Test #<u>18411</u>



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 5/4/2025
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Den</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)									
nt	Water Supplier:	FIRESTO	NE Di	strict:		Meter	#:			
Account	Facility Address: 66	<u> 600 OWL I</u>	AKE DRIV	Έ						
٧	Contact Person:									
	Make:FB00	Model:	860		Type of Use	Protection_	Orient	ation		
	Type: RP	DC DP	VB □ Air C	ap			Onema	<u>ation</u>		
bly	Size:1" Da	ate Installed			Domestic	<ul><li>Containment</li></ul>	Inlet	Outlet		
Assembly	□ New ■ Existing	g			□Fire □ Glycol	☐ Containment by Isolation	<ul><li>Horizo</li></ul>	ontal <u> </u>		
As	Previous Assembly	y # <u>:</u>			Irrigation	☐ Isolation	☐ Vertica	al Up 🔲		
	Location: OUTSIDI	E NE CORN	ER		□ Recycled		Vertical			
							Approved:	_		
	Line	Initial Tes			F	Repairs		Results		
	PSI: 65 Check Valve #1	Tightness ☐ Leak	Differential				☐ Leak	Differential		
	(RP, DC, PVB)	■ Tight	7.3				☐ Tight			
	Check Valve #2	☐ Leak	TIGHT				☐ Leak			
ø.	(RP, DC)	<ul><li>Tight</li></ul>					☐ Tight			
anc	Relief Valve		2.4							
Testing & Maintenance	(RP) Buffer		4.0							
Mai	(RP)		4.9							
y G	Air Inlet									
estir	(PVB)									
_	Shutoff Valve #1:	Valve #2: ■ Tight □ Leakir		ced						
	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									
ion	Alarm Company/Fir	e Departme	nt:			DFS Certification #::	25-B-01504			
Notification	Person Notified:				Contacted By:					
Noti	Turn Off Date/Time	):			Turn On Date/Time:					
Kit	Test Kit Make: M	idwest			Model:	845-5				
Test	Serial #: 10201451				Last Calibration Date: April 11 <sup>th</sup> , 2025					
		•			e listed procedure and	verifies the isolation valves were ret	urned to pre-test o	orientation.		
Tester	Testing Company: Tester Name: Scott		DACKHOW LLC	<u>,                                     </u>		Phone: 303-875-4990				
ř		L. Compley						20th 2026		
	Signature:					Certificate Expiration D	ale: <u>June 3</u>	0011, 2020		

<sup>\*</sup> 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\_

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 5/2/2025						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Den</u>	ver Water Backflo	w Assembly	y Test & Ma	intena	<mark>nce Report</mark> (plea	se print with <b>BL</b>	OCK LETTER	ING)		
Account	l —	FIRESTO		strict:_			Meter #	t:		
Acc	Facility Address: 67	/ UU UWL I	LAKE DRIV	<u>E</u>						
	Contact Person:									
	Make:WATTS  Type: ■ RP □		LF009M2Q		Type of Use	<u>Protection</u>		<u>Orient</u>	ation_	
				эар	Domestic	<ul><li>Containment</li></ul>	<del>1</del>	Inlot	Outlot	
Assembly		ate Installed ~			_	_	-	Inlet	Outlet	
ssei	□ New ■ Existing	_			☐ Fire ☐ Glycol	□ Containmen	t by isolation			
∢	Previous Assembly				Irrigation	☐ Isolation		☐ Vertica	· —	
	Location: OUTSIDI	E NORTH W	/ALL		□ Recycled			□ Vertical		
								Approved:		
	Line		st Results		F	Repairs			Results Differential	
	PSI: 60 Check Valve #1	Tigniness TLeak	Differential 8.6			•		☐ Leak	Dillerential	
	(RP, DC, PVB)	■ Tight	0.0					☐ Tight		
	Check Valve #2	Leak	TIGHT					☐ Leak		
ø	(RP, DC)	■ Tight						☐ Tight		
anc	Relief Valve		3.3							
Testing & Maintenance	(RP)									
	Buffer (RP)		5.3							
න් ත	Air Inlet									
stin	(PVB)									
Ĕ	Shutoff Valve #1:					Valve #2: ■ Tig			ed	
	Backpressure:	Yes	□ No	Test	Procedure: X	ABPA:	□ AS	SSE:		
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE									
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677									
Notification	Alarm Company/Fi	re Departme	ent:			DFS Ce	ertification #: 25	5-B-0150 <u>4</u>		
ifica	Person Notified:				Contacted By:					
Not	Turn Off Date/Time	e:			Turn On Date/Time:					
Test Kit	Test Kit Make: M	idwest			Model: 845-5					
Test	Serial #: <u>1020145</u> 1	1			Last Calibration Date: April 11 <sup>th</sup> , 2025					
		•			e listed procedure and	verifies the isolation	valves were retur	ned to pre-test	orientation.	
Tester	Testing Company: Tester Name: Scot		DAUNIIUW LLU			Phone:	303-875-4996			
-	Signature:		·/				Expiration Da	ite:June 3	30th. 2026	
								-		

