Membrane Filter Monthly Operating Report

County: **Deschutes**

System Name: **City of Bend**

Month/Year: **July 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]	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	0.0129	0.0131	0.0137	0.047		Y
2	0.013	0.0295	0.0138	0.0516		Y
3	0.0129	0.0141	0.0134	0.0494		Y
4	0.013	0.0133	0.0138	0.0504		Y
5	0.0129	0.0131	0.0136	0.0546		Y
6	0.0129	0.0131	0.0136	0.0558		Y
7	0.0131	0.0297	0.0148	0.048		Y
8	0.013	0.0136	0.0136	0.05		Y
9	0.013	0.0132	0.0137	0.0522		Y
10	0.0138	0.0208	0.0456	0.0538		Y
11	0.0143	0.0145	0.0136	0.055		Y
12	0.0143	0.0147	0.0138	0.0466		Y
13	0.0143	0.0144	0.014	0.0464		Y
14	0.0143	0.0149	0.0138	0.0556		Y
15	0.0143	0.0145	0.0138	0.0488		Y
16	0.0143	0.0152	0.0139	0.048		Y
17	0.0143	0.0144	0.014	0.0504		Y
18	0.0143	0.0151	0.0139	0.0516		Y
19	0.0142	0.0143	0.0137	0.0518		Y
20	0.0142	0.0143	0.0137	0.0516		Y
21	0.0142	0.0147	0.0151	0.0498		Y
22	0.0143	0.0153	0.0138	0.0556		Y
23	0.0142	0.0157	0.0139	0.055		Y
24	0.0142	0.0148	0.0139	0.051		Y
25	0.0142	0.0143	0.0139	0.0482		Y
26	0.0142	0.0143	0.0137	0.0458		Y
27	0.0142	0.0143	0.0137	0.051		Y
28	0.0142	0.0146	0.0137	0.05		Y
29	0.0142	0.0144	0.0144	0.0516		Y
30	0.0142	0.0151	0.0137	0.054		Y
31	0.0142	0.0146	0.0138	0.0466		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 Minaus** **DATE:** 09/08/25

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	0.94	261	245	10.99	7.63	22	Y	7,751	8,304
2	1.02	261	267	10.96	7.59	22	Y	7,727	8,295
3	1	263	263	11.56	7.57	21	Y	7,649	8,306
4	1	267	267	11.36	7.64	22	Y	7,579	8,211
5	0.95	265	252	10.88	7.57	22	Y	7,706	8,206
6	0.97	265	257	11.35	7.62	22	Y	7,675	8,232
7	1	261	261	11.16	7.61	22	Y	7,834	8,296
8	0.97	261	253	11.97	7.58	21	Y	7,770	8,314
9	0.97	262	254	11.94	7.65	21	Y	7,756	8,310
10	0.97	262	254	11.97	7.66	21	Y	7,785	8,277
11	1.05	263	276	10.64	7.52	22	Y	7,767	8,233
12	1	264	264	11.63	7.53	21	Y	7,711	8,249
13	0.98	263	258	12.41	7.65	21	Y	7,823	8,218
14	1	261	261	12.36	7.49	20	Y	7,814	8,272
15	1.06	262	277	12.48	7.65	21	Y	7,793	8,289
16	1.08	262	283	11.96	7.66	22	Y	7,805	8,273
17	1.08	262	283	12.02	7.59	21	Y	7,857	8,241
18	1.08	262	283	12.09	7.6	21	Y	7,773	8,288
19	1.07	264	282	12.14	7.65	21	Y	7,735	8,240
20	1.07	264	283	11.89	7.6	21	Y	7,719	8,238
21	1.08	263	284	11.3	7.59	22	Y	7,752	8,264
22	1.07	265	283	11.08	7.64	23	Y	7,677	8,220
23	1.12	259	290	10.84	7.58	23	Y	7,724	8,259
24	1.1	262	288	11.13	7.55	22	Y	7,797	8,292
25	1.01	262	264	11.17	7.64	22	Y	7,795	8,295
26	0.99	263	260	11.88	7.68	22	Y	7,777	8,272
27	1	264	264	11.44	7.58	21	Y	7,722	8,256
28	0.99	263	261	11.57	7.58	21	Y	7,707	8,290
29	1.06	264	280	10.95	7.57	22	Y	7,715	8,217
30	1.01	264	266	11.88	7.59	21	Y	7,754	8,251
31	1	263	263	11.69	7.62	21	Y	7,733	8,254

- ♦ 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