	Assembly Serial # J146453		
	Test Date / Time 510/72		
Test #_ <u>17373</u>	Tester Certification # 6-20		
A A	Assembly Test Results Pass *Fail		
Advanced Certified Backflow Testing, Repair & Inst	and rich		
Backflow 4550 W. 90th Ave., Westminster, CO 80031 Phone 303-427-5556 Fa	under Suspension - Process Immediately		
(17) 5/16/27			
Backflow Addembly Tost & Maintanance B	teport (please print with BLOCK LETTERING)		
ASS/9/3			
Water Supplier:FIRESTONEDistrict:	Meter #:		
Facility Address: 6765 OWL LAKE DRIVE			
Contact Person:			
Make&Model:FBCO 825Y	ype of Use <u>Protection</u> <u>Orientation</u>		
Type: ™C -RP □ DC □ PVB □ Air Gap   □			
Size: 1' Date Installed:	Domestic Containment Inlet Outlet		
New ★ Existing □	Fire 🗆 Glycol 🗀 Containment by Isolation 😾 Horizontal 💆		
Previous Assembly #:	rrigation 🗀 Isolation /□ Vertical Up 🗇		
*****	Recycled		
	Approved: Y, Z/N □		
Line Initial Test Results	Re-Test Results		
PSI: 55 Tightness Differential	Repairs Tightness Differential		
Check Valve #1 □ Leak S	□ Leak		
(RP, DC, PVB) Tight	☐ Tight		
Check Valve #2  Leak	□ Leak		
(RP, DC) Carright	☐ Tight		
Relief Valve 3 /			
(RP)			
(RP) 5, 3	į.		
Air Inlet			
(PVB)			
Shutoff Valve #1: □ Tight □ Leaking □ Replaced	Shutoff Valve #2: XTight □ Leaking □ Replaced		
Backpressure: ☐ Yes ☐ No Test P	rocedure: X ABPA: /   ASSE:		
Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE &	CAUSE WATER DAMAGE SO/BE SURE TO PROVIDE ADEQUATE DRAINAGE.		
	:		
Contractor: OWL LAKE HOA Garrett Bragalone, 30	03-678-7677		
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 #: <u>06210801</u>	Last Calibration Date: June 15 <sup>th</sup> , 2021		
Tester certifies this assembly has been tested with the above li Testing Company: Advanced Backflow LLC	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:lune 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\_

Test # 17373

Advanced

Certified Backflow Testing, Repair & Installation

Backflow

Tester Name: Scott Campbell

Signature:

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

Assembly Se	erial # A239719
Test Date /	Time 5/10/27
Tester Certifica	tion # 6-20
Assembly Test	Results Pass *Fail
Under	Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING) Meter #: FIRESTONE District: Water Supplier: Facility Address: 6760 OWL LAKE DRIVE Contact Person: \_\_ Make&Model:FECO 825Y **Orientation** Type of Use **Protection** Type: 1 RP □ DC □ PVB □ Air Gap Containment □ Domestic Outlet Date Installed: Size: 1 /□ Containment by Isolation Horizontal ☐ Fire ☐ Glycol □ New 【☑Æxistina **Afrigation** ☐ Isolation Vertical Up / Previous Assembly #: □ Vertical Down □ Location: OUTSIDE SOUTH WALL ☐ Recycled Approved: Y □ N □ Re-Test Results Initial Test Results Repairs Tightness Differential Tightness Differential PSI: □ Leak Check Valve #1 □ Leak □ Tight (RP, DC, PVB) ⊈(Tight ☐ Leak □ Leak Check Valve #2 □ Tight Tight ارٰٰٰٰ (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #2: □ Leaking □ Replaced Shutoff Valve #1: □ Tight □ Leaking □ Replaced X ABPA: □ ASSE: □ No Test Procedure: Backpressure: ☐ Yes Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROMDE ADEQUATE DRAINAGE. Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677 DFS Certification #: 22-B-01504 Alarm Company/Fire Department: Contacted By:\_\_ Person Notified: \_ Turn Off Date/Time: Turn On Date/Time: Model: 845-5 Test Kit Make: Midwest Last Calibration Date: June 15th, 2021 Serial #: 06210801 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

**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.

Phone: 303-875-4996

— Certificate Expiration Date: —

\* FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 628-5968 Customer verifies SOV returned to original positions:X\_\_\_\_\_\_\_SOV#1\_\_\_\_\_\_

