

Box R Water Analysis Laboratory LLC

567 NW 2nd Street
Prineville OR 97754
Phone: 541 447-4911
Fax: 541 447-4917

System Identification:

PWID #: 41 - 01195

Name: Highland Subdivision

Address: 7064 SE Davis Loop

City, State, Zip code: Prineville, OR 97754

Sample identification:

Sample Location: Highland Subdivision / blow off / SPECIAL

Sample Date: 09-03-2026

Laboratory Information

Date Received in Lab: 09-03-2026

Time Received in Lab: 1430

Sample identification #: X068270b

Location Analysis Took Place: Box R Laboratory

Results Sent to State: No

Analytical Results

<u>Contaminant</u>	<u>Max Contaminant Limit</u>	<u>Your Analysis- Results</u>	<u>Units</u>	<u>Lab Reporting Limit</u>	<u>Method</u>	<u>Notes</u>
<u>Total Coliform</u>	<u>Present/Absent</u>	<u>Absent</u>	<u>N/A</u>	<u>Present/Absent</u>	<u>SM9223B- Colilert-18</u>	
<u>Ecoli</u>	<u>Present/Absent</u>	<u>Absent</u>	<u>N/A</u>	<u>Present/Absent</u>	<u>SM9223B- Colilert-18</u>	

Recommended holding time was in the range for the test method used per The Box R Water Analysis Laboratory LLC, Quality Assurance Plan, and in accordance with the National Environmental Laboratory Accreditation Conference, (NELAC). This is documented in the sample results section above in this report. All results are valid for the sample submitted only, and all results are for the client listed above and on the Chain of Custody form. Samples will be held for a maximum of 10 days from the report date unless prior arrangements have been set up. Thank-you for choosing the Box R Water Analysis Laboratory LLC., If you need further explanation or if you have any other questions in regards to the testing of your water, please do not hesitate to call us at 541 447-4911. This report can not be reproduced except in full without the written permission from Box R Water Analysis Laboratory LLC.

DATA QUALIFIERS AND DEFINITIONS

MDL = Minimum Detection Limit

MCL = Minimum Contaminant Level

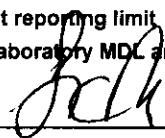
MRL = Minimum Reporting Limit

ND = Not Detected at reporting limit

LRL = Laboratory Reporting Limit

n/a = Not Applicable GW=Ground Water

J = result between Laboratory MDL and LRL

Laboratory Director: Date: Sept 10, 2026

Sherri Miyazaki

Box R Water Analysis Laboratory LLC*R075 07/15/07 SKM

Sample RESULTS: Page 1 of 1

Report Date: September 10, 2026

X Identification Number: X068270b

Client ID number#: X068270b

Source of Water: DW

Sampled by: Eric Chamberlain

Sample time: 1433

Date Analyzed: 09-03-2026

Time Analyzed: 1500

Composite Sample: No

ORELAP #: 100054

State of Oregon - Drinking Water Services
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.4)

PWS# 41 <u>000 01195</u> PWS Name: <u>Highland Subdivision</u> City, County: <u>Prineville</u> <u>Crook</u> Phone: <u>541 233 8817</u> Fax: _____ Return address for report: Name: <u>Highland Subdivision</u> Address: <u>PO Box 2417</u> City, State, Zip: <u>La Pine, OR 97739</u>	ORELAP#: 1000054 Lab Name: Box R Water Analysis Laboratory, LLC Address: 567 NW 2nd St., Prineville, OR 97754 Phone/Fax: 541-447-4911 / 541-447-4917 Bottle#: <u>5429B</u> ☐ Results do not meet NELAP Standards-See page 2 Lab Sample ID#: <u>X068270B</u>
Sample Collected Date/Time: <u>09/03/2026</u> <u>14:33</u> ☐ AM ☒ PM Chlorinated: ☒ No ☐ Yes Collected By: <u>Eric Chamberlain</u> Free Chlorine: _____ mg/L	
DISTRIBUTION Sample Type: ☐ Routine ☐ *Repeat ☐ Temporary Routine ☒ Special *Date of Initial Positive: ____/____/____ *Original Positive ID#: _____ Address: <u>Highland Subdivision</u> Sampled at (ex. "SINK"): <u>BLOW OFF</u>	
SOURCE Sample Type: ☐ *Triggered ☐ *Confirmation ☐ Assessment ☐ Special *Date of Initial Positive: ____/____/____ *Original Positive ID#: _____ Source ID: SRC-_____ Source name (ex. "WELL #1"): _____	
LAB USE ONLY Sample Received Date/Time: <u>09/03/2026</u> <u>14:30</u> ☐ AM ☒ PM Initials: <u>Mat</u> Temp: <u>4</u> °C Evidence of cooling? ☐ Yes ☐ No Analysis Start Date/Time: <u>09/03/2026</u> <u>15:00</u> ☐ AM ☒ PM Initials: <u>SKM</u>	
ORELAP Method(s): Check all that apply. ☐ Colilert® ☒ Colilert-18® ☐ Colisure® ☐ Chromocult® ☐ Coliscan® ☐ Readycult® ☐ SM 9221 B (MTF) + ☐ E or ☐ F ☐ SM 19th Ed. ☐ SM 20th Ed. ☒ SM 21st Ed. ☐ SM 9221 D (P-A M) + ☐ E or ☐ F ☐ SM 9222 B (MF) + ☐ 9221E or ☐ 9221F or ☐ 9222G ☒ SM 9223 ☐ ColiTag® ☐ MI agar ☐ m-ColiBlue® ☐ Other: _____	
Test Results: Total Coliforms: ☐ Present ☒ Absent E. Coli: ☐ Present ☒ Absent	Analysis Complete Date/Time: <u>09/04/2026</u> <u>09:00</u> ☒ AM ☐ PM Analyst: <u>SKMiyazaki</u> Review by: <u>SKM</u> <u>09/04/2026</u>
Reported By: <u>SKM</u> Report Date <u>09/04/2026</u>	
Sample Invalidation: ☐ Over 30 hours ☐ Leak ☐ Heavy non-coliform growth ☐ Other _____	OHA USE ONLY Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAP unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to OHA-DWS P.O. Box 14350, Portland, OR 97293-0350