u>	<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation	<input type="checkbox"/> Vertical Down <input type="checkbox"/>	
	<input type="checkbox"/> Recycled	Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Testing & Maintenance	Line <u>90</u> Initial Test Results	Repairs	Re-Test Results
	PSI: _____	Tightness Differential	Tightness Differential
	Check Valve #1 <input type="checkbox"/> Leak <u>6.6</u>		<input type="checkbox"/> Leak
	(RP, DC, PVB) <input checked="" type="checkbox"/> Tight		<input type="checkbox"/> Tight
	Check Valve #2 <input type="checkbox"/> Leak		<input type="checkbox"/> Leak
	(RP, DC) <input checked="" type="checkbox"/> Tight		<input type="checkbox"/> Tight
Relief Valve <u>2-2</u>			
(RP)			
Buffer <u>4.4</u>			
(RP)			
Air Inlet			
(PVB)			
Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	
Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Procedure: <input checked="" type="checkbox"/> ABPA <input type="checkbox"/> ASSE	
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.</u>			
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>			
Notification	Alarm Company/Fire Department: _____		DFS Certification #: <u>22-B-01504</u>
	Person Notified: _____		Contacted By: _____
	Turn Off Date/Time: _____		Turn On Date/Time: _____
Test Kit	Test Kit Make: <u>Midwest</u>		Model: <u>845-5</u>
	Serial #: <u>06210801</u>		Last Calibration Date: <u>June 15<sup>th</sup>, 2021</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>[Signature]</u>		Certificate Expiration Date: <u>June 30<sup>th</sup>, 2022</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

SOV#1 \_\_\_\_\_ SOV#2 \_\_\_\_\_

*Handwritten notes:* OK 9/0, c/c