Advanced B

Certified Backflow Testing, Repair & Installation

Backflow

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

Assembly Serial # H34997
Test Date / Time 5/(v/2-7-
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 #:		
i	Facility Address: 6755 OWL LAKE DRIVE			
4	_			
a de la companya de l	Contact Person:			
	Type: XRP DC PVB Air Gap	Type of Use Protection Orientation		
	Size: 1' Date Installed:	□ Domestic Containment Inlet Outlet		
	□ New (□ Existing	☐ Fire ☐ Glycol ☐ Containment by Isolation ☐ Horizontal		
	Previous Assembly #:	□ Isolation □ Vertical Up □		
	Location: OUTSIDE BETWEEN HOUSE &	☐ Recycled ☐ Vertical Down ☐		
	STREET SURROUNDED BY BUSHES	Approved: Y □ N □		
		Re-Test Results		
	PSI: 55 Tightness Differential	Repairs Tightness Differential		
	Check Valve #1 □ Leak	□ Leak □ Tight		
•	(RP, DC, PVB) □ Tight □ Check Valve #2 □ Leak	□ leak		
	(RP, DC) Vight	□ Tight		
	Relief Valve	· · · · · · · · · · · · · · · · · · ·		
	(RP)			
	Buffer (RP)			
		· · · · · · · · · · · · · · · · · · ·		
	Air Inlet (PVB)			
	Shutoff Valve #1: □ Tight □ Leaking □ Replace	ed Shutoff Valve #2: ☐ 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		
2	Alarm Company/Fire Department:	DFS Certification #: 22-B-01504		
	Person Notified:	Contacted By:		
1	Turn Off Date/Time:	Turn On Date/Time:		
	Test Kit Make: Midwest	Model: 845-5		
	Serial #: <u>06210801</u>	Last Calibration Date: June 15th, 2021		
	Tester certifies this assembly has been tested with the abov Testing Company: Advanced Backflow LLC	re listed procedure and verifies the isolation valves were returned to pre-test orientation.		
	Tester Name: Scott Campbell	Phone: 303-875-4996		
	Signature:	Certificate Expiration Date:June 30th, 2022		
	7 - 40 0 C. b - b b	ail (preferred) to CrossConnectionControl@denverwater org		

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.

Test # 17373\_\_\_

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//0/22
Tester Certification # 6-20
Assembly Test Results Pass *Fail
Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance	e Report (please print with BLOCK LETTERING)		
Water Supplier: FIRESTONE District:	Meter #:		
Facility Address: 6750 OWL LAKE DRIVE			
Contact Person:			
Make&Model:WATS 009M2QT  Type: ARP □ DC □ PVB □ Air Gap  Size:1 Date Installed: □ New □ Existing  Previous Assembly #:	Type of Use Protection Orientation  Domestic Containment Inlet Outle Fire Glycol Containment by Isolation Horizontal  Vertical Up		
Location: OUTSIDE EAST WALL	□ Recycled □ Vertical Down □ Approved: Y Z N □		
Check Valve #2 /□ Leak (RP, DC) □ / right	Repairs Results Tightness Differentia  Leak Tight Leak Tight		
(RP)  Buffer (RP)  Air Inlet (PVB)  Shutoff Valve #1: □ Tight □ Leaking □ Replace	ced Shutoff Valve #2: ★Tight □ Leaking □ Replaced		
	t Procedure: X ABPA:   ASSE:		
Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAWAGE 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		
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			
	ve listed procedure and verifies the isolation valves were returned to pre-test orientation.		
Tester Name: Scott Campbell	Phone: 303-875-4996		
Signature:	Certificate Expiration Date:lune 30th, 2022		
• • • • • • • • • • • • • • • • • • • •	nail (preferred) to CrossConnectionControl@denverwater.org,		

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 5/110/72
Tester Certification # 6-20
Assembly Test Results Pass *Fail
Under Suspension - Process Immediately

	Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)			
1994W	Water Supplier: FIRESTONE District:	<del></del>	Meter #:	
	Facility Address: 6745 OWL LAKE DRIVE			
	•			
24.5	Contact Person:			
	Type: FRP DC PVB Air Gap	Type of Use Protection	<u>Orientation</u>	
TO AND THE	Size: 75/ Date Installed:	□ Domestic ✓ Containment	Inlet Outlet	
	□ New ØExisting	☐ Fire ☐ Glycol ☐ Containment by Ise	<del>-12</del>	
	/	1 //	d Vertical Up	
1	Previous Assembly #:	Intrigation □ Isolation	7	
	Location: OUTSIDE NE CORNER	□ Recycled	′ □ Vertical Down □ □ Approved: Y □NN □	
			Re-Test Results	
	Line Initial Test Results PSI: 55 Tightness Differential	Repairs	Tightness Differential	
	Chook Volve #1 D Look		□ Leak	
	(RP, DC, PVB) A tight 5.7		□ Tight	
A K	Check Valve #2		□ Leak	
4	(RP, DC) Spright		☐ Tight	
4	Relief Valve 24		# # #	
	Випет (RP) 3-3			
4	Air Inlet			
	(PVB)			
	Shutoff Valve #1: □ Tight □ Leaking □ Replac			
1		Procedure: X ABPA:	□ ASSE:	
	Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE</u>	& CAUSE WATER DAMAGE SO BE SURE TO I	PROMDE ADEQUATE DRAINAGE.	
100	· · · · · · · · · · · · · · · · · · ·			
9.4	Contractor: OWL LAKE HOA Garrett Bragalone,	303-678-7677		
1	Alarm Company/Fire Department:	DFS Certification	n #: 22-B-01504	
Person Notified:Contacted By:				
	Turn Off Date/Time:	Turn On Date/Time:		
3	Test Kit Make: Midwest	Model: 845-5		
	Serial #: <u>06210801</u>	Last Calibration Date: June 1	5 <sup>th</sup> , 2021	
1	Tester certifies this assembly has been tested with the above	e listed procedure and verifies the isolation valves	were returned to pre-test orientation.	
<b>a</b>	Testing Company: Advanced Backflow LLC	DI 000 07	75 4000	
	Tester Name: Scott Campbell	Phone: 303-87	7 3-4990	
	Signature:	Certificate Expir	ration Date:lune 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\_\_\_\_\_

