

Test # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H01543
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | | |
|---|---|---|--|--|--|---|--------------|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | | |
| | Facility Address: <u>6600 OWL LAKE DRIVE</u> | | | | | | | |
| Contact Person: _____ | | | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>860</u> | | Type of Use | | Protection | | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | | |
| Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Inlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | | Outlet | | | |
| Location: <u>OUTSIDE NE CORNER</u> | | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential | |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>7.6</u> | | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>3.1</u> | | | | | |
| | Buffer (RP) | | <u>4.5</u> | | | | | |
| | Air Inlet (PVB) | | | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ DFS Certification #: <u>24-B-01504</u> | | | | | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 166297
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | |
|---|---|---|--|--|---|-----------------|--------------|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | |
| | Facility Address: <u>6700 OWL LAKE DRIVE</u> | | | | | | |
| Contact Person: _____ | | | | | | | |
| Assembly | Make: <u>WATS</u> Model: <u>LF009M2QT</u> | | Type of Use | | Protection | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | |
| Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | Orientation | | | |
| Location: <u>OUTSIDE NORTH WALL</u> | | | | Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> | | | |
| | | | | Outlet <input type="checkbox"/> Vertical Up <input type="checkbox"/> | | | |
| | | | | <input type="checkbox"/> Vertical Down <input type="checkbox"/> | | | |
| | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | |
| | PSI: <u>80</u> | Tightness | Differential | | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>7.8</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>2.4</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 & 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>24-B-01504</u> | | | | | | |
| | Person Notified: _____ | | Contacted By: _____ | | | | |
| | Turn Off Date/Time: _____ | | Turn On Date/Time: _____ | | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | Phone: <u>303-875-4996</u> | | | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J089514
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | | |
|---|---|---|--|--|--|---|--------------|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | | |
| | Facility Address: <u>6715 OWL LAKE DRIVE</u> | | | | | | | |
| Contact Person: _____ | | | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | | Type of Use | | Protection | | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | | |
| Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Inlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | | Outlet | | | |
| Location: <u>LEFT SIDE OF HOUSE BY HOT TUB</u> | | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential | |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>8.4</u> | | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>2.3</u> | | | | | |
| | Buffer (RP) | | <u>6.1</u> | | | | | |
| | Air Inlet (PVB) | | | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ DFS Certification #: <u>24-B-01504</u> | | | | | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | | |
| Signature: <u>Scott L. Campbell</u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J09451
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | |
|---|---|---|--|--|---|-----------------|--------------|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | |
| | Facility Address: <u>6720 OWL LAKE DRIVE</u> | | | | | | |
| | Contact Person: _____ | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | | Type of Use | | Protection | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | |
| | Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | Orientation | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> | | | |
| Location: <u>FRONT OF HOUSE</u> | | | | Outlet <input type="checkbox"/> Vertical Up <input type="checkbox"/> | | | |
| | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>8.6</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>2.1</u> | | | | |
| | Buffer (RP) | | <u>6.5</u> | | | | |
| | Air Inlet (PVB) | | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ | | | DFS Certification #: <u>24-B-01504</u> | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</u> | | | | |

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

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

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

Test # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J005185
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | | |
|---|---|---|--|--|--|---|--------------|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | | |
| | Facility Address: <u>6735 OWL LAKE DRIVE</u> | | | | | | | |
| Contact Person: _____ | | | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | | Type of Use | | Protection | | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | | |
| Size: <u>15'</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Inlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | | Outlet | | | |
| Location: <u>NEXT TO METER</u> | | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential | |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>7.9</u> | | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>2.2</u> | | | | | |
| | Buffer (RP) | | <u>5.7</u> | | | | | |
| | Air Inlet (PVB) | | | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ | | | | | DFS Certification #: <u>24-B-01504</u> | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | | |
| Signature: <u>Scott L. Campbell</u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 122135
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | |
|---|---|---|--|--|---|-----------------|--------------|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | |
| | Facility Address: <u>6750 OWL LAKE DRIVE</u> | | | | | | |
| Contact Person: _____ | | | | | | | |
| Assembly | Make: <u>WATS</u> Model: <u>009M2QT</u> | | Type of Use | | Protection | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | |
| Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input type="checkbox"/> Irrigation | | Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Isolation | | <input type="checkbox"/> Vertical Up <input type="checkbox"/> | | | |
| Location: <u>OUTSIDE EAST WALL</u> | | <input type="checkbox"/> Recycled | | <input type="checkbox"/> Vertical Down <input type="checkbox"/> | | | |
| | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | |
| | PSI: <u>50</u> | Tightness | Differential | | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>6.8</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>3.0</u> | | | | |
| | Buffer (RP) | | <u>3.8</u> | | | | |
| | Air Inlet (PVB) | | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ | | | DFS Certification #: <u>24-B-01504</u> | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

| |
|---|
| Assembly Serial # <u>H34997</u> |
| Test Date / Time <u>5/3/2024</u> |
| Tester Certification # <u>6-20</u> |
| Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail |
| <input type="checkbox"/> Under Suspension - Process Immediately |