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_



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 5/2/2025						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Den</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)								
Account	Water Supplier: Facility Address: 67 Contact Person:	715 OWL I	AKE DRIV	strict:_ E			Meter #:		
Assembly	Make: ₱₽00 Type: ■ RP □	Model: DC P ate Installed g y #: DE OF HOU	825Y √B □ Air G : SE BY HOT		Type of Use  □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment Isolation	by Isolation	Orienta  nlet Horizo Vertical Approved:	Outlet ontal    I Up    Down    Y   N
Testing & Maintenance	Line PSI: 60 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	☐ Leak ■ Tight □ Leak ■ Tight  Tight  Tight  Yes  OW ASSEMBL	Differential 8.1 TIGHT 3.0 5.1 Leaking □ □ No IES CAN DISC	Test HARGE	ed Shutoff Procedure: X A & CAUSE WATER DA		□ ASS	Tightness  Leak Tight Leak Tight Tight	
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time		nt:		DFS Certification #: 25-B-01504  Contacted By:  Turn On Date/Time:				
Test Kit	Test Kit Make: Mi Serial #: 10201451				Model:_ Last Ca	845-5 libration Date: A	pril 11 <sup>th</sup> , 2025		
Tester	Tester certifies this as Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LLC		e listed procedure and	Phone: 3	valves were return 303-875-4996 Expiration Dat	,	

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_



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 5/2/2025						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Den</u>	ver Water Backflor	w Assembly	y Test & Ma	<u>intena</u>	<b>nce Report</b> (plea	se print with <b>BL</b>	OCK LETTERI	NG)		
Account	Water Supplier:Facility Address: 67	FIRESTO		strict:_			Meter #	t:		
Acc				<u>L</u>						
	Contact Person:									
	Make: FEBCO	Model:			Type of Use	<u>Protection</u>		Orienta	ation_	
	Type: ■ RP □ Size:1" Da			эар	Domestic	<ul><li>Containment</li></ul>	t .	Inlot	Outlot	
Assembly	□ New ■ Existing	ate Installed				_	_	Inlet Horizo	Outlet	
ssel	_	-			☐ Fire ☐ Glycol	☐ Containmen	t by isolation			
4	Previous Assembly				Irrigation	☐ Isolation		☐ Vertica	· —	
	Location: FRONT (	JF HOUSE			□ Recycled			Vertical Approved:		
	Line	Initial Tes	st Results			Donoiro		Re-Test	Results	
	PSI: 50		Differential		F	Repairs		_	Differential	
	Check Valve #1	Leak	6.6					☐ Leak		
	(RP, DC, PVB) Check Valve #2	■ Tight  □ Leak	TIGHT					☐ Tight		
	(RP, DC)	■ Tight	ПОП					☐ Tight		
ance	Relief Valve		2.3							
Testing & Maintenance	(RP)									
	Buffer (RP)		4.3							
ಶ ರಾ	Air Inlet									
estin	(PVB)									
Ė	Shutoff Valve #1:					Valve #2: ■ Tig			ed	
	Backpressure:	Yes	□ No	Test	Procedure: X	ABPA:	□ AS	SSE:		
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE									
	Controptor: O\A/L		Corrett Dro		202 670 7677					
	Contractor: OWL L	AKE HUA	Garrett Brag	gaione,	303-678-7677					
Notification	Alarm Company/Fir	e Departme	ent:				ertification #: 25	5-B-0150 <u>4</u>		
tific	Person Notified:				Contacted By:					
ž	Turn Off Date/Time	): 			Turn Oi	n Date/Time:				
Test Kit	Test Kit Make: M	idwest			Model:	845-5				
Tes	Serial #: 10201451	1			Last Calibration Date: April 11 <sup>th</sup> , 2025					
		•			re listed procedure and	verifies the isolation	valves were return	ned to pre-test o	orientation.	
Tester	Testing Company: Tester Name: Scott		Jackilow LLC	<u> </u>		Phone:	303-875-4996			
-	Signature:		/				Expiration Da	te: <u>June 3</u>	0th. 2026	
							•			