Certified Backflow Testing, Repair & Installation
4550 W. 90th Ave., Westminster, CO 90031 Phone 303-427-5556 Fale 303-427-5532

Assembly Serial # J005185
Test Date / Time $\frac{5/10/72}{}$
Tester Certification # 6-20 /
Assembly Test Results 7ass 7ail
Under Suspension - Process Immediately

1	Water Supplier: FIRESTONE District:			
- 100 miles	Water Supplier:FIRESTONEDistrict:		Meter	#: <u> </u>
8	Facility Address: 6735 OWL LAKE DRIVE			
•	Contact Person:			
	Make&Madel:⊞200 825Y Type: ØRP □ DC □ PVB □ Air Gap	Type of Use	Protection ~	Orientation
à.	Size:15 <sup>f</sup> Date Installed:	□ Domestic	Containment	Inlet Outlet
	□ New ✓ Existing	☐ Fire ☐ Glycol	☐ Containment by Isolation	Horizontal H
4.0	Previous Assembly #:	rrigation	□ Isolation	<sup>¹</sup> □ Vertical Up <sup>²</sup> □
	Location: NEXT TO METER	□ Recycled		□ Vertical Down □ Approved: Y ☑ N □
	Line Initial Test Results PSI: 55 Tightness Differential Check Valve #1 □ Leak (RP, DC, PVB) □ Dight	F	Repairs	□ Leak
1000				□ Tight
	Check Valve #2 ☐ Leak (RP, DC) ☑Tight			□ Leak □ Tight
	Relief Valve			
	Buffer (RP) Air Inlet (PVB)			
-	Shutoff Valve #1: □ Tight □ Leaking □ Replace	ed Shutoff	Valve #2: \□ 🎞 ght 🗆 Leakin	g □ Replaced
	Backpressure: ☐ Yes ☐ No Test	Procedure: X A	ABPA: A	SSE:
	Comments: BACKFLOW ASSEMBLES CAN DISCHARGE	& CAUSE WATER D	AMAGE SO BÉ SURE TO PROMDE	ADEQUATE DRAINAGE.
1	Contractor: OWL LAKE HOA Garrett Bragalone,	303-678-7677		
•	Alarm Company/Fire Department:		DFS Certification #: 22-	B-01504
A.	Person Notified:	Contact	ed By:	
	Turn Off Date/Time:Turn On Date/Time:			
	Test Kit Make: Midwest	Model:_		
	Serial #: <u>06210801</u>	Last Ca	libration Date: June 15th, 202	1
1	Tester certifies this assembly has been tested with the above Testing Company: Advanced Backflow LLC	e listed procedure and	verifies the isolation valves were retu	rned to pre-test orientation.
	Tester Name: Scott Campbell		Phone: 303-875-4996	
	Signature:		Certificate Expiration Da	ate: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\_

Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phones 303-427-5556 Faix 303-427-5532

Assembly Serial # J09451
Test Date / Time 5/10 / 22
Tester Certification # 6-20 /
Assembly Test Results Pass *Fall
Under Suspension - Process Immediately

	Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)				
1	Water Supplier: FIRESTONE District:		Meter #:		
i	Facility Address: 6720 OWL LAKE DRIVE				
	Contact Person:				
	Make&Model:⊞BCO 825Y Type: ÂRP □ DC □ PVB □ Air Gap	Type of Use Protection	<u>Orientation</u>		
		□ Domestic	Injet Outlet		
	Size: 11 Date Installed:	(	Inlet Qutlet   Solation D   Horizontal		
, 4 , 4	□ New 12 Existing	l A	Vertical Up		
*3415	Previous Assembly #:	Irrigation □ Isolation	□ Vertical Down □		
	Location: FRONT OF HOUSE	□ Recycled	Approved: Y □ N □		
	Line Initial Test Results	<u> </u>	Re-Test Results		
	Line Initial Test Results PSI: Tightness Differential	Repairs	Tightness Differential		
	Check Valve #1 □ Leak ⊘ >	······································	□ Leak		
	(RP, DC, PVB) Cight 7.2		☐ Tight		
***	Check Valve #2 ☐ Leak		□ Leak □ Tight		
	(RP, DC) □ Tight				
	Relief Valve 7		•		
	D. Ha				
	(RP)				
	Air Inlet				
1	(PVB)	1 21			
	Shutoff Valve #1: ☐ Tight ☐ Leaking ☐ Replace		☐ Leaking ☐ Replaced ☐ ASSE:		
	Backpressure: ☐ Yes ☐ No Test				
- 1	Comments: BACKFLOW ASSEMBLES CAN DISCHARGE	& CAUSE WATER DAMAGE SO BE SURE TO	O PROVIDE ADEQUATE DRAINAGE.		
	Contractor: OWL LAKE HOA Garrett Bragalone,	303-678-7677			
	Alarm Company/Fire Department:		on #: 22-B-01504		
1	Person Notified:				
	Turn Off Date/Time:	Turn On Date/Time:			
Ė	Test Kit Make: Midwest	Model: 845-5			
	Serial #: <u>06210801</u>	Last Calibration Date: June	15 <sup>th</sup> , 2021		
	Tester certifies this assembly has been tested with the abov	e listed procedure and verifies the isolation valve	es were returned to pre-test orientation.		
	Testing Company: Advanced Backflow LLC	Phone: 303-	875 4006		
	Tester Name: Scott Campbell				
3.1	Signature:		piration 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 Deriver Water within 24 hours of failure at (303) 628-969.

