

Membrane Filter Monthly Operating Report

System Name: **City of Bend**

County: **Deschutes**

PWS ID#: 41 - **00100**

Month/Year: **November 2024**

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

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

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	0.0168	0.017	0.013	0.0488		Y
2	0.0167	0.017	0.0132	0.047		Y
3	0.0168	0.0169	0.013	0.0474		Y
4	0.0168	0.0175	0.0131	0.0412		Y
5	0.0169	0.017	0.0134	0.0488		Y
6	0.0169	0.0171	0.0138	0.0498		Y
7	0.017	0.0195	0.0142	0.0464		Y
8	0.0169	0.0171	0.0132	0.0598		Y
9	0.0169	0.017	0.0235	0.0486		Y
10	0.0169	0.0175	0.0132	0.0454		Y
11	0.017	0.0177	0.0139	0.047		Y
12	0.0171	0.0172	0.0134	0.0458		Y
13	0.0161	0.0173	0.0135	0.046		Y
14	0.0154	0.0349	0.0133	0.0474		Y
15	0.0153	0.0154	0.0132	0.0498		Y
16	0.0154	0.0158	0.0132	0.0486		Y
17	0.0155	0.0159	0.0131	0.0492		Y
18	0.0155	0.0162	0.0132	0.055		Y
19	0.0156	0.0179	0.0134	0.0518		Y
20	0.0156	0.0176	0.0131	0.0512		Y
21	0.0156	0.0167	0.0131	0.0532		Y
22	0.0155	0.0157	0.0132	0.051		Y
23	0.0155	0.0159	0.0133	0.0512		Y
24	0.0155	0.0158	0.0141	0.05		Y
25	0.0155	0.0172	0.0297	0.0524		Y
26	0.0155	0.0157	0.0146	0.0562		Y
27	0.0155	0.0176	0.0132	0.0558		Y
28	0.0156	0.0692	0.0136	0.05		Y
29	0.0155	0.0162	0.0144	0.0498		Y
30	0.0156	0.0162	0.0133	0.0512		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	Y		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:

Rod Minaus

Notes:

DATE: 12/05/24

WT CERT #: T-08557

PHONE #: 541-693-2180

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	1.13	341	385	6.03	7.61	32	Y	5,667	6,885
2	1.12	376	421	5.74	7.63	33	Y	5,351	6,522
3	1.08	392	423	5.79	7.64	32	Y	5,110	6,498
4	1.1	421	463	5.52	7.64	33	Y	5,131	6,003
5	1	413	413	5.66	7.62	32	Y	5,074	5,925
6	1.05	448	470	5.74	7.64	32	Y	4,797	5,455
7	1.17	450	526	5.45	7.62	33	Y	4,840	5,341
8	1.07	344	368	5.54	7.62	33	Y	5,685	7,440
9	1.04	454	472	5.77	7.65	32	Y	4,553	5,678
10	1.02	407	415	5.91	7.65	32	Y	4,881	6,421
11	0.94	447	420	6.12	7.62	31	Y	5,014	5,326
12	1.05	417	438	5.77	7.66	33	Y	4,704	6,482
13	1.12	421	471	5.4	7.65	34	Y	4,693	6,199
14	1.25	429	536	5.3	7.64	34	Y	4,960	5,669
15	1.16	445	516	5.4	7.61	33	Y	4,719	5,618
16	1.16	469	545	4.78	7.65	35	Y	4,455	5,533
17	1.14	369	421	5.1	7.64	34	Y	5,470	6,534
18	1.24	417	517	4.36	7.66	37	Y	5,050	5,844
19	1.23	479	589	4.33	7.6	36	Y	4,683	4,954
20	1.19	397	472	4.57	7.65	36	Y	5,008	6,430
21	1.21	511	618	4.15	7.66	37	Y	4,320	4,869
22	1.17	408	477	5.07	7.64	34	Y	5,040	6,079
23	0.94	493	463	4.91	7.57	33	Y	4,438	5,209
24	1.14	406	463	4.86	7.65	35	Y	5,146	6,019
25	1.15	474	545	4.93	7.65	35	Y	4,449	5,291
26	1.16	410	476	4.88	7.66	35	Y	4,926	6,160
27	1.18	431	509	4.72	7.63	35	Y	4,999	5,621
28	1.16	460	534	3.99	7.63	37	Y	4,422	5,672
29	1.17	458	536	4.02	7.65	37	Y	4,331	5,989
30	1.15	413	475	4.59	7.66	36	Y	4,847	6,201
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