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_



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 5/2/2025					
Tester Certification # 6-20					
Assembly Test Results X Pass *Fail					
Under Suspension - Process Immediately					

<u>Den</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)								
Account	Water Supplier: FIRESTONE District: Meter #:								
	Contact Person:					·			
	Make: ₱₽00 Type: ■ RP □			 Bap	Type of Use	<u>Protection</u>	Orient	ation_	
<u>&gt;</u>	Size: 15' Da	ate Installed	:		<ul><li>Domestic</li></ul>	<ul><li>Containment</li></ul>	Inlet	Outlet	
Assembly	□ New ■ Existing				 □Fire □ Glycol	☐ Containment by Isolation		ontal 🔳	
As	Previous Assembly	y #:			Irrigation	☐ Isolation	☐ Vertical	al Up 🔲	
	Location: NEXT TO	) METER			□ Recycled		Vertical	Down □	
							Approved:	Y	
	Line	Initial Tes	st Results		·	Repairs	Re-Tes	Results	
	PSI: 50		Differential		Γ	Nepalis		Differential	
	Check Valve #1	Leak	7.2				☐ Leak		
	(RP, DC, PVB) Check Valve #2	■ Tight  □ Leak	TIGUT				☐ Tight		
	(RP, DC)	■ Tight	TIGHT				☐ Tight		
nce	Relief Valve	3	3.0						
Testing & Maintenance	(RP)		3.0						
	Buffer		4.2						
≥ ⊗	(RP)								
ting	Air Inlet (PVB)								
Tes	Shutoff Valve #1:	Tiaht □	Leaking □	Renlac	ed Shutoff	Valve #2: ■ Tight □ Leak	ng □ Renla	red	
	Backpressure:	_	□ No		Procedure: X		ASSE:	J04	
	<del>- '- '- '- '- '- '- '- '- '- '- '- '- '-</del>								
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE								
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677								
ion	Alarm Company/Fir	re Departme	nt:			DFS Certification #:	25-B-01504		
Notification	Person Notified:				Contacted By:				
Noti	Turn Off Date/Time	e:			Turn Or	n Date/Time:			
Kit	Test Kit Make: M	idwest			Model:	845-5			
Test	Serial #: 10201451	1			Last Calibration Date: April 11 <sup>th</sup> , 2025				
		•			e listed procedure and	verifies the isolation valves were re	turned to pre-test	orientation.	
Tester	Testing Company: Tester Name: Scott		Sackflow LLC			Phone: 303-875-499	 16		
ř	Signature:	•	/			Certificate Expiration		30th. 2026	
								•	

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_



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 5/4/2025						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Den</u>	ver Water Backflo	w Assembly	/ Test & Ma	ıntenai	nce Report (plea	se print with BLO	CK LETTERIN	NG)	
Account	Water Supplier: Facility Address: 67 Contact Person:		AKE DRIV	strict:_ E			Meter #:		
Assembly	Previous Assembly #: Location: OUTSIDE EAST WALL		Type of Use  □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containment Containment	by Isolation	Orienta  nlet Horizo Vertical Approved:	Outlet I Up  Down  Y  N		
Testing & Maintenance	Line PSI: 80 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	Tightness Leak Tight Leak Tight Tight Yes  OW ASSEMBL	Differential 7.3 TIGHT 2.5 4.8 Leaking □ □ No	Test	ed Shutoff Procedure: X / & CAUSE WATER D/		□ ASS	Tightness  Leak Tight Leak Tight Replace	
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time		nt:		Contact Turn Or		ification #: 25-	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: Mi Serial #: 10201451				Model: 845-5  Last Calibration Date: April 11 <sup>th</sup> , 2025				
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LLC		Phone: 303-875-4996  Certificate Expiration Date:				