Customer verifies SOV returned to period to Customer verifies SOV returned to original positions:X\_\_\_\_\_\_SOV#1\_\_

SOV#2

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

george George	Backflow Assembly Test & Maintenance	
	Water Supplier: FIRESTONE District:	Meter #:
	Facility Address: 6715 OWL LAKE DRIVE	
	Contact Person:	
	Make&Model:#B00 825Y	Type of Use Protection Orientation
	Type: ☑RP □DC □ PVB □ Air Gap	4
Ì.	Size: 1'/ Date Installed:	
	□ New ItyExisting	☐ Fire ☐ Glycol ☐ Containment by Isolation ☐ Horizontal ☐ ☐
a e	Previous Assembly #:  Location: LEFT SIDE OF HOUSE BY HOT TUB	<i>,</i>
	Location. LEFT SIDE OF HOUSE BY HOT TOB	☐ Recycled ☐ Vertical Down ☐ Approved: YД N ☐
	Line Initial Test Results	Re-Test/Results
i M	PSI: 50 Tightness Differential	Repairs Tightness Differentia
	Check Valve #1 □ Leak 6 4 (RP, DC, PVB) □ CTight	□ Leak
	(RP, DC, PVB) D\Tight U 9 Check Valve #2 □ Leak	□ Tight
75.	(RP, DC)	□ Tight
	Relief Valve	
e.	(RP) Buffer	
1	(RP) 4.3	
	Air Inlet	
i	(PVB) Shutoff Valve #1: □ Tight □ Leaking □ Replac	ed Shutoff Valve #2: Zatight □ Leaking □ Replaced
	•	Procedure: X ABPA: ASSE:
9		& CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.
	Contractor: OWL LAKE HOA Garrett Bragalone,	303-678-7677
1	Alarm Company/Fire Department:	DFS Certification #: 22-B-01504
I	Person Notified:	Contacted By:
3	Turn Off Date/Time:	Turn On Date/Time:
Ė	Test Kit Make: Midwest	Model: 845-5
	Serial #: 06210801	Last Calibration Date: June 15 <sup>th</sup> , 2021
		e listed procedure and verifies the isolation valves were returned to pre-test orientation.
	Testing Company: Advanced Backflow LLC Tester Name: Scott Campbell	Phone: 303 975 4006
	Tester Name: Scott Campbell	Phone: 303-875-4996
	Signature:	Certificate Expiration Date: <u>June 30th, 2022</u>

\*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\_\_\_\_\_\_

Certified Backflow Testing, Repair & Installation

Backflow

Signature:

4550 W. 90th Ave., Westminster, CO 90031 Phones 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) Meter #: Water Supplier: FIRESTONE District: Facility Address: <u>6700 OWL LAKE DRIVE</u> Contact Person: \_ Make&Model:WATTS LF009M2QT Orientation <u>Protection</u> Type of Use Type: ARP □ DC □ PVB □ Air Gap Containment Outlet I□ Domestic Size: f' Date Installed: ☐ Fire ☐ Glycol ☐ Containment by Isolation Horizontal □ New \(\nabla \frac{1}{2}\) Existing /□ Vertical Up **⊠-Ir**igation □ Isolation Previous Assembly #: □ Vertical Down→□ □ Recycled Location: OUTSIDE NORTH WALL Approved: Y∕QN □ Re-Test Results Initial Test Results Line Repairs Tightness Differential Tightness Differential PSI: □ Leak Check Valve #1 □ Leak □ Tight **★** Jight (RP, DC, PVB) □ Leak Check Valve #2 □ Leak □ Tight **⊠**Tight (RP, DC) Relief Valve (RP) **Buffer** (RP) Air Inlet (PVB) Shutoff Valve #1: ☐ Tight ☐ Leaking ☐ Replaced □ No Test Procedure: X ABPA: Backpressure: □ Yes Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE. Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677 DFS Certification #: 22-B-01504 Alarm Company/Fire Department: \_\_Contacted By:\_\_ Person Notified: Tum Off Date/Time: \_ Turn On Date/Time: \_\_\_\_\_ Model: 845-5 Test Kit Make: Midwest Last Calibration Date: June 15th, 2021 Serial #: 06210801 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