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

| | | | | | |
|--|---|---|--|---|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | |
| | Facility Address: <u>6755 OWL LAKE DRIVE</u> | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>860</u> | Type of Use | | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | <input type="checkbox"/> Domestic | | | |
| | Size: <u>1"</u> Date Installed: _____ | <input checked="" type="checkbox"/> Containment | | | |
| | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | | |
| Previous Assembly #: _____ | <input checked="" type="checkbox"/> Irrigation | Protection | | | |
| Location: <u>OUTSIDE BETWEEN HOUSE & STREET SURROUNDED BY BUSHES</u> | <input type="checkbox"/> Recycled | <input type="checkbox"/> Containment by Isolation | | | |
| | | Orientation | | | |
| | | <input checked="" type="checkbox"/> Inlet <input type="checkbox"/> Outlet | | | |
| | | <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down | | | |
| | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | Repairs | Re-Test Results | |
| | PSI: <u>50</u> | Tightness Differential | | Tightness Differential | |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>7.3</u> | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | |
| | Relief Valve (RP) | | <u>3.1</u> | | |
| | Buffer (RP) | | <u>4.2</u> | | |
| | Air Inlet (PVB) | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | |
| Notification | Alarm Company/Fire Department: _____ | | DFS Certification #: <u>24-B-01504</u> | | |
| | Person Notified: _____ | | Contacted By: _____ | | |
| | Turn Off Date/Time: _____ | | Turn On Date/Time: _____ | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | |
| | Tester Name: <u>Scott Campbell</u> | | Phone: <u>303-875-4996</u> | | |
| Signature: <u>Scott L. Campbell</u> | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A239719
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | |
|---|---|---|--|--|--|--------------|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | |
| | Facility Address: <u>6760 OWL LAKE DRIVE</u> | | | | | |
| | Contact Person: _____ | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | | Type of Use | | Protection | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | |
| | Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Orientation | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | <input type="checkbox"/> Vertical Up <input type="checkbox"/> | <input checked="" type="checkbox"/> Inlet <input type="checkbox"/> Outlet | |
| Location: <u>OUTSIDE SOUTH WALL</u> | | | | <input type="checkbox"/> Vertical Down <input type="checkbox"/> | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | Re-Test Results | |
| | PSI: <u>60</u> | Tightness | Differential | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>6.9</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | |
| | Relief Valve (RP) | | <u>2.3</u> | | | |
| | Buffer (RP) | | <u>4.6</u> | | | |
| | Air Inlet (PVB) | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | |
| Notification | Alarm Company/Fire Department: _____ | | | DFS Certification #: <u>24-B-01504</u> | | |
| | Person Notified: _____ | | | Contacted By: _____ | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # J146453
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | |
|---|---|---|--|--|---|--------------|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | |
| | Facility Address: <u>6765 OWL LAKE DRIVE</u> | | | | | |
| | Contact Person: _____ | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | | Type of Use | | Protection | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | |
| | Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Orientation | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | <input checked="" type="checkbox"/> Horizontal | <input type="checkbox"/> Inlet | |
| Location: <u>OUTSIDE SE CORNER</u> | | | | <input type="checkbox"/> Vertical Up | <input type="checkbox"/> Outlet | |
| | | | | <input type="checkbox"/> Vertical Down | | |
| | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | Re-Test Results | |
| | PSI: <u>60</u> | Tightness | Differential | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | <u>2.2</u> | CLEANED | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>8.9</u> |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> |
| | Relief Valve (RP) | | <u>2.2</u> | | | <u>3.1</u> |
| | Buffer (RP) | | | | | <u>5.8</u> |
| | Air Inlet (PVB) | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | |
| Notification | Alarm Company/Fire Department: _____ | | | DFS Certification #: <u>24-B-01504</u> | | |
| | Person Notified: _____ | | | Contacted By: _____ | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</u> | | | |

