

Membrane Filter Monthly Operating Report

County: Deschutes

System Name: City of Bend

Month/Year: April 2024

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

PDR Max[psi/min]

LRC [log removal]

DIT Daily

LRC = Log Removal Credit

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	0.015	0.0153	0.0139	0.0446		Y
2	0.015	0.0152	0.0155	0.0464		Y
3	0.015	0.0182	0.0152	0.046		Y
4	0.015	0.0179	0.0155	0.0448		Y
5	0.0151	0.0157	0.0143	0.0476		Y
6	0.0151	0.0153	0.0135	0.046		Y
7	0.0151	0.0152	0.0147	0.0466		Y
8	0.0151	0.0166	0.0146	0.0434		Y
9	0.015	0.0181	0.0131	0.046		Y
10	0.015	0.0182	0.013	0.0538		Y
11	0.015	0.0156	0.0135	0.0474		Y
12	0.015	0.0152	0.013	0.043		Y
13	0.015	0.0152	0.0132	0.0454		Y
14	0.015	0.0151	0.0131	0.0446		Y
15	0.015	0.0169	0.0135	0.043		Y
16	0.015	0.0152	0.0131	0.0434		Y
17	0.0156	0.0205	1	0.0448		Y
18	0.016	0.0217	0.0133	0.0464		Y
19	0.016	0.0172	0.0132	0.0492		Y
20	0.016	0.0165	0.0132	0.0448		Y
21	0.0159	0.0163	0.013	0.0442		Y
22	0.016	0.0183	0.0132	0.0458		Y
23	0.0159	0.0164	0.013	0.046		Y
24	0.016	0.0271	0.013	0.046		Y
25	0.0159	0.0174	0.013	0.0434		Y
26	0.0161	0.0165	0.0129	0.046		Y
27	0.0162	0.0164	0.013	0.0452		Y
28	0.0161	0.0163	0.0131	0.0474		Y
29	0.0163	0.0183	0.0132	0.0416		Y
30	0.0163	0.0166	0.013	0.048		Y
31						

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	N		Y
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 Minaus

SIGNATURE:



Notes:

DATE: 05/06/24

WT CERT #: T-08557

PHONE #: 541-693-2180

Replaced FCV10010 on racks #2 & #6. Due to the replacement of the two Flow control valves on racks #2 and #6 this introduced air into the modules causing the Turbidity to reach 1.000 ntu. This event lasted for less than 15 minutes.

4/17/2024

Disinfection Monthly Operating Report

System Name: **Bend Water Department**

PWS ID#: 41 - **00100**

Plant ID : WTP - **A**

0.5

Log
Inactivation
Required via
Disinfection

Day	Minimum Cl ₂ 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	1.16	546	633	4.86	7.44	32	Y	4,328	4,657
2	1.11	466	518	5.79	7.44	30	Y	4,817	5,188
3	1.09	443	483	5.88	7.43	30	Y	5,039	5,451
4	1.09	427	465	5.3	7.44	31	Y	5,135	5,719
5	1.09	608	663	4.93	7.42	32	Y	4,046	4,120
6	1.09	637	694	4.78	7.43	32	Y	3,908	3,916
7	1.15	578	664	4.98	7.44	32	Y	4,101	4,415
8	1.14	583	665	5.23	7.45	32	Y	4,134	4,349
9	1.09	468	510	5.55	7.5	31	Y	4,826	5,135
10	1.09	348	379	5.71	7.48	31	Y	6,044	6,799
11	1.17	339	396	5.21	7.46	32	Y	6,194	6,891
12	1.18	369	435	5.2	7.49	32	Y	5,820	6,221
13	1.11	579	643	5.3	7.39	31	Y	4,186	4,357
14	1.12	576	646	5.69	7.41	30	Y	4,146	4,402
15	1.04	553	576	5.69	7.39	30	Y	4,298	4,591
16	1.14	427	487	5.03	7.41	32	Y	5,254	5,575
17	1.13	384	434	5.29	7.45	31	Y	5,770	6,163
18	1.12	394	442	5.06	7.41	31	Y	5,622	6,053
19	1.12	400	448	4.72	7.45	33	Y	5,576	5,942
20	1.11	435	482	4.84	7.44	32	Y	5,324	5,401
21	1.09	372	406	4.91	7.43	32	Y	5,792	6,411
22	1.08	333	359	5.71	7.43	30	Y	6,098	7,685
23	1.07	332	356	5.88	7.44	30	Y	6,291	7,125
24	1.05	263	276	5.82	7.44	30	Y	7,439	8,448
25	1.07	268	286	5.91	7.46	30	Y	7,473	8,157
26	1.07	313	335	5.27	7.45	31	Y	6,398	7,510
27	1.05	318	334	5.62	7.46	31	Y	6,401	7,097
28	1.06	320	339	5.26	7.42	31	Y	6,364	7,459
29	1.01	299	302	5.77	7.44	30	Y	6,765	7,518
30	1.07	300	321	5.05	7.43	32	Y	6,609	7,888
31									

♦ 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