Membrane Filter Monthly Operating Report

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

PWS ID#: 41 - **00100** | Month/Year: **August 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	0.0142	0.0142	0.0139	0.0418		Y
2	0.0142	0.0142	0.0139	0.05		Y
3	0.0142	0.0152	0.0138	0.0494		Y
4	0.0142	0.0146	0.0138	0.0446		Y
5	0.0142	0.0142	0.0138	0.0416		Y
6	0.0141	0.0149	0.0138	0.0452		Y
7	0.0141	0.0144	0.0138	0.051		Y
8	0.0141	0.0142	0.0137	0.043		Y
9	0.0141	0.0142	0.0136	0.048		Y
10	0.0141	0.0142	0.0136	0.0476		Y
11	0.0141	0.0144	0.014	0.0466		Y
12	0.0141	0.0153	0.0136	0.0476		Y
13	0.0141	0.0154	0.0139	0.0424		Y
14	0.0141	0.0144	0.0138	0.043		Y
15	0.0141	0.0141	0.0138	0.044		Y
16	0.0141	0.0141	0.0139	0.0506		Y
17	0.0141	0.0141	0.0139	0.046		Y
18	0.0141	0.0146	0.0139	0.0446		Y
19	0.0141	0.0142	0.0139	0.0528		Y
20	0.0141	0.0147	0.0138	0.0476		Y
21	0.014	0.0146	0.0138	0.0538		Y
22	0.014	0.0141	0.0137	0.0558		Y
23	0.014	0.0141	0.0138	0.0538		Y
24	0.0141	0.0141	0.0137	0.0534		Y
25	0.0141	0.0146	0.0138	0.0488		Y
26	0.0141	0.0142	0.0138	0.0516		Y
27	0.0141	0.0145	0.0138	0.0552		Y
28	0.014	0.0147	0.0187	0.0558		Y
29	0.014	0.0141	0.0172	0.0574		Y
30	0.014	0.0141	0.0138	0.0588		Y
31	0.014	0.0141	0.014	0.0504		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:** 09/05/25

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	266	268	11.16	7.52	21	Y	7,673	8,195
2	1.01	264	266	10.92	7.64	23	Y	7,767	8,242
3	0.99	264	261	11.23	7.59	22	Y	7,704	8,254
4	0.97	264	256	10.9	7.54	22	Y	7,670	8,224
5	0.97	266	258	10.88	7.59	22	Y	7,642	8,179
6	0.99	265	263	10.51	7.52	22	Y	7,657	8,234
7	0.97	265	257	10.47	7.62	23	Y	7,641	8,231
8	0.96	264	253	10.69	7.57	22	Y	7,660	8,245
9	0.96	264	253	10.6	7.54	22	Y	7,698	8,248
10	0.95	264	251	11.21	7.6	22	Y	7,714	8,241
11	0.93	263	245	11.48	7.62	22	Y	7,761	8,241
12	0.92	263	242	12.02	7.58	21	Y	7,799	8,242
13	1	262	262	10.98	7.49	21	Y	7,799	8,252
14	0.96	263	253	11.62	7.56	21	Y	7,744	8,273
15	0.96	261	251	11.26	7.59	22	Y	7,745	8,258
16	0.95	264	251	11.49	7.59	21	Y	7,700	8,249
17	0.95	268	254	10.97	7.51	22	Y	7,592	8,138
18	1.03	266	274	11.12	7.59	22	Y	7,636	8,228
19	0.98	264	259	11.19	7.61	22	Y	7,691	8,250
20	0.97	265	257	11.18	7.6	22	Y	7,671	8,221
21	0.98	263	257	10.79	7.62	23	Y	7,801	8,274
22	0.97	265	257	11.12	7.6	22	Y	7,647	8,247
23	0.97	263	255	11.21	7.54	21	Y	7,691	8,268
24	0.98	264	258	11.16	7.45	21	Y	7,696	8,263
25	0.97	265	257	11.52	7.48	21	Y	7,629	8,237
26	1	263	263	10.87	7.54	22	Y	7,705	8,249
27	1	266	266	10.88	7.39	21	Y	7,659	8,208
28	0.97	264	256	10.99	7.56	22	Y	7,704	8,257
29	1	265	265	10.77	7.41	21	Y	7,735	8,170
30	0.97	264	256	10.82	7.56	22	Y	7,697	8,251
31	0.97	266	258	10.72	7.45	21	Y	7,637	8,192

♦ 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