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

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

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

Test # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # 270925
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | |
|---|---|---|--|--|---|-----------------|--------------|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | |
| | Facility Address: <u>9005 OWL LAKE DRIVE</u> | | | | | | |
| Contact Person: _____ | | | | | | | |
| Assembly | Make: <u>WATS</u> Model: <u>009M3QT</u> | | Type of Use | | Protection | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | |
| Size: <u>7.5'</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input type="checkbox"/> Irrigation | | Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Isolation | | <input type="checkbox"/> Vertical Up <input type="checkbox"/> | | | |
| Location: <u>OUTSIDE NORTH WALL</u> | | <input type="checkbox"/> Recycled | | <input type="checkbox"/> Vertical Down <input type="checkbox"/> | | | |
| | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | |
| | PSI: <u>90</u> | Tightness | Differential | | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>7.5</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>3.0</u> | | | | |
| | Buffer (RP) | | <u>4.5</u> | | | | |
| | Air Inlet (PVB) | | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ | | | DFS Certification #: <u>24-B-01504</u> | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A146950
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | |
|---|---|---|--|--|---|-----------------|--------------|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | |
| | Facility Address: <u>9010 OWL LAKE DRIVE</u> | | | | | | |
| | Contact Person: _____ | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>805Y</u> | | Type of Use | | Protection | | |
| | 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 | | |
| | Size: <u>7.5'</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | Orientation | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> | | | |
| Location: <u>UNDER ROCK SOUTH OF DRIVEWAY</u> | | | | Outlet <input type="checkbox"/> Vertical Up <input type="checkbox"/> | | | |
| | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>1.8</u> | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>1.4</u> | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | | | | | |
| | Buffer (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 & 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>24-B-01504</u> | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</u> | | | | |

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

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

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

Test # 18411



Certified Backflow Testing, Repair & Installation

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

| |
|---|
| Assembly Serial # <u>A268468</u> |
| Test Date / Time <u>5/3/2024</u> |
| Tester Certification # <u>6-20</u> |
| Assembly Test Results <input checked="" type="checkbox"/> Pass <input type="checkbox"/> *Fail |
| <input type="checkbox"/> Under Suspension - Process Immediately |

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

| | | |
|-----------------------|---|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | |
| | Facility Address: <u>9040 OWL LAKE DRIVE</u> | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | Type of Use |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | <input type="checkbox"/> Domestic |
| Testing & Maintenance | Size: <u>1"</u> Date Installed: _____ | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol |
| | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | <input checked="" type="checkbox"/> Irrigation |
| Testing & Maintenance | Previous Assembly #: _____ | <input type="checkbox"/> Recycled |
| | Location: <u>OUTSIDE NE CORNER</u> | |
| Testing & Maintenance | Protection | Orientation |
| | <input checked="" type="checkbox"/> Containment | Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet |
| Testing & Maintenance | <input type="checkbox"/> Containment by Isolation | <input type="checkbox"/> Vertical Up <input type="checkbox"/> |
| | <input type="checkbox"/> Isolation | <input type="checkbox"/> Vertical Down <input type="checkbox"/> |
| Testing & Maintenance | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | |
| | | |
| Testing & Maintenance | Line PSI: <u>60</u> | Initial Test Results |
| | | Tightness Differential |
| Testing & Maintenance | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight |
| Testing & Maintenance | Relief Valve (RP) | 7.6 |
| | Buffer (RP) | TIGHT |
| Testing & Maintenance | Air Inlet (PVB) | 2.2 |
| | | 5.4 |
| Testing & Maintenance | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | Repairs |
| | 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 | Re-Test Results |
| | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | Tightness Differential |
| Testing & Maintenance | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight |
| | Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight |
| Notification | Alarm Company/Fire Department: _____ | DFS Certification #: <u>24-B-01504</u> |
| | Person Notified: _____ | Contacted By: _____ |
| Test Kit | Turn Off Date/Time: _____ | Turn On Date/Time: _____ |
| | Test Kit Make: <u>Midwest</u> | Model: <u>845-5</u> |
| Tester | Serial #: <u>10201451</u> | Last Calibration Date: <u>May 26th, 2023</u> |
| | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | |
| Tester | Testing Company: <u>Advanced Backflow LLC</u> | |
| | Tester Name: <u>Scott Campbell</u> | Phone: <u>303-875-4996</u> |
| Tester | Signature: <u>Scott L. Campbell</u> | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H51895
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | | |
|---|---|---|--|--|--|---|--------------|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | | |
| | Facility Address: <u>9070 OWL LAKE DRIVE</u> | | | | | | | |
| Contact Person: _____ | | | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | | Type of Use | | Protection | | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | | |
| Size: <u>1</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Inlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | <input type="checkbox"/> Vertical Up | Outlet | | | |
| Location: <u>R. OF FRONT DOOR</u> | | | | <input type="checkbox"/> Vertical Down | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential | |
| | Check Valve #1 (RP, DC, PVB) | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | - | REPAIR KIT | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | 8.3 | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | - | | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | TIGHT | |
| | Relief Valve (RP) | | - | FULL REBUILD, LIKELY FREEZE DAMAGE | | | 2.2 | |
| | Buffer (RP) | | | | | | 6.1 | |
| | Air Inlet (PVB) | | | | | | | |
| | Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ DFS Certification #: <u>24-B-01504</u> | | | | | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | | |
| Signature: <u>Scott L. Campbell</u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H01604
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | | |
|---|---|---|--|--|--|---|--------------|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | | |
| | Facility Address: <u>9095 OWL LAKE DRIVE</u> | | | | | | | |
| Contact Person: _____ | | | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>860</u> | | Type of Use | | Protection | | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | | |
| Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Inlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | | Outlet | | | |
| Location: <u>OUTSIDE BETWEEN HOUSE & STREET</u> | | | | | <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> | | | |
| | | | | | <input type="checkbox"/> Vertical Up <input type="checkbox"/> | | | |
| | | | | | <input type="checkbox"/> Vertical Down <input type="checkbox"/> | | | |
| | | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential | |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>7.0</u> | | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>3.0</u> | | | | | |
| | Buffer (RP) | | <u>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"/> ABPA: <input type="checkbox"/> ASSE: | | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ DFS Certification #: <u>24-B-01504</u> | | | | | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | | |
| Signature: <u>Scott L. Campbell</u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A165814
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | | |
|---|---|---|--|--|--|---|--------------|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | | |
| | Facility Address: <u>9100 OWL LAKE DRIVE</u> | | | | | | | |
| Contact Person: _____ | | | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | | Type of Use | | Protection | | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | | |
| Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Inlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | | Outlet | | | |
| Location: <u>OUTSIDE NE CORNER</u> | | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | | |
| | PSI: <u>60</u> | Tightness | Differential | | | Tightness | Differential | |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>6.2</u> | | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | <u>TIGHT</u> | | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | <u>2.2</u> | | | | | |
| | Buffer (RP) | | <u>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"/> ABPA: <input type="checkbox"/> ASSE: | | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ DFS Certification #: <u>24-B-01504</u> | | | | | | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | Model: <u>845-5</u> | | | | | |
| | Serial #: <u>10201451</u> | | Last Calibration Date: <u>May 26th, 2023</u> | | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</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 # 18411



