Membrane Filter Monthly Operating Report

System Name: **City of Bend** County: **Deschutes**

PWS ID#: 41 - **00100** Month/Year: **December 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 | **PDR Max[psi/min]** | **LRC [log removal]**

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]	DIT Daily [Y/N] or "off"
1	0.0156	0.0159	0.0134	0.047		Y
2	0.0156	0.0164	0.0132	0.0466		Y
3	0.0156	0.0157	0.0154	0.0448		Y
4	0.0156	0.0168	0.0133	0.0464		Y
5	0.0156	0.0747	0.0131	0.0442		Y
6	0.0156	0.0156	0.0132	0.0568		Y
7	0.0155	0.0156	0.0131	0.0466		Y
8	0.0155	0.0161	0.0131	0.0448		Y
9	0.0156	0.0165	0.0153	0.0516		Y
10	0.0156	0.0158	0.0132	0.046		Y
11	0.0156	0.017	0.0133	0.0454		Y
12	0.0157	0.0195	0.0131	0.051		Y
13	0.0156	0.0158	0.0131	0.047		Y
14	0.0156	0.016	0.0131	0.0458		Y
15	0.0156	0.0159	0.0133	0.0406		Y
16	0.0156	0.017	0.0134	0.0518		Y
17	0.0148	0.0233	0.0147	0.0448		Y
18	0.0129	0.0326	0.014	0.0558		Y
19	0.0128	0.0135	0.0135	0.0424		Y
20	0.0128	0.0129	0.0136	0.0568		Y
21	0.0128	0.0134	0.014	0.0424		Y
22	0.0128	0.0129	0.0134	0.0448		Y
23	0.0128	0.0133	0.0135	0.0434		Y
24	0.0127	0.013	0.0135	0.0498		Y
25	0.0127	0.0132	0.014	0.0482		Y
26	0.0128	0.0155	0.0135	0.0522		Y
27	0.0127	0.0132	0.0134	0.05		Y
28	0.0127	0.0131	0.0134	0.0482		Y
29	0.0127	0.0128	0.0136	0.05		Y
30	0.0127	0.0134	0.0134	0.0498		Y
31	0.0127	0.0131	0.0135	0.0516		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		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 Mingus **DATE:** 01/05/25

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

Notes: **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 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	1.15	462	531	4.42	7.66	36	Y	4,633	5,457
2	1.15	398	457	4.46	7.65	36	Y	5,191	6,284
3	1.14	479	546	4.53	7.65	36	Y	4,699	5,106
4	1.15	398	458	4.59	7.64	35	Y	5,117	6,267
5	1.14	477	544	4.59	7.62	35	Y	4,489	5,323
6	1.14	423	482	4.91	7.66	35	Y	5,011	5,785
7	1.13	486	549	4.97	7.66	35	Y	4,344	5,346
8	1.09	497	542	5.03	7.66	34	Y	4,388	5,156
9	1.16	456	529	4.3	7.67	37	Y	4,494	5,814
10	1.14	502	572	3.71	7.68	38	Y	4,346	5,189
11	1.14	407	464	4.31	7.63	36	Y	5,085	6,026
12	1.13	514	581	4.49	7.66	36	Y	4,295	5,006
13	1.11	505	561	4.57	7.67	36	Y	4,329	5,112
14	1.12	445	499	4.42	7.66	36	Y	4,424	6,197
15	1.18	477	563	4.48	7.66	36	Y	4,417	5,361
16	1.19	417	496	4.43	7.64	36	Y	4,813	6,105
17	1.19	464	552	4.3	7.65	36	Y	4,588	5,316
18	1.15	476	548	4.38	7.62	36	Y	4,437	5,286
19	0.88	441	389	4.51	7.6	34	Y	4,621	5,904
20	1.14	475	542	4.91	7.63	35	Y	4,398	5,382
21	1.15	455	523	4.98	7.65	35	Y	4,374	5,917
22	1.16	474	550	4.96	7.64	35	Y	4,425	5,333
23	1.08	408	441	4.91	7.64	34	Y	5,008	6,069
24	1.03	465	479	4.99	7.65	34	Y	4,547	5,347
25	0.94	444	418	4.58	7.65	35	Y	4,624	5,852
26	1.04	564	587	4.29	7.62	35	Y	4,121	4,429
27	1.08	420	454	4.27	7.67	36	Y	4,726	6,048
28	1.08	541	584	4.18	7.66	36	Y	4,167	4,551
29	1.09	539	587	4.39	7.66	36	Y	4,271	4,593
30	1.11	504	559	3.96	7.65	37	Y	4,456	4,663
31	1.12	478	535	3.73	7.68	38	Y	4,562	5,273

- ♦ 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