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_

Test #<u>18411</u>

Advanced Backflow

Certified Backflow Testing, Repair & Installation

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

Assembly Serial # H34997					
Test Date / Time 5/2/2025					
Tester Certification # 6-20					
Assembly Test Results X Pass *Fail					
Under Suspension - Process Immediately					

<u>Den</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)									
ount	Water Supplier:	FIRESTO		strict:		Meter	#:			
Account	Facility Address: 6755 OWL LAKE DRIVE									
	Contact Person:									
	Make: F⊞CO Type: ■ RP □	DC  P	860 √B □ Air G	ap	Type of Use	<u>Protection</u>	<u>Orient</u>	ation_		
>	Size: 1" Da				Domestic	<ul><li>Containment</li></ul>	Inlet	Outlet		
Assembly	□ New ■ Existing				 □Fire □ Glycol	☐ Containment by Isolation				
Ass	Previous Assembly	-			☐ Irrigation	☐ Isolation	─ Vertica			
	Location: OUTSIDI		N HOUSE &		□ Recycled		☐ Vertical	. —		
	STREET SURROL				_ recoycled		Approved:			
	Line	Initial Tes			<u> </u>			Results		
	PSI: 70		Differential		ŀ	Repairs		Differential		
	Check Valve #1	☐ Leak	7.3				☐ Leak			
	(RP, DC, PVB)	■ Tight					☐ Tight			
Testing & Maintenance	Check Valve #2 (RP, DC)	□ Leak ■ Tight	TIGHT				☐ Leak ☐ Tight			
	Relief Valve	- rigit	3.2							
	(RP)		5.2							
ainte	Buffer		4.1							
Σ ×	(RP)									
ing	Air Inlet									
Test	(PVB) Shutoff Valve #1:	ı⊐ Tiaht □	Leaking D	Penlac	ed Shutoff	Valve #2: ■ Tight □ Leakir	ng □ Replac	nod.		
	Backpressure:		□ No				SSE:	<del>,c</del> u		
	<del>- '- '- '- '- '- '- '- '- '- '- '- '- '-</del>									
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE									
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677									
uo	Alarm Company/Fir	e Departme	nt:			DFS Certification #: 2	25-B-01504			
icati	Person Notified:	'			Contacted By:					
Notification	Turn Off Date/Time	):			Turn On Date/Time:					
Kit	Test Kit Make: M	idwest			Model:	845-5				
Test	Serial #: 10201451	I			Last Calibration Date: April 11 <sup>th</sup> , 2025					
<u>.</u>	Tester certifies this a Testing Company:	•			e listed procedure and	I verifies the isolation valves were ret	urned to pre-test (	orientation.		
Tester	Tester Name: Scott					Phone: 303-875-4996	 3			
_	-	1. Compley	/			Certificate Expiration D		30th. 2026		

<sup>\*</sup> 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\_



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 5/2/2025						
Tester Certification # 6-20						
Assembly Test Results X Pass *Fail						
Under Suspension - Process Immediately						