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A256652
 Test Date / Time 5/3/2024
 Tester Certification # 6-20
 Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

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

| | | | | | | | | |
|---|---|---|--|--|--|---|--------------|--|
| Account | Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____ | | | | | | | |
| | Facility Address: <u>9160 OWL LAKE DRIVE</u> | | | | | | | |
| Contact Person: _____ | | | | | | | | |
| Assembly | Make: <u>FECO</u> Model: <u>825Y</u> | | Type of Use | | Protection | | | |
| | Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap | | <input type="checkbox"/> Domestic | | <input checked="" type="checkbox"/> Containment | | | |
| Size: <u>1"</u> Date Installed: _____ | | <input type="checkbox"/> Fire <input type="checkbox"/> Glycol | | <input type="checkbox"/> Containment by Isolation | Orientation | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | | <input checked="" type="checkbox"/> Irrigation | | <input type="checkbox"/> Isolation | Inlet | | | |
| Previous Assembly #: _____ | | <input type="checkbox"/> Recycled | | | Outlet | | | |
| Location: <u>OUTSIDE SE CORNER</u> | | | | | Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | |
| Testing & Maintenance | Line | Initial Test Results | | Repairs | | Re-Test Results | | |
| | PSI: | Tightness | Differential | | | Tightness | Differential | |
| | Check Valve #1 (RP, DC, PVB) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | CAPPED/REMOVED | | <input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight | | |
| | Check Valve #2 (RP, DC) | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | PLEASE DELETE YOUR RECORD | | <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight | | |
| | Relief Valve (RP) | | | | | | | |
| | Buffer (RP) | | | | | | | |
| | Air Inlet (PVB) | | | | | | | |
| | Shutoff Valve #1: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced | | | | |
| | Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE: | | | | | |
| | Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u> | | | | | | | |
| Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u> | | | | | | | | |
| Notification | Alarm Company/Fire Department: _____ | | | | | DFS Certification #: <u>24-B-01504</u> | | |
| | Person Notified: _____ | | | Contacted By: _____ | | | | |
| | Turn Off Date/Time: _____ | | | Turn On Date/Time: _____ | | | | |
| Test Kit | Test Kit Make: <u>Midwest</u> | | | Model: <u>845-5</u> | | | | |
| | Serial #: <u>10201451</u> | | | Last Calibration Date: <u>May 26th, 2023</u> | | | | |
| Tester | Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation. | | | | | | | |
| | Testing Company: <u>Advanced Backflow LLC</u> | | | | | | | |
| | Tester Name: <u>Scott Campbell</u> | | | Phone: <u>303-875-4996</u> | | | | |
| Signature: <u><i>Scott L. Campbell</i></u> | | | Certificate Expiration Date: <u>June 30th, 2026</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