**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\_

— Certificate Expiration Date: — June 30th, 2022

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 5/16/2-2
Tester Certification # 6-20
Assembly Test Results Pass *Fail
Under Suspension - Process Immediately

<b>Backflow Assembly Test &amp; Maintenance Report</b>	(please print wi	h BLOCK LETTERING)
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Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)					
Ě	Water Supplier: FIRESTONE District:	<u> </u>	Meter	#:	
1	Facility Address: 6600 OWL LAKE DRIVE				
	Contact Person:				
	Make&Model:f⊞CO 860 Type: □RP □ DC □ PVB □ Air Gap	Type of Use	<u>Protection</u>	<u>Orientation</u>	
1	Size: 1' Date Installed:	☐ Domestic ☐ Fire ☐ Glycol	Containment by Isolation	Inlet Outlet Horizontal	
I	□ New □ Existing Previous Assembly #:	Irrigation	☐ Isolation	□ Vertical Up □	
	Location: OUTSIDE NE CORNER	□ Recycled		□ Vertical Down □ □ Approved: Y □ □	
	Line 65 Initial Test Results PSI: 65 Tightness Differential	F	Repairs	Re-Test Results Tightness Differential	
	Check Valve #1 □ Leak 7, 0 (RP, DC, PVB) (X=Fight 7, 0			□ Leak □ Tight □ Leak	
	Check Valve #2			☐ Tight	
ı	Relief Valve / 3. C			· · · · · · · · · · · · · · · · · · ·	
	Buffer 4.0				
1	Air Inlet (PVB)	<u> </u>			
	Shutoff Valve #1: □ Tight □ Leaking □ Replace  Backpressure: □ Yes □ No Test		Valve #2: DV jight □ Leakir	ng □ Replaced \SSE:	
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE				
A A	Confinents. BACK-BOWASSIWALES CAN DOCUMENT	- G CABOL VANIE ( E	AVALOGIC OTTOVO	- P - D - D - V - V - D - V - D - V - D - D	
	Contractor: OWL LAKE HOA Garrett Bragalone	, 303-678-7677			
8	Alarm Company/Fire Department:		DFS Certification #: 22	-B-01504	
	Person Notified:	Contac	ted By:		
2	Turn Off Date/Time:Turn On Date/Time:				
Test Kit Make: Midwest Model: 845-5					
	Serial #: 06210801 Last Calibration Date: June 15th, 2021			21	
2	Tester certifies this assembly has been tested with the about Testing Company: Advanced Backflow LLC	ve listed procedure and	I verifies the isolation valves were ret	urned to pre-test orientation.	
1	Tester Name: Scott Campbell		Phone: 303-875-499	6	
	Signature:		Certificate Expiration D	Date:June 30th, 2022	
	Tooting Company, Submit by a m	ail (preferred) to Cross	ConnectionControl@denverwater.org	0/ - /	

ing 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.

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 acceleration. \_\_\_\_\_SOV#1\_\_\_\_SOV#2\_ Customer verifies SOV returned to original positions:X\_\_\_\_

Certified Backflow Testing, Repair & Installation

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

A 11 C 1 1 4 A 2 E C C E 2
Assembly Serial # A256652
Test Date / Time
Tester Certification # 6-20
Assembly Test Results ass *Fail
Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)					
	Water Supplier: FIRESTONE District:		Meter #:		
1	Facility Address: 9160 OWL LAKE DRIVE				
	•				
S Chigh	Contact Person:  Make&Model: PBCO 825Y	1	<del></del>		
	· · · · · · · · · · · · · · · · · · ·	Type of Use Protection	<u>Orientation</u>		
	Type: ₩RP □ DC □ PVB □ Air Gap	□ Domestic 🕏 Containment	to lat		
	Size: 11 Date Installed:	1	Inlet Outlet		
	□ New 100 Existing	☐ Fire ☐ Glycol / ☐ Containment by Isol	/		
	Previous Assembly #:	Anrigation □ Isolation	│ □ Vertical Up □		
	Location: OUTSIDE SE CORNER /	⊂ Recycled	□ Vertical Down □		
1(b) 44			Approved: Y 1 N □		
	Line Initial Test Results	Repairs	Re-Test Results		
0.7	PSI: 25 Tightness Differential		Tightness Differential  □ Leak		
	Check Valve #1 □ Leak (RP, DC, PVB) ⊠(Tight		□ Leak □ Tight		
	Check Valve #2 D Leak		□ Leak		
	(RP, DC) Tight		☐ Tight		
3	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
2	Relief Valve J. Z		:		
	Buffer // 妆				
	(RP)		· · · · · · · · · · · · · · · · · · ·		
2	Air Inlet				
1	(PVB) Shutoff Valve #1: □ Tight □ Leaking □ Replace	ced Shutoff Valve #2: ∑∏ight □	Leaking   Replaced		
		t Procedure: X ABPA:	□ ASSE:		
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROMDE ADEQUATE DRA				
	Confinents. BANEOVASSIVEES CAN USE IN CO.	COACCE VALIDADA COO CE CONC. TO THE	NOVIDE / OLGO NE DIVINOE.		
879	Control of the Control Discourse	202 676 7677			
	Contractor: OWL LAKE HOA Garrett Bragalone	, 303-076-7077			
\$	Alarm Company/Fire Department:	DFS Certification	#: 22-B-01504		
	Person Notified:	Contacted By:			
Į	Turn Off Date/Time:	Turn On Date/Time:			
8	Test Kit Make: Midwest	Model: 845-5			
1	Serial #: 06210801	Last Calibration Date: June 15	<sup>th</sup> , 2021		
	Tester certifies this assembly has been tested with the above	ve listed procedure and verifies the isolation valves w	vere returned to pre-test onentation.		
2	Testing Company: Advanced Backflow LLC				
	Tester Name: Scott Campbell	Phone: 303-875	5-4996		
	Signature:	Certificate Expira	tion 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.					
	•	d to Denver Water within 24 hours of failure at	1 ~		

