

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 SE Akins, Prineville, OR / frost free / ROUTINE

Sample Date: 09-18-2026

Laboratory Information

Date Received in Lab: 09-18-2026

Time Received in Lab: 1430

Sample identification #: X068491b

Location Analysis Took Place: Box R Laboratory

Results Sent to State: Yes

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:

Sherri Miyazaki

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

Sample RESULTS: Page 1 of 1

Report Date: September 25, 2026

X Identification Number: X068491b

Client ID number#: X068491b

Source of Water: DW

Sampled by: BAS / Box R

Sample time: 1320

Date Analyzed: 09-18-2026

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 01195
PWS Name: Highland Subdivision
City, County: Prineville Crook
Phone: 541-362-6468 Fax: _____

Return address for report:

Name: Bob Buxton
Address: 7064 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#: 54697B

☐ Results do not meet NELAP Standards-See page 2
Lab Sample ID#: X068491B

Sample Collected Date/Time: 09 / 18 / 2026 13 : 20
MM DD YYYY Hour: Min
Collected By: BAS/Box R

☐ AM Chlorinated: ☒ No ☐ Yes
☒ PM Free Chlorine: 0 mg/L

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

*Date of Initial Positive: MM / DD / YYYY

*Original Positive ID#: _____

Address: 1487 SE Akins

Sampled at (ex. "SINK"): Frost Freeze

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: 09 / 18 / 2026 14 : 30
MM DD YYYY Hour: Min
Initials: BAS Temp: 5 °C
☒ PM Evidence of cooling? ☒ Yes ☐ No

Analysis Start Date/Time: 09 / 18 / 2026 15 : 00
MM DD YYYY Hour: Min
Initials: BAS
☐ AM ☒ PM

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: 09 / 19 / 2026 09 : 00
MM DD YYYY Hour: Min
☒ AM ☐ PM

Analyst: SK MURRAY

Review by: SKAT

09 / 19 / 2026
MM DD YYYY

Reported By: SKAT

Report Date: 09 / 19 / 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