<u>Den</u>	ver Water Backflo	w Assembly	/ Test & Ma	ıntenai	nce Report (piea	se print with <b>BLO</b>	CK LETTERIN	NG)	
Account	Water Supplier: Facility Address: 67 Contact Person:	760 OWL I	AKE DRIV	strict:_ E			Meter #:		
Assembly	Type: RP LIDC LIPVB Air Gap Size: 1" Date Installed: New Existing Previous Assembly #: Location: OUTSIDE SOUTH WALL			Type of Use  □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection  ■ Containment  □ Containment  □ Isolation	by Isolation	Orienta  nlet Horizo Vertica Vertical Approved:	Outlet  ntal  I Up  Down  Y N	
Testing & Maintenance	Line PSI: 40 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	☐ Leak ■ Tight □ Leak ■ Tight  Tight  Tight  Yes  OW ASSEMBL	Differential 6.2 TIGHT 3.0 3.2 Leaking □ □ No	Test	ed Shutoff Procedure: X / & CAUSE WATER D/		□ ASS	Tightness  Leak Tight Leak Tight Tight	
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time		nt:		Contact Turn Or		tification #: 25-	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: M Serial #: 10201451				Model: 845-5  Last Calibration Date: April 11 <sup>th</sup> , 2025				
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LLC		e listed procedure and	Phone: 30	23-875-4996 Expiration Date		

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_

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 5/4/2025					
Tester Certification # 6-20					
Assembly Test Results X Pass *Fail					
Under Suspension - Process Immediately					

<u>Den</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)									
Account	Water Supplier: FIRESTONE District: Meter #:									
	Make: FEBCO	Model:	825Y		Type of Use	<u>Protection</u>		Orienta	ation	
	Type: 🔳 RP 🛛	DC  P	VB □ Air G	∃ap	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>1 Totootioi1</u>		Onone	<u> </u>	
7	Size: 1" Da	ate Installed	:		Domestic	<ul><li>Containment</li></ul>	I	nlet	Outlet	
Assembly	□ New ■ Existing				□Fire □ Glycol	☐ Containment by Isol	ation —	Horizo	ntal 🔳	
Ass	Previous Assembly	v #:			■ Irrigation	☐ Isolation		☐ Vertica	Up □	
	Location: OUTSIDI		ED.		□ Recycled			□ Vertical	. —	
	Location. OO 131DI	L SL COKIN	LIX		□ Recycled			Approved:		
	Line	Initial Too	st Results						Results	
	PSI: 60		Differential		F	Repairs			Differential	
	Check Valve #1	∏ Leak	6.8					☐ Leak	Birororida	
Testing & Maintenance	(RP, DC, PVB)	■ Tight	0.0					□ Tight		
	Check Valve #2	Leak	TIGHT					☐ Leak		
	(RP, DC)	Tight						☐ Tight		
	Relief Valve		2.4							
tena	(RP)									
lain	Buffer		4.4							
≥ ∞	(RP)									
ting	Air Inlet									
Tes	(PVB) Shutoff Valve #1:	ı⊐ Tiaht □	Leaking □	Penlac	ed Shutoff	Valve #2: ■  Tight □ L	eaking	□ Penlac	· od	
	Backpressure:	_	□ No		Procedure: X				.eu	
	<del>- '- '- '- '- '- '- '- '- '- '- '- '- '-</del>									
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE									
	Contro eterri OVA/L L	AKE HOA	Corrett Dree		202 670 7677					
	Contractor: OWL L	ARE HUA	Garrett Braç	gaione,	303-070-7077					
Notification	Alarm Company/Fir	re Departme	nt:			DFS Certificatio	n #: 25	-B-0150 <u>4</u>		
ifica	Person Notified:				Contact	Contacted By:				
Not	Turn Off Date/Time	):			Turn O	Turn On Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5				
Test	Serial #: 10201451					Last Calibration Date: April 11 <sup>th</sup> , 2025				
			en tested with	the abov		verifies the isolation valves we		ed to pre-test o	orientation	
e	Testing Company:	-			p. coodaro dira		0.010111	o p.o tool t		
Tester	Tester Name: Scott	t Campbell				Phone: 303-875	-4996			
	Signature:	1. Campbell	/			Certificate Expirat	ion Dat	e: June 3	0th, 2026	

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_



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 5/2/2025					
Tester Certification # 6-20					
Assembly Test Results X Pass *Fail					
Under Suspension - Process Immediately					