\_\_SOV#1<u>\_\_\_</u>SOV#2\_\_ Customer verifies SOV returned to original positions:X\_

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 5/10/23
Tester Certification # 6-20
Assembly Test Results Pass *Fail
Under Suspension - Process Immediately

	Backflow Assembly Test & Maintenance	Report (please	print with BLOC	K LETTERING)	
s vegyes	Water Supplier: FIRESTONE District:	•		Meter #:	
9	Facility Address: 9100 OWL LAKE DRIVE				
	Contact Person:				
37.0	Make&Mødel:FEBCO 825Y				
á č	Type: ▼RP □ DC □ PVB □ Air Gap	Type of Use	<u>Protection</u>		<u>Orientation</u>
	Size:1 Date Installed:	□ Domestic	ØContainmen	t Inlet	Outlet
Ī	□ New ☑ Existing	☐ Fire ☐ Glycol	/□ Containmen	t by Isolation 📉	Horizontal
	Previous Assembly #:	rrigation ≥	□ Isolation	, / <sub>0</sub>	Vertical Up ∕ □
		☐ Recycled		/ 👝 .	Vertical Down □
				Ар	proved: Y <b>2⊠</b> N□
	Line Initial Test Results	<u></u>	Repairs		Re-Test Results
	Line Initial Test Results PSI: Differential		Repairs		htness Differential
/S/ 3	Check Valve #1 □ Leak (RP, DC, PVB) ▼ Tight ਓ				]Leak ]Tight
	(RP, DC, PVB) ☑ Tight ☑ છ Check Valve #2 ☑ Leak				∃ Leak
731.7	(RP, DC) Cright				□ Tight
1	Relief Valve 7 7				
3	(RP)				
1	Relief Valve (J. J. Buffer (RP)			:	
in a	(RP) 3.7				
	(PVB)		<b>V</b> A	:	
7	Shutoff Valve #1: □ Tight □ Leaking □ Replac			ght □ Leaking □	Replaced
			ABPA: /	□ ASSE:	
50.10	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE	& CAUSE WATER (	DAMAGE SO BE SU	RE TO PROVIDE ADEC	JUATE DRAINAGE.
34					
-1817	Contractor: OWL LAKE HOA Garrett Bragaione,	303-678-7677			
8	Alarm Company/Fire Department:		DFS Cert	fication #: 22-B-015	504
Alarm Company/Fire Department: DFS Certification #: 22-B-01504 Person Notified: Contacted By:					
3	Turn Off Date/Time:		n Date/Time:		
i	Test Kit Make: Midwest	Model:	845-5		
	Serial #: <u>06210801</u>	Last Calibration Date: June 15th, 2021			
	Tester certifies this assembly has been tested with the above Testing Company: Advanced Backflow LLC	e listed procedure an	d verifies the isolation	valves were returned to	pre-test orientation.
1	Tester Name: Scott Campbell		Phone:	303-875-4996	
	Signature:			Expiration Date: _	June 30th 2022
100 円板	Testing Company: Submit by e-ma	ail (preferred) to Cross			

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: Customer verifies SOV returned to original positions:X\_\_\_\_\_SOV#1\_

