Membrane Filter Monthly Operating Report

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

PWS ID#: 41 - **00100** Month/Year: **June 2025**

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	0.0152	0.0158	0.0134	0.0686		Y
2	0.0154	0.0536	0.016	0.0702		Y
3	0.0151	0.016	0.0134	0.0712		Y
4	0.0152	0.0533	0.0137	0.068		Y
5	0.0151	0.0165	0.0133	0.068		Y
6	0.0186	0.0504	0.0139	0.068		Y
7	0.0438	0.05	0.0135	0.0666		Y
8	0.0288	0.0402	0.0138	0.0654		Y
9	0.0245	0.032	0.0135	0.0646		Y
10	0.0174	0.0561	0.0398	0.0684		Y
11	0.0156	0.018	0.026	0.054		Y
12	0.0154	0.0199	0.0202	0.0492		Y
13	0.0152	0.016	0.0135	0.0516		Y
14	0.0147	0.0158	0.0141	0.0568		Y
15	0.0146	0.0154	0.0136	0.0522		Y
16	0.0145	0.0194	0.0195	0.058		Y
17	0.0139	0.0175	0.0138	0.0538		Y
18	0.0139	0.0213	0.0291	0.0782		Y
19	0.0138	0.0147	0.0138	0.0522		Y
20	0.0135	0.0141	0.0136	0.0522		Y
21	0.0134	0.0137	0.0135	0.047		Y
22	0.0133	0.0135	0.0134	0.0466		Y
23	0.0134	0.0173	0.0137	0.0452		Y
24	0.0134	0.0139	0.0137	0.0446		Y
25	0.0133	0.0186	0.0137	0.0476		Y
26	0.0132	0.0148	0.0138	0.0476		Y
27	0.0131	0.0136	0.0135	0.047		Y
28	0.013	0.0132	0.0136	0.0488		Y
29	0.013	0.0131	0.0136	0.047		Y
30	0.0129	0.014	0.0165	0.047		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 Mingus** **DATE:** 07/05/25

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	1.01	257	260	7.39	7.38	26	Y	7,697	8,387
2	0.96	143	138	8.39	7.42	25	Y	7,645	8,330
3	1.04	262	273	7.94	7.45	26	Y	7,676	8,263
4	1.04	261	272	8.18	7.41	25	Y	7,706	8,321
5	1.01	260	263	8.93	7.48	25	Y	7,822	8,278
6	1.01	262	264	9.33	7.48	24	Y	7,673	8,261
7	1.03	264	272	9.12	7.37	23	Y	7,695	8,223
8	1	263	263	10.2	7.47	22	Y	7,747	8,223
9	1.05	264	278	9.63	7.42	23	Y	7,750	8,179
10	1.11	267	297	10.23	7.38	22	Y	7,557	8,153
11	1.1	263	289	9.77	7.46	23	Y	7,688	8,249
12	1.25	263	329	10.32	7.48	23	Y	7,653	8,300
13	0.95	265	252	9.83	7.4	22	Y	7,586	8,208
14	1.09	265	289	9.27	7.43	24	Y	7,627	8,259
15	1.1	263	289	8.94	7.37	24	Y	7,711	8,256
16	1.03	261	269	9.28	7.5	24	Y	7,711	8,329
17	1	259	259	10.16	7.47	23	Y	7,757	8,375
18	1.02	261	266	9.29	7.48	24	Y	7,801	8,291
19	1.07	261	279	9.35	7.56	25	Y	7,790	8,299
20	1.03	263	271	10.37	7.54	23	Y	7,621	8,321
21	1.04	264	274	9.37	7.55	25	Y	7,572	8,279
22	1.04	264	275	8.98	7.54	25	Y	7,572	8,249
23	1.05	264	277	8.94	7.56	25	Y	7,646	8,255
24	0.95	262	249	10.14	7.64	24	Y	7,663	8,297
25	0.92	262	241	10.5	7.58	23	Y	7,733	8,298
26	0.88	261	230	10.87	7.58	22	Y	7,749	8,342
27	0.95	261	248	10.84	7.6	22	Y	7,694	8,296
28	0.94	260	245	11.02	7.55	22	Y	7,718	8,361
29	0.95	261	248	10.84	7.57	22	Y	7,776	8,312
30	0.94	258	243	11.31	7.58	22	Y	7,811	8,372
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