

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

PWS# 41 01195

PWS Name: Highland Subdivision

City, County: Prineville Crook

Phone: 541-903-1214 Fax: 6

Return address for report:

Name: Highland Subdivision

Address: 7004 SE Davis Loop

City, State, Zip: Prineville, OR 97754

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#: 54143B

☐ Results do not meet NELAP Standards-See page 2

Lab Sample ID#: X0670173

Sample Collected Date/Time: 07/23/2026 08:15
MM DD YYYY Hour: Min

Collected By: SKM/Box R

☒ AM

☐ PM

Chlorinated: ☒ No ☐ Yes

Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: ☒ Routine ☐ *Repeat ☐ Temporary Routine ☐ Special

*Date of Initial Positive: MM/DD/YYYY

*Original Positive ID#: _____

Address: 4424 SE Sene

Sampled at (ex. "SINK"): HB

SOURCE Sample Type: ☐ *Triggered ☐ *Confirmation ☐ Assessment ☐ Special

*Date of Initial Positive: MM/DD/YYYY

*Original Positive ID#: _____

Source ID: SRC-

Source name (ex. "WELL #1"): _____

LAB USE ONLY

Sample Received Date/Time: 07/23/2026 08:40 ☐ AM ☒ PM Initials: SKM Temp: 6 °C
MM DD YYYY Hour: Min

Analysis Start Date/Time: 07/23/2026 1300 ☐ AM ☒ PM Initials: SKM
MM DD YYYY Hour: Min

ORELAP Method(s): ☐ Colilert® ☒ Colilert-18® ☐ Colisure® ☐ Chromocult® ☐ Coliscan® ☐ Readycult®
Check all that apply. ☐ 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: 07/24/2026 0700 ☐ AM ☒ PM
MM DD YYYY Hour: Min

Analyst: SKMuyazaki

Review by: SKM

07/24/2026
MM DD YYYY

Reported By: [Signature]

Report Date 07/24/2026
MM DD YYYY

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