<u>Den</u>	ver Water Backflo	w Assembly	/ Test & Ma	intenai	nce Report (plea	se print with <b>BL</b>	OCK LETTERII	NG)	
Account	Water Supplier:  Facility Address: 90  Contact Person:	005 OWL I	AKE DRIV	strict:_ E	_		Meter #:	:	
Assembly	Type: RP LIDC LIPVB Air Gap Size: 55' Date Installed: New Existing Previous Assembly #: Location: OUTSIDE NORTH WALL			Type of Use  □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection Containmen Containmen	_	Orient Inlet Horizo Vertical Approved:	Outlet ontal al Up  Down  Y  N  Outlet	
Testing & Maintenance	Line PSI: 60 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	Tightness Leak Tight Leak Tight Tight  Tight  Tight	Differential 2.8  TIGHT 2.8  Leaking □ □ No □ No	Test HARGE	GUIDE, RETAIN  ced Shutoff Procedure: X  & CAUSE WATER D		ght □ Leaking □ AS:	Tightness  Leak Tight Leak Tight Tight	TIGHT 3.1 5.1
Notification	Contractor: OWL L  Alarm Company/Fir  Person Notified:  Turn Off Date/Time	re Departme		gaione,	Contact		ertification #: 25	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: Mi Serial #: 10201451					845-5 libration Date:	April 11 <sup>th</sup> , 2025		
Tester	Tester certifies this at Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LLC		re listed procedure and	Phone:	303-875-4996 Expiration Dat	,	

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_



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 5/2/2025					
Tester Certification # 6-20					
Assembly Test Results X Pass *Fail					
Under Suspension - Process Immediately					

<u>Den</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)									
Account										
′	Contact Person:									
	Make: F⊞CO Type: RP ■			Bap	Type of Use	<u>Protection</u>		Orienta	ation_	
<u>&gt;</u>	Size: 75' Da	ate Installed	:		Domestic	<ul><li>Containment</li></ul>	Ir	nlet	Outlet	
Assembly	□ New ■ Existing				 □Fire □ Glycol	☐ Containment by Isola	_			
As	Previous Assembly	y #:			Irrigation	☐ Isolation		☐ Vertica	I Up □	
	Location: UNDER	ROCK SOU	TH OF		□ Recycled			□ Vertical	Down 🖵	
	DRIVEWAY							Approved:	Y	
	Line	Initial Tes	st Results			Repairs		Re-Test	Results	
	PSI: 60	•	Differential		Γ	Nepalis		)	Differential	
	Check Valve #1	Leak	1.8					⊟ Leak		
	(RP, DC, PVB) Check Valve #2	■ Tight  □ Leak						☐ Tight ☐ Leak		
	(RP, DC)	☐ Leak ■ Tight	2.0					☐ Tight		
nce	Relief Valve									
enai	(RP)									
aint	Buffer									
8 ⊠	(RP)									
Testing & Maintenance	Air Inlet									
Test	(PVB) Shutoff Valve #1:	.⊐ Tight □	Looking D	Donlac	ood Shutoff	Valve #2: ■ Tight □ Le	ookina	□ Poples	nod.	
	Backpressure:	_	□ No		: Procedure: X				eu	
	<del>- '</del>									
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE									
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677									
ion	Alarm Company/Fir	e Departme	nt:			DFS Certification	#: 25-	-B-01504		
Notification	Person Notified:				Contacted By:					
Noti	Turn Off Date/Time	):			Turn Or	n Date/Time:				
Kit	Test Kit Make: M	idwest			Model:	845-5				
Test	Serial #: 10201451	l			Last Calibration Date: April 11 <sup>th</sup> , 2025					
	Tester certifies this as Testing Company:	-			e listed procedure and	verifies the isolation valves well	re returne	ed to pre-test o	rientation.	
Tester	Tester Name: Scott		JACKHOW LLC			Phone: 303-875-	4996			
_	Signature:					Certificate Expiration		e: <u>June 3</u>	0th, 2026	
	II.									

