

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: 1487 Aikens-Frost Free- Routine
Sample Date: 08/05/2026

Laboratory Information

Date Received in Lab: 08/05/2026
Time Received in Lab: 1445
Sample Identification #: X067807b
Location Analysis Took Place: Box R Laboratory
Results Sent to State: Yes

Sample RESULTS: Page 1 of 1

Report Date: August 11, 2026
X Identification Number: X067807b
Client ID Number #: X067807b

Source of Water: DW

Sampled by: MAT/Box R

Sample time: 1150

Date Analyzed: 08/05/2026
Time Analyzed: 1500
Composite Sample: No
ORELAP #: 100054

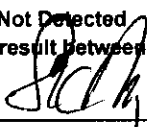
Analytical Results

<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>E. Coli</u>	<u>Present/Absent</u>	<u>Absent</u>	<u>N/A</u>	<u>Present/Absent</u>	<u>SM9223B- Colilert-18</u>	

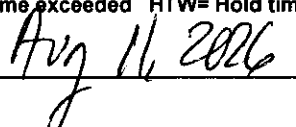
Recommended holding time was in the range for the test method used per The Box R Water Analysis Laboratory LLC., Quality Assurance Plan, and in accordance with the National Environmental Laboratory Accreditation Conference, (NELAC). This is documented in the sample results section above in this report. 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 cannot 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 HT=Hold time exceeded HTW= Hold time exceeded but with a location waiver

Laboratory Director


Sherri Miyazaki

Date:


Aug 11, 2026

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

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: Bob Buxton Fax: 541-362-1418

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

Return address for report:

Name: Highland Subdivision
Address: 7064 SE Davis Loop
City, State, Zip: Prineville OR 97754

Bottle#: 541413
☐ Results do not meet NELAP Standards-See page 2
Lab Sample ID#: X067807B

Sample Collected Date/Time: 08/05/2026 11:50 AM
Collected By: MAT/Box R
Chlorinated: ☒ No ☐ Yes
Free Chlorine: _____ mg/L

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

*Date of Initial Positive: ____/____/____ *Original Positive ID#: _____
Address: 1487 Atkins Sampled at (ex. "SINK"): Frost Free

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: 08/05/2026 14:45 PM
Initials: MAT Temp: 10 °C
Evidence of cooling? ☐ Yes ☐ No

Analysis Start Date/Time: 08/05/2026 15:00 PM
Initials: SKM

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:	Analysis Complete Date/Time: 08/06/2026 09:00 AM
	Analyst: SK Miyazaki
	Review by: SKM
Total Coliforms: ☐ Present ☒ Absent	18/06/2026
E. Coli: ☐ Present ☒ Absent	MM / DD / YYYY

Reported By: SKM Report Date: 18/06/2026
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