

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 5/4/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6600 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	Make: <u>FECO</u> Model: <u>860</u>			Type of Use			
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap			Protection			
Size: <u>1"</u> Date Installed: _____			Orientation				
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			<input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Containment		
Previous Assembly #: _____			<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation		
Location: <u>OUTSIDE NE CORNER</u>			<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation		
			<input type="checkbox"/> Recycled		<input type="checkbox"/> Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet		
					<input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down		
					Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 65	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.3			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)		2.4				
	Buffer (RP)		4.9				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:						
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 # 166297

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6700 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	Make: <u>WATTS</u> Model: <u>LF009M2QT</u>			Type of Use			
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap			Protection			
Size: <u>1"</u> Date Installed: _____			Orientation				
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			Inlet				
Previous Assembly #: _____			Outlet				
Location: <u>OUTSIDE NORTH WALL</u>			<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Recycled				
			<input type="checkbox"/> Horizontal <input type="checkbox"/> <input type="checkbox"/> Vertical Up <input type="checkbox"/> <input type="checkbox"/> Vertical Down <input type="checkbox"/> Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 60	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.6			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)		3.3				
	Buffer (RP)		5.3				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:						
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 # J089514

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____					
	Facility Address: <u>6715 OWL LAKE DRIVE</u>					
<b>Assembly</b>	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			Protection		
	Size: <u>1"</u> Date Installed: _____			Orientation		
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			Inlet _____ Outlet _____		
Previous Assembly #: _____			<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment			
Location: <u>LEFT SIDE OF HOUSE BY HOT TUB</u>			<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation			
			<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation			
			<input type="checkbox"/> Recycled <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"/>			

  

<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs	Re-Test Results	
	PSI: 60	Tightness	Differential		Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.1		<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	
	Relief Valve (RP)		3.0			
	Buffer (RP)		5.1			
	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 &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>						

  

<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>	
	Person Notified: _____	Contacted By: _____
	Turn Off Date/Time: _____	Turn On Date/Time: _____

  

<b>Test Kit</b>	Test Kit Make: <u>Midwest</u> Model: <u>845-5</u>
	Serial #: <u>10201451</u> Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>

  

<b>Tester</b>	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 # J09451

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6720 OWL LAKE DRIVE</u>						
<b>Assembly</b>	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			Protection			
	Size: <u>1"</u> Date Installed: _____			Orientation			
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			Inlet			
	Previous Assembly #: _____			Outlet			
Location: <u>FRONT OF HOUSE</u>			<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Recycled				
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 50	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.6			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)		2.3				
	Buffer (RP)		4.3				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:						
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6735 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	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 Size: <u>15"</u> Date Installed: _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Previous Assembly #: _____ Location: <u>NEXT TO METER</u>			Protection <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Recycled			
			Orientation				
			Inlet		Outlet		
			<input checked="" type="checkbox"/> Horizontal		<input type="checkbox"/>		
			<input type="checkbox"/> Vertical Up		<input type="checkbox"/>		
			<input type="checkbox"/> Vertical Down		<input type="checkbox"/>		
			Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 50	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.2			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)		3.0				
	Buffer (RP)		4.2				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:						
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 # 122135

Test Date / Time 5/4/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____					
	Facility Address: <u>6750 OWL LAKE DRIVE</u>					
Contact Person: _____						
<b>Assembly</b>	Make: <u>WATTS</u> Model: <u>009M2QT</u>			Type of Use		
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap			Protection		
Size: <u>1"</u> Date Installed: _____			Orientation			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			<input type="checkbox"/> Domestic		Inlet	
Previous Assembly #: _____			<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		Outlet	
Location: <u>OUTSIDE EAST WALL</u>			<input type="checkbox"/> Containment by Isolation		<input checked="" type="checkbox"/> Horizontal	
			<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Vertical Up	
			<input type="checkbox"/> Isolation		<input type="checkbox"/> Vertical Down	
			<input type="checkbox"/> Recycled		Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results
	PSI: 80	Tightness	Differential			Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.3			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)		2.5			
	Buffer (RP)		4.8			
	Air Inlet (PVB)					
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced					
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced					
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:					
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>						
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>					
	Person Notified: _____ Contacted By: _____					
	Turn Off Date/Time: _____ Turn On Date/Time: _____					
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>		
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>		
<b>Tester</b>	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 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 # H34997