Test #<u>17373</u>

Advanced Backflo

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)				
	Water Supplier: FIRESTONE District:	Meter #:			
3	Facility Address: 9095 OWL LAKE DRIVE				
2	Contact Person:				
	Make&Model:ffBCO 860				
a bo	Type: DRP □ DC □ PVB □ Air Gap	Type of Use Protection Orientation			
	Size: 1' Date Installed:	□ Domestic			
1	□ New DExisting	☐ Fire ☐ Glycol ☐ Containment by Isolation ☐ Horizontal ☐			
2	Previous Assembly #:	p Irrigation □ Isolation □ Vertical Up / □			
	Location: OUTSIDE BETWEEN HOUSE &	☐ Recycled ☐ Vertical Down ☐			
, (i)	STREET	Approved: Y ✓ N □			
, Kani	Line 65 Initial Test Results PSI: 65 Tightness Differential	Repairs Re-Test Results Tightness Differential			
	konstanting green green in the transfer of the contract of the	□ Leak			
	Check Valve #1 □ Leak (RP, DC, PVB) X Tight	□ Tight			
Art.	Check Valve #2	□ Leak □ Tight			
È	(RP, DC) /DTight 7 2				
1	Relief Valve ( 2 3 (RP)				
1	Buffer /- 14				
3,	(RP) <u>め・</u> ブ				
1	(PVB)				
#	Shutoff Valve #1: □ Tight □ Leaking □ Replac				
		t Procedure: X ABPA: ☐ ASSE:			
	Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE</u>	& CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.			
	Contractor: OWL LAKE HOA Garrett Bragalone,	, 303-678-7677			
• 5	Alarm Company/Fire Department:	DFS Certification #: 22-B-01504			
4	Person Notified:	Contacted By:			
3	Turn Off Date/Time: Turn On Date/Time:				
	Test Kit Make: Midwest Model: 845-5				
I	Serial #: 06210801	Last Calibration Date: June 15th, 2021			
	Tester certifies this assembly has been tested with the above Testing Company: Advanced Backflow LLC	ve listed procedure and verifies the isolation valves were returned to pre-test orientation.			
1	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\_\_\_\_\_

Advanced

Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 90031 Phone. 303-427-5556 Faic 303-427-5532

Assembly Serial # H51895
Test Date / Time 5/10/77
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 #:	
1	Facility Address: 9070 OWL LAKE DRIVE		
3	•		
	Contact Person:		
	Type: ARP DC PVB Air Gap	Type of Use Protection Orientation	
	Size:1/ / Date Installed:	□ Domestic Containment Inlet Outlet	
1	□ New □ Existing	□ Fire □ Glycol □ Containment by Isolation □ Horizontal □	
	Previous Assembly #:	Irrigation	
	Location: R. OF FRONT DOOR	Recycled Uertical Down	
	Location. R. OF FRONT BOOK	Approved: Y 🔊 🗎	
	Line / Initial Test Results	Re-Test Results	
	PSI: $\mathscr{Q}^{\mathcal{L}}$ Tightness Differential	Repairs Tightness Differential	
(3) 2/1 (4) 2/1	Check Valve #1 □ Leak	□ Leak □/fight 1.2	
Ser x	(RP, DC, PVB) □ Tight Check Valve #2 □ Leak	□/rignt / · / · / · / · / · / · / · / · / · /	
7.5	(RP, DC) □ Tight	©(Tight	
ş			
1	(RP)	-ghten leaking PV Cover 3.1	
	Buffer	4. 1	
: 1.55 1.55	(RP)		
1	Air Inlet (PVB)		
Į.	Shutoff Valve #1: □ Tight □ Leaking □ Replace	ced Shutoff Valve #2:	
* * *		t Procedure: X ABPA:   ASSE:	
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE	& CAUSE WATER DAWAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE.	
		' i i i i i i i i i i i i i i i i i i i	
	Contractor: OWL LAKE HOA Garrett Bragalone,	, 303-678-7677	
ž	Alarm Company/Fire Department:	DFS Certification #: 22-B-01504	
	Person Notified:	Contacted By:	
3	Turn Off Date/Time:	Turn On Date/Time:	
8	Test Kit Make: Midwest	Model: 845-5	
3	Serial #: 06210801	Last Calibration Date: June 15th, 2021	
** 31 34 31	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		
1	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.

Test # 17373\_\_\_\_

Certified Backflow Testing, Repair & Installation

4550 W. 90th Ave., Westminster, CO 80031 Phones 303-427-5556 Faix 303-427-5532

Assembly Serial # A268468
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)			
- Time	Water Supplier: FIRESTONE District:	Meter #:		
1	Facility Address: 9040 OWL LAKE DRIVE			
10 mg (1	Contact Person:			
	Make&Model:#BCO 825Y	Type of Use Protection	<u>Orientation</u>	
	Type: ★RP □ DC □ PVB □ Air Gap			
<b>≩</b>	Size: 1' Date Installed:	□ Domestic Containment Inlet		
ATE .	□ New ' □ Existing	☐ Fire ☐ Glycol ☐ Containment by Isolation ☐		
1	Previous Assembly #:	☐ Irrigation		
	Location: OUTSIDE NE CORNER	1 -	Vertical Down □	
		<u> </u>	proved: Y ØN □	
	Line 65 Initial Test Results PSI: 65 Tightness Differential	Donaire	Re-Test Results	
4.0	<u> </u>		J Leak	
	Check Valve #1 □ Leak		⊐ Tight	
	Check Valve #2 ☐ Leak	L	⊒ Leak	
	(RP, DC) 10 Tight		□ Tight	
	Relief Valve		1	
1	Relief Valve (RP) Buffer		:	
3	(RP) 5. J	· ·		
2	Air Inlet			
1	(PVB)		- B - 1	
<b>100</b>	Shutoff Valve #1: ☐ Tight ☐ Leaking ☐ Replace Backpressure: ☐ Yes ☐ No Test	ed Shutoff Valve #2: DXDght □ Leaking □ Procedure: X ABPA: □ ASSE:	⊥ Replaced	
100		<del></del>	NIATE DOANIAGE	
78.2 N	Comments: BALN-LOW ASSEMBLES CAN DISCHARGE	E & CAUSE WATER DAMAGE SO/BE SURE TO PROVIDE ADEC	CATE DRAWAGE.	
	Contractor: OWL LAKE HOA Garrett Bragalone,	303-678-7677		
8	Alarm Company/Fire Department:	DFS Certification #: 22-B-015	504	
	Person Notified:	Contacted By:		
		Turn On Date/Time:		
ğ	Test Kit Make: Midwest	Model: 845-5		
3	Serial #: <u>0</u> 6210801	Last Calibration Date: June 15 <sup>th</sup> , 2021		
<b>3</b>	TW/GP			
Tester Name: Scott Campbell Phone: 303-875-4996				
	Signature:	Certificate Expiration Date:	June 30th 2022	
1 1 10	Orginatio.	- Continuate Expiration Date		

