

Membrane Filter Monthly Operating Report

System Name: City of Bend

County: _____

Deschutes

PWS ID#: 41 - 00100

Minimum test pressure applied || req'd:

April 2025

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	0.0151	0.0155	0.0136	0.0488		Y
2	0.0151	0.0228	0.0134	0.0534		Y
3	0.0151	0.0216	0.0136	0.0528		Y
4	0.0151	0.0165	0.0133	0.0516		Y
5	0.015	0.0155	0.0135	0.0522		Y
6	0.015	0.0154	0.0137	0.0512		Y
7	0.015	0.0158	0.0133	0.0528		Y
8	0.0151	0.0153	0.0136	0.054		Y
9	0.0151	0.0336	0.0135	0.0492		Y
10	0.0151	0.0172	0.0135	0.051		Y
11	0.0151	0.0157	0.0133	0.0518		Y
12	0.015	0.0154	0.0134	0.0538		Y
13	0.015	0.0152	0.0133	0.0568		Y
14	0.0151	0.0153	0.0134	0.0556		Y
15	0.0151	0.0173	0.0136	0.0568		Y
16	0.015	0.0181	0.0137	0.0556		Y
17	0.0152	0.0159	0.0137	0.0544		Y
18	0.0157	0.0159	0.0134	0.0538		Y
19	0.0156	0.0158	0.0134	0.0564		Y
20	0.015	0.016	0.0136	0.0714		Y
21	0.0147	0.0156	0.0134	0.0574		Y
22	0.0148	0.015	0.0136	0.0522		Y
23	0.0148	0.0201	0.0138	0.0628		Y
24	0.0148	0.0182	0.0168	0.0724		Y
25	0.0148	0.0161	0.0137	0.0714		Y
26	0.0148	0.015	0.0134	0.0702		Y
27	0.0147	0.0149	0.0134	0.0696		Y
28	0.0148	0.0171	0.0169	0.0672		Y
29	0.0148	0.0152	0.0502	0.0668		Y
30	0.0147	0.0151	0.0505	0.073		Y
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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 Minas

SIGNATURE:

Notes:

DATE:

05/05/25

WT CERT #:

T-08557

PHONE #:

541-693-2180

Disinfection Monthly Operating Report

System Name: **Bend Water Department**

PWS ID#: 41 - **00100**

0.5

Log
Inactivation
Required via
Disinfection

Plant ID : WTP -

A

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	1.08	406	439	4.84	7.63	34	Y	4,986	6,233
2	1.01	366	369	5.02	7.57	33	Y	5,342	6,640
3	1.05	324	341	4.77	7.59	34	Y	6,561	7,235
4	1.11	399	442	4.97	7.58	34	Y	4,995	6,332
5	1.1	462	508	5.25	7.57	33	Y	4,689	5,259
6	1.06	430	456	5.16	7.61	33	Y	4,996	5,864
7	1.06	341	361	5.58	7.56	32	Y	5,689	7,266
8	1.02	352	359	5.46	7.5	31	Y	5,469	7,225
9	1.09	360	393	5.29	7.54	32	Y	5,527	6,793
10	1.11	306	340	5.62	7.48	31	Y	6,431	7,435
11	1.06	329	348	5.44	7.55	32	Y	5,942	7,033
12	1.04	397	412	6.05	7.57	31	Y	5,152	6,158
13	1.06	355	376	5.49	7.57	32	Y	5,632	6,714
14	1.08	375	405	5.76	7.55	31	Y	5,559	6,478
15	1.06	394	417	5.76	7.56	31	Y	5,327	6,454
16	1.02	386	394	6.09	7.54	30	Y	5,143	6,752
17	1.08	418	451	5.44	7.49	31	Y	5,164	5,722
18	1.09	422	460	5.58	7.52	31	Y	5,199	5,899
19	1.08	411	444	5.73	7.54	31	Y	5,284	5,771
20	1.06	418	443	5.85	7.53	31	Y	5,206	5,680
21	1.13	391	441	5.63	7.52	32	Y	5,280	6,386
22	1.27	412	524	5.54	7.55	33	Y	5,317	5,757
23	1.14	411	469	5.94	7.59	32	Y	5,290	5,770
24	1.08	319	344	5.6	7.5	31	Y	6,400	7,291
25	1.08	309	333	5.85	7.53	31	Y	6,753	7,326
26	1.07	315	337	5.99	7.52	31	Y	6,474	7,340
27	1.05	305	320	6.52	7.56	30	Y	6,670	7,341
28	1.1	303	334	5.9	7.48	30	Y	6,813	7,278
29	1.1	299	329	6.14	7.51	30	Y	6,815	7,295
30	1.09	299	326	5.96	7.47	30	Y	6,790	7,331
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- ♦ 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