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>6755 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	Make: <u>FECO</u> Model: <u>860</u>			Type of Use			
	Type: <input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap			Protection			
Size: <u>1"</u> Date Installed: _____			Orientation				
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			<input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Containment		
Previous Assembly #: _____			<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		<input type="checkbox"/> Containment by Isolation		
Location: <u>OUTSIDE BETWEEN HOUSE &amp; STREET SURROUNDED BY BUSHES</u>			<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Isolation		
			<input type="checkbox"/> Recycled		<input type="checkbox"/> Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet		
					<input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down		
					Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 70	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.3			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)		3.2				
	Buffer (RP)		4.1				
	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 &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 # A239719

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____					
	Facility Address: <u>6760 OWL LAKE DRIVE</u>					
Contact Person: _____						
<b>Assembly</b>	Make: <u>FISCO</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			Protection		
Size: <u>1"</u> Date Installed: _____			Orientation			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			<input type="checkbox"/> Domestic		Inlet	
Previous Assembly #: _____			<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		Outlet	
Location: <u>OUTSIDE SOUTH WALL</u>			<input type="checkbox"/> Containment		<input checked="" type="checkbox"/> Horizontal	
			<input type="checkbox"/> Containment by Isolation		<input type="checkbox"/> Vertical Up	
			<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Vertical Down	
			<input type="checkbox"/> Isolation		Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
			<input type="checkbox"/> Recycled			
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results
	PSI: 40	Tightness	Differential			Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.2			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)		3.0			
	Buffer (RP)		3.2			
	Air Inlet (PVB)					
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced					
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced					
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:					
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>						
<b>Notification</b>	Alarm Company/Fire Department: _____			DFS Certification #: <u>25-B-01504</u>		
	Person Notified: _____			Contacted By: _____		
	Turn Off Date/Time: _____			Turn On Date/Time: _____		
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>		
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>		
<b>Tester</b>	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 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 # J146453

Test Date / Time 5/4/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____					
	Facility Address: <u>6765 OWL LAKE DRIVE</u>					
Contact Person: _____						
<b>Assembly</b>	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			Protection		
Size: <u>1"</u> Date Installed: _____			Orientation			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			<input type="checkbox"/> Domestic		Inlet	
Previous Assembly #: _____			<input type="checkbox"/> Fire <input type="checkbox"/> Glycol		Outlet	
Location: <u>OUTSIDE SE CORNER</u>			<input type="checkbox"/> Containment by Isolation		<input checked="" type="checkbox"/> Horizontal	
			<input checked="" type="checkbox"/> Irrigation		<input type="checkbox"/> Vertical Up	
			<input type="checkbox"/> Isolation		<input type="checkbox"/> Vertical Down	
			<input type="checkbox"/> Recycled		Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results
	PSI: 60	Tightness	Differential			Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.8			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)		2.4			
	Buffer (RP)		4.4			
	Air Inlet (PVB)					
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced					
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced					
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:					
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>						
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>					
	Person Notified: _____ Contacted By: _____					
	Turn Off Date/Time: _____ Turn On Date/Time: _____					
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>		
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>		
<b>Tester</b>	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 O/O SOV#2 O/O

Test # 18411
**Advanced  
Backflow**
**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 ☒ Pass ☐ \*Fail

☐ Under Suspension - Process Immediately

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

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9005 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	Make: <u>WATTS</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>7/8"</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		Inlet		
Location: <u>OUTSIDE NORTH WALL</u>					Outlet		
					<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>		
					<input type="checkbox"/> Vertical Up <input type="checkbox"/>		
					<input type="checkbox"/> Vertical Down <input type="checkbox"/>		
					Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 60	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	2.8	CLEANED		<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.2
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT
	Relief Valve (RP)		2.8	GUIDE, RETAINER, CLEANED, ORING			3.1
	Buffer (RP)						5.1
	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 &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____				DFS Certification #: <u>25-B-01504</u>		
	Person Notified: _____				Contacted By: _____		
	Turn Off Date/Time: _____				Turn On Date/Time: _____		
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>				Model: <u>845-5</u>		
	Serial #: <u>10201451</u>				Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>		
<b>Tester</b>	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 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 # A146950

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9010 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	Make: <u>FISCO</u> Model: <u>805Y</u>			Type of Use			
	Type: <input type="checkbox"/> RP <input checked="" type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap			Protection			
Size: <u>7/8"</u> Date Installed: _____			Orientation				
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			Inlet				
Previous Assembly #: _____			Outlet				
Location: <u>UNDER ROCK SOUTH OF DRIVEWAY</u>			<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Recycled				
			<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vertical Down Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 60	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	1.8			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	2.0			<input type="checkbox"/> Leak <input 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 &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 # A268468