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_



Certified Backflow Testing, Repair & Installation

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

Assembly Serial # A268468
Test Date / Time 5/2/2025
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Den</u>	ver Water Backflov	w Assembly	/ Test & Ma	ıntenai	nce Report (plea	se print with BLO	CK LETTERIN	NG)	
Account	Water Supplier:  Facility Address: 90  Contact Person:	040 OWL L	AKE DRIV	strict:_ E			Meter #:		
Assembly	Type: RP LIDC LIPVB Air Gap Size:1" Date Installed: New Existing Previous Assembly #: Location: OUTSIDE NE CORNER			Type of Use  □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection  Containment  Containment  Isolation	by Isolation	Orienta  nlet Horizo Vertica Vertical Approved:	Outlet ontal    I Up    Down    Y   N	
Testing & Maintenance	Line PSI: 60 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	☐ Leak ■ Tight □ Leak ■ Tight  Tight  Tight  Yes  OW ASSEMBL	Differential 8.2 TIGHT 2.3 5.9 Leaking □ □ No	Test	ed Shutoff Procedure: X / & CAUSE WATER D/		□ ASS	Tightness  Leak Tight Leak Tight Replace	
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time		nt:		Contact Turn Or		ification #: 25-	-B-0150 <u>4</u>	
Test Kit	Test Kit Make: Mi Serial #: 10201451				Model:_ Last Ca	845-5 libration Date: Ap	oril 11 <sup>th</sup> , 2025	_	
Tester	Tester certifies this as Testing Company: Tester Name: Scott Signature:	Advanced E t Campbell	Backflow LLC		e listed procedure and	Phone: 30	alves were returne 03-875-4996 Expiration Date	,	

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_

Test #<u>18411</u>



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 5/2/2025
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Den</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)								
Account	Water Supplier:  Facility Address: 90  Contact Person:		AKE DRIV	strict:_ E			Meter #:		
Assembly	Make: FEBCO Model: 825Y  Type: RP DC PVB Air Gap  Size:1 Date Installed:  New Existing  Previous Assembly #:  Location: R. OF FRONT DOOR			Type of Use  □ Domestic □ Fire □ Glycol ■ Irrigation □ Recycled	Protection  ■ Containment  □ Containment b  □ Isolation	y Isolation	Orienta  Inlet Vertical Approved:	Outlet ontal  al Up  Down	
Testing & Maintenance	Line PSI: 60 Check Valve #1 (RP, DC, PVB) Check Valve #2 (RP, DC) Relief Valve (RP) Buffer (RP) Air Inlet (PVB) Shutoff Valve #1: Backpressure:	☐ Leak ■ Tight □ Leak ■ Tight  Tight  Tight  Yes  OW ASSEMBL	Differential Leaking □ □ No	Test	TIGHTEN L ced Shutoff t Procedure: X A & CAUSE WATER DA		□ ASS	Tightness  Leak Tight Leak Tight Tight	TIGHT 3.0 5.0
Notification	Alarm Company/Fir Person Notified: Turn Off Date/Time		nt:		DFS Certification #: 25-B-01504  Contacted By: Turn On Date/Time:				
Test Kit	Test Kit Make: Midwest Serial #: 10201451				Model: 845-5  Last Calibration Date: April 11 <sup>th</sup> , 2025				
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.								

<sup>\*</sup> 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\_



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 5/2/2025
Tester Certification # 6-20
Assembly Test Results X Pass *Fail
Under Suspension - Process Immediately