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\_\_\_\_\_\_

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 5/10/73
Tester Certification # 6-20/
Assembly Test Results Pass *Fail
Under Suspension - Process Immediately

	Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)			
-	ater Supplier: FIRESTONE District: Meter #:		#:	
Lecount	Facility Address: 9010 OWL LAKE DRIVE			
3	Contact Person:			
4 6	Make&Model:fEBCQ_805Y	Type of Use Protection	Orientation	
	Type: □ RP VIDC □ PVB □ Air Gap		Onentation	
2	Size: 75' Date Installed:	□ Domestic Containment	inlet Outlet	
<b>Seembly</b>	□ New D Existing	☐ Fire ☐ Glycol /☐ Containment by Isolation	Horizontal 💆	
Į	Previous Assembly #:	trigation ☐ Isolation	d Vertical Up □	
13.16 11.5	Location: UNDER ROCK SOUTH OF	⊭ Recycled	□ Vertical Down □	
	DRIVEWAY		Approved: Y ☑ N □	
100	Line Initial Test Results PSI: 60 Tightness Differential	Repairs	Re-Test Results Tightness Differential	
e de serviciones de la companya della companya della companya de la companya della companya dell			□ Leak	
10 m	Check Valve #1 ☐ Leak 2 (RP, DC, PVB) ★Tight		☐ Tight	
4. A.	Check Valve #2 Deak J D		□ Leak	
3110 300	1 1 1		☐ Tight	
Š	Relief Valve			
	(RP) Buffer		· · · · · · · · · · · · · · · · · · ·	
	(RP)		· · · · · · · · · · · · · · · · · · ·	
	Air Inlet		!	
	(PVB) Shutoff Valve #1: ☐/Tight ☐ Leaking ☐ Replace	ed Shutoff Valve #2: □XTight □ Leakin	ng □ Renisced	
	<u> </u>		SSE:	
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE	<del></del>		
		<del></del>	<del></del>	
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677			
150	Alarm Company/Fire Department:	DFS Certification #: 22-	-B-01504	
1	Person Notified:	Contacted By:		
	Turn Off Date/Time:	Turn On Date/Time:		
Test Kit Make: Midwest Model: 845-5				
Ä	Serial #: <u>06210801</u>	Last Calibration Date: June 15th, 2021		
1	Tester Name: Scott Campbell Phone: 303-875-4996		3	
\$A	Signature:	Certificate Expiration D	oate:lune 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\_\_\_\_\_\_

Test # 17373 \_\_

Ldvanced

Certified Backflow Testing, Repair & Installation

**D**ackflow

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

Assembly Serial # 270925
Test Date / Time S/10/27 Tester Certification # 6-20
Tester Certification # 6-20
Assembly Test Results Pass *Fail
Under Suspension - Process Immediately

Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING) Meter #: District: **FIRESTONE** Water Supplier: Facility Address: 9005 OWL LAKE DRIVE Contact Person: \_ Make&Model:WATTS 009M3QT **Orientation** Protection | Type of Use Type: TRP □ DC □ PVB □ Air Gap ☐ Domestic Containment Inlet Outlet Size: 75 Date Installed: Horizontal □ Containment by Isolation ☐ Fire ☐ Glycol □ New \mathbb{\pi} Existing ☑ Irrigation □ Isolation Vertical Up Previous Assembly #: □ Recycled □ Vertical Down □ Location: OUTSIDE NORTH WALL Approved: Y ☐ N □ Re-Test Résults Initial Test Results Line Repairs Tightness Differential Tightness Differential PSI: □ Leak Check Valve #1 □ Leak □ Tight (RP, DC, PVB) \_**X**Tight ⊞ Leak □ Leak Check Valve #2 ℚ//Fight ☐ Tight (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #2: Shutoff Valve #1: ☐ Tight ☐ Leaking ☐ Replaced □ Leaking □ Replaced Backpressure: Test Procedure: X ABPA: ☐ ASSE: □ Yes □ No 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:

> 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.

— Certificate Expiration Date: —

\*FAILED test results must be reported to Denver Water within 24 hours of failure at (303) 62B-5969. Customer verifies SOV returned to original positions:X SOV#1