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9040 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	Make: <u>FISCO</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 Size: <u>1"</u> Date Installed: _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Previous Assembly #: _____ Location: <u>OUTSIDE NE CORNER</u>			Protection <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Recycled			
			Orientation				
			Inlet <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Outlet <input type="checkbox"/> Vertical Up <input type="checkbox"/> <input type="checkbox"/> Vertical Down <input type="checkbox"/> Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 60	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.2			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight	
	Relief Valve (RP)		2.3				
	Buffer (RP)		5.9				
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:						
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 # H51895

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9070 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	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 Size: <u>1</u> Date Installed: _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Previous Assembly #: _____ Location: <u>R. OF FRONT DOOR</u>			Protection <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Recycled			
			Orientation				
			Inlet		Outlet		
			<input type="checkbox"/> Horizontal <input checked="" type="checkbox"/>		<input type="checkbox"/>		
			<input type="checkbox"/> Vertical Up <input type="checkbox"/>		<input type="checkbox"/>		
			<input type="checkbox"/> Vertical Down <input type="checkbox"/>		<input type="checkbox"/>		
			Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 60	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	-			<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	8.0
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	-			<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT
	Relief Valve (RP)		-	TIGHTEN LOOSE ASSEMBLY			3.0
	Buffer (RP)						5.0
	Air Inlet (PVB)						
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced						
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:						
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 # H01604

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____						
	Facility Address: <u>9095 OWL LAKE DRIVE</u>						
Contact Person: _____							
<b>Assembly</b>	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 Size: <u>1"</u> Date Installed: _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing Previous Assembly #: _____ Location: <u>OUTSIDE BETWEEN HOUSE &amp; STREET</u>			Protection <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment <input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Recycled			
			Orientation				
			Inlet		Outlet		
			<input checked="" type="checkbox"/> Horizontal		<input type="checkbox"/>		
			<input type="checkbox"/> Vertical Up		<input type="checkbox"/>		
			<input type="checkbox"/> Vertical Down		<input type="checkbox"/>		
			Approved: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results	
	PSI: 65	Tightness	Differential			Tightness	Differential
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.1			<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	7.1
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT
	Relief Valve (RP)		7.1	CLEANED			3.0
	Buffer (RP)						5.1
	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 &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>							
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>							
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>						
	Person Notified: _____			Contacted By: _____			
	Turn Off Date/Time: _____			Turn On Date/Time: _____			
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>			
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>			
<b>Tester</b>	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 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 # A165814

Test Date / Time 5/2/2025

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**)

<b>Account</b>	Water Supplier: <u>FIRESTONE</u> District: _____ Meter #: _____					
	Facility Address: <u>9100 OWL LAKE DRIVE</u>					
Contact Person: _____						
<b>Assembly</b>	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			Protection		
Size: <u>1"</u> Date Installed: _____			Orientation			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			<input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Containment		Inlet	
Previous Assembly #: _____			<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation		Outlet	
Location: <u>OUTSIDE NE CORNER</u>			<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Isolation		<input checked="" type="checkbox"/> Horizontal <input type="checkbox"/>	
			<input type="checkbox"/> Recycled		<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"/>	
<b>Testing &amp; Maintenance</b>	Line	Initial Test Results		Repairs		Re-Test Results
	PSI: 60	Tightness	Differential			Tightness
	Check Valve #1 (RP, DC, PVB)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	6.0			<input checked="" type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC)	<input type="checkbox"/> Leak <input checked="" type="checkbox"/> Tight	TIGHT			<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP)		2.4			
	Buffer (RP)		3.6			
	Air Inlet (PVB)					
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced					
	Shutoff Valve #2: <input checked="" type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced					
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Procedure: <input checked="" type="checkbox"/> ABPA: <input type="checkbox"/> ASSE:					
Comments: <u>BACKFLOW ASSEMBLIES CAN DISCHARGE &amp; CAUSE WATER DAMAGE SO BE SURE TO PROVIDE ADEQUATE DRAINAGE..</u>						
Contractor: <u>OWL LAKE HOA Garrett Bragalone, 303-678-7677</u>						
<b>Notification</b>	Alarm Company/Fire Department: _____ DFS Certification #: <u>25-B-01504</u>					
	Person Notified: _____ Contacted By: _____					
	Turn Off Date/Time: _____ Turn On Date/Time: _____					
<b>Test Kit</b>	Test Kit Make: <u>Midwest</u>			Model: <u>845-5</u>		
	Serial #: <u>10201451</u>			Last Calibration Date: <u>April 11<sup>th</sup>, 2025</u>		
<b>Tester</b>	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>					
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Customer verifies SOV returned to original positions: X SOV#1 O/O SOV#2 O/O