<u>Den</u>	Denver Water Backflow Assembly Test & Maintenance Report (please print with BLOCK LETTERING)										
Account											
	Contact Person:										
Assembly	Make: <del>F⊞00</del> Type: ■ RP □			 Bap	Type of Use	<u>Protection</u>		<u>Orient</u>	ation_		
	Size: 1" Da	ate Installed	:		Domestic	<ul><li>Containment</li></ul>		Inlet	Outlet		
	□ New ■ Existing				 □Fire □ Glycol	☐ Containment by	Isolation –	• Horizo	ontal -		
As	Previous Assembly	y #:			Irrigation	☐ Isolation		☐ Vertica	al Up 🔲		
	Location: OUTSIDI	E BETWEEN	N HOUSE &		□ Recycled			☐ Vertical	Down □		
	STREET							Approved:	Y		
	Line Initial Test Results			·	Popoire		Re-Test Results				
	PSI: 65	•	Differential		Repairs				Differential		
Testing & Maintenance	Check Valve #1	Leak	7.1					⊟ Leak	7.1		
	(RP, DC, PVB) Check Valve #2	■ Tight  □ Leak						■ Tight	TICLIT		
	(RP, DC)	■ Tight	TIGHT					☐ Leak	TIGHT		
	Relief Valve	3	7.1		CLEANED				3.0		
	(RP)		/								
laint	Buffer								5.1		
≥ ⊗	(RP)										
ting	Air Inlet (PVB)										
Tes	Shutoff Valve #1:	Tight □	Leaking □	Renlac	ed Shutoff	Valve #2: ■  Tight	□ I eaking	□ Renlad	red		
	Backpressure:	_	□ No		Procedure: X				ocu		
	<u> </u>										
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE										
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677										
ion	Alarm Company/Fire Department: DFS Certification #: 25-B-01504										
Notification	Person Notified:				Contact	Contacted By:					
Noti	Turn Off Date/Time:					Turn On Date/Time:					
Kit	Test Kit Make: M	idwest			Model:	845-5					
Test	Serial #: 10201451				Last Calibration Date: April 11 <sup>th</sup> , 2025						
	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: Advanced Backflow LLC Tester Name: Scott Campbell					Phone: 303-875-4996					
ĭ	Signature:					Certificate Expiration Date: June 30th, 2026					
	Octilicate Expiration Date. <u>June John, 2020</u>										

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_



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 5/2/2025							
Tester Certification # 6-20							
Assembly Test Results X Pass *Fail							
Under Suspension - Process Immediately							

<u>Den</u>	ver Water Backflo	w Assembly	/ lest & Ma	intena	<b>nce Report</b> (plea	se print with BLO	OCK LETTERI	NG)			
Account	l —	FIRESTO		strict:_			Meter #	:			
	Facility Address: 9100 OWL LAKE DRIVE										
		Contact Person:									
	Make: <u>FEBCO</u> Model: <u>825Y</u>				Type of Use	<u>Protection</u>		Orienta	ation_		
Assembly	Type: ■ RP □			<del>J</del> ap	Domostio	Containment			0 41 4		
		ate Installed	:		Domestic	<ul><li>Containment</li></ul>	_	Inlet	Outlet		
	☐ New ■ Existing	_			□ Fire □ Glycol	☐ Containment	by Isolation				
	Previous Assembly				Irrigation	☐ Isolation		☐ Vertica	· —		
	Location: OUTSIDI	E NE CORN	IER		□ Recycled			□ Vertical			
								Approved:			
	Line		t Results Differential		Repairs				Results Differential		
	PSI: 60 Check Valve #1	Tigniness TLeak	6.0			•		☐ Leak	Dinerential		
	(RP, DC, PVB)	■ Tight	0.0					☐ Tight			
	Check Valve #2	Leak	TIGHT					☐ Leak			
Testing & Maintenance	(RP, DC)	Tight						☐ Tight			
	Relief Valve		2.4								
nter	(RP) Buffer		2.6								
Mai	(RP)		3.6								
ع ق	Air Inlet										
estir	(PVB)										
-	Shutoff Valve #1:					Valve #2: Tig			ed		
	Backpressure:	Yes	□ No	Lest	Procedure: X	ABPA:	□ AS	SE:			
	Comments: BACKFLOW ASSEMBLIES CAN DISCHARGE & CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE										
	Contractor: OWL LAKE HOA Garrett Bragalone, 303-678-7677										
ion	Alarm Company/Fire Department: DFS Certific						rtification #: 25	5-B-01504			
Notification	Person Notified:				Contacted By:						
Noti	Turn Off Date/Time:				Turn On Date/Time:						
Ķ	Test Kit Make: Midwest				Model:	Model: 845-5					
Test Kii	Serial #: 10201451				Last Calibration Date: April 11th, 2025						
	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: Advanced Backflow LLC										
Te	Tester Name: Scott Campbell				Phone: 303-875-4996						
	Signature: Certificate Expiration Date: June 30th, 2026										

<sup>\*</sup>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\_<u>O/O</u>\_\_SOV#2\_<u>O/O</u>\_