Membrane Filter Monthly Operating Report

County: **Deschutes**

System Name: **City of Bend**

Month/Year: **September 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	0.0141	0.0148	0.015	0.0406		Y
2	0.0141	0.0142	0.0138	0.0388		Y
3	0.014	0.0141	0.0138	0.039		Y
4	0.014	0.0146	0.0138	0.0434		Y
5	0.014	0.0141	0.0137	0.0372		Y
6	0.014	0.014	0.0137	0.0342		Y
7	0.014	0.0164	0.0138	0.043		Y
8	0.014	0.0143	0.0138	0.0492		Y
9	0.014	0.0153	0.014	0.0446		Y
10	0.014	0.0141	0.0151	0.055		Y
11	0.014	0.0144	0.0138	0.0436		Y
12	0.014	0.0141	0.014	0.0518		Y
13	0.014	0.0144	0.0138	0.047		Y
14	0.014	0.0149	0.0138	0.0418		Y
15	0.014	0.0147	0.0137	0.0406		Y
16	0.0141	0