Membrane Filter Monthly Operating Report

County: **Deschutes**

System Name: **City of Bend**

Month/Year: **October 2023**

PWS ID#: 41 - **00100**

Minimum test pressure applied || req'd: 32 psi || 27 psi

Plant ID: WTP - **A** *(e.g., "A")*

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline]

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR Max [psi/min]	LRC [log removal]	DIT Daily
0.21	4.00	

Day	CFE Daily Turbidity [NTU]	Highest CFE [NTU]	Highest IFE [NTU] (>15 min duration)	Highest PDR of day [psi/min]	Lowest LRVambient of day [log removal]	[Y/N] or "off"
1	0.0143	0.0145	0.0126	0.0482		Y
2	0.0143	0.0352	0.0131	0.0434		Y
3	0.0142	0.0158	0.0126	0.054		Y
4	0.0142	0.0144	0.0129	0.054		Y
5	0.0143	0.0168	0.0127	0.055		Y
6	0.0143	0.0144	0.0126	0.0546		Y
7	0.0143	0.0144	0.0126	0.0556		Y
8	0.0143	0.0144	0.0126	0.044		Y
9	0.0145	0.0204	0.0128	0.0418		Y
10	0.0143	0.0145	0.0127	0.0458		Y
11	0.0142	0.0144	0.0132	0.0474		Y
12	0.0142	0.0251	0.0125	0.0452		Y
13	0.0141	0.0152	0.0126	0.0482		Y
14	0.0141	0.0145	0.0126	0.0452		Y
15	0.0141	0.0142	0.0125	0.0446		Y
16	0.0141	0.0162	0.0129	0.046		Y
17	0.0141	0.0149	0.0233	0.0418		N
18	0.0144	0.0172	0.073	0.0494		Y
19	0.0141	0.0184	0.0126	0.0428		Y
20	0.0135	0.0143	0.0126	0.0448		Y
21	0.0135	0.0138	0.0127	0.048		Y
22	0.0135	0.0138	0.0128	0.0488		Y
23	0.0135	0.0142	0.0128	0.047		Y
24	0.0135	0.0137	0.0129	0.0576		Y
25	0.0137	0.0188	0.013	0.0436		Y
26	0.0137	0.0155	0.0226	0.0436		Y
27	0.0136	0.0139	0.0128	0.0422		Y
28	0.0136	0.0138	0.0127	0.043		Y
29	0.0136	0.0139	0.0129	0.0436		Y
30	0.0137	0.0147	0.0163	0.0494		Y
31	0.0138	0.0153	0.0132	0.0424		Y

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N]	All turbidity readings ≤ 5 NTU? [Y/N]	All IFE turbidity readings ≤ 0.15 NTU? [Y/N]	Performance std met? [Y/N] (PDR ≤ PDRMax, LRV ≥ LRC)	DIT Daily?
Y	Y	Y		N

CT's met daily? (p. 2)	All Cl2 residual at EP ≥ 0.2 mg/L?	PDR < PDRMax?	LRVambient > LRC?
Y	Y	Y	

PRINTED NAME: **Rod Mingus** **DATE:** 11/08/23

SIGNATURE: Rod Mingus **WT CERT #:** T-08557

Notes: **SEE BELOW** **PHONE #:** 541-693-2180

10/17/2023	Rack 1 in plant did not pass an Integrity Test due to broken fibers and valve out of adjustment. We were unable to fix the problem on the 17th and left the rack offline until we could fix the problem the next morning. Rod made contact with Kari Salis at the end of the day on the 17th to inform her of our situation and that we were unable to resolve the issue at that time.

Disinfection Monthly Operating Report

System Name: **Bend Water Department**

PWS ID#: 41 - **00100**

Plant ID : WTP - **A**

Log Inactivation Required via Disinfection
0.5

Day	Minimum Cl2 Residual at 1st User (C) ♦ [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [° C]	pH	Required CT (Formula)	CT Met? ♦ [Yes / No] (Formula)	Peak Hourly Demand Flow CT [GPM]	Peak Hourly Demand Flow OB1 [GPM]
1	1.1	274	302	6.73	7.53	29	Y	7,475	8,241
2	1.1	273	300	6.42	7.57	30	Y	7,526	8,256
3	0.98	276	270	7.55	7.71	29	Y	7,421	8,178
4	1.02	274	279	7.67	7.61	28	Y	7,491	8,246
5	1.06	273	289	7.37	7.58	28	Y	7,533	8,226
6	1.04	271	281	7.53	7.57	28	Y	7,580	8,285
7	1.04	273	284	7.84	7.64	28	Y	7,540	8,219
8	1.05	271	284	8.11	7.69	28	Y	7,604	8,299
9	1.04	274	285	7.99	7.62	28	Y	7,555	8,232
10	1.02	271	276	7.66	7.65	28	Y	7,585	8,262
11	0.95	282	268	6.74	7.51	29	Y	7,270	8,005
12	1	313	313	6.42	7.72	32	Y	6,496	7,470
13	1	285	285	6.54	7.55	30	Y	7,203	7,958
14	0.99	293	290	6.82	7.66	30	Y	7,000	7,776
15	1.01	279	281	7.17	7.66	29	Y	7,410	8,095
16	1.01	283	286	7.09	7.55	28	Y	7,318	7,984
17	1	289	289	7.18	7.55	28	Y	7,091	7,810
18	1.04	291	302	7.17	7.62	29	Y	7,111	7,793
19	1.13	289	326	7.43	7.64	29	Y	7,133	7,816
20	1.13	291	329	7.68	7.56	28	Y	7,023	7,801
21	1.12	317	355	7.72	7.63	28	Y	6,508	7,400
22	1.14	356	405	7.07	7.54	29	Y	6,176	6,763
23	1.12	315	352	7.46	7.68	29	Y	6,555	7,402
24	1.16	294	341	6.39	7.56	30	Y	7,048	7,732
25	1.13	423	478	6.44	7.64	31	Y	5,123	5,908
26	1.13	426	481	5.94	7.6	32	Y	5,181	5,752
27	1.1	471	518	5.38	7.76	35	Y	4,717	5,432
28	1.11	500	555	5.1	7.64	34	Y	4,662	5,064
29	1.11	471	522	4.57	7.69	36	Y	4,777	5,406
30	1.08	520	561	4.95	7.74	36	Y	4,385	4,969
31	1.05	523	549	5.26	7.69	34	Y	4,445	4,846

- ♦ If chlorine concentration at entry point < 0.2 mg/l, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10th of following month by

mail: PO Box 14350
Portland, OR 97293-0350

email: dwp.dmce@odhsoha.oregon.gov

fax: 971-673-0458