Membrane Filter Monthly Operating Report

County: **Deschutes**

System Name: **City of Bend**

Month/Year: **February 2025**

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]
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	0.0151	0.0152	0.0136	0.0494		Y
2	0.0151	0.0153	0.0139	0.051		Y
3	0.0151	0.0156	0.0134	0.0506		Y
4	0.0151	0.0152	0.0223	0.0512		Y
5	0.015	0.0165	0.0554	0.0498		Y
6	0.015	0.0164	0.0247	0.0504		Y
7	0.015	0.0152	0.0134	0.0498		Y
8	0.015	0.0151	0.0389	0.0498		Y
9	0.015	0.0151	0.0413	0.0512		Y
10	0.0151	0.0159	0.0312	0.0604		Y
11	0.0151	0.0153	0.0139	0.0522		Y
12	0.0151	0.0162	0.0135	0.057		Y
13	0.0152	0.0157	0.0134	0.0464		Y
14	0.0153	0.0153	0.0134	0.0416		Y
15	0.0152	0.0153	0.0133	0.0458		Y
16	0.0152	0.0153	0.0133	0.0464		Y
17	0.0152	0.0155	0.0134	0.043		Y
18	0.0151	0.0152	0.0134	0.0442		Y
19	0.0151	0.0164	0.0136	0.0568		Y
20	0.0151	0.0185	0.0236	0.054		Y
21	0.015	0.0151	0.0133	0.048		Y
22	0.0151	0.0152	0.0134	0.0574		Y
23	0.0161	0.0693	0.0136	0.0516		Y
24	n/a	n/a	n/a	n/a		OFF
25	n/a	n/a	n/a	n/a		OFF
26	n/a	n/a	n/a	n/a		OFF
27	n/a	n/a	n/a	n/a		OFF
28	n/a	n/a	n/a	n/a		OFF
29						
30						
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 Mingus** **DATE:** 03/05/25

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	1.19	487	580	4.12	7.58	36	Y	4,335	5,265
2	1.18	421	497	4.13	7.6	36	Y	4,743	6,037
3	1.2	503	603	3.83	7.59	37	Y	4,282	5,106
4	1.17	382	447	3.76	7.61	37	Y	4,977	6,901
5	1.16	514	596	3.66	7.61	37	Y	4,275	5,032
6	1.19	487	580	3.52	7.59	38	Y	4,299	5,267
7	1.19	406	484	3.81	7.59	37	Y	4,797	6,512
8	1.19	507	604	3.46	7.6	38	Y	4,197	5,190
9	1.16	478	554	3.57	7.6	38	Y	4,387	5,322
10	1.16	467	542	3.49	7.72	39	Y	4,557	5,292
11	1.12	354	396	3.32	7.48	36	Y	5,480	7,189
12	1.1	497	547	3.02	7.76	41	Y	4,350	5,148
13	1.15	401	461	2.92	7.8	42	Y	5,095	6,246
14	1.15	499	574	3.27	7.76	41	Y	4,357	5,133
15	1.14	460	524	3.78	7.77	39	Y	4,525	5,449
16	1.13	393	444	4.04	7.78	39	Y	4,955	6,635
17	1.13	461	521	4.21	7.76	38	Y	4,609	5,376
18	1.14	412	470	4.24	7.78	38	Y	5,139	5,942
19	1.17	457	535	4.42	7.77	38	Y	4,782	5,324
20	1.17	452	529	4.41	7.71	37	Y	4,709	5,440
21	1.16	409	474	4.42	7.76	38	Y	5,070	5,989
22	1.13	469	529	4.67	7.76	37	Y	4,426	5,419
23	1.13	481	543	4.67	7.78	37	Y	4,543	5,328
24	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
25	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
26	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
27	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
28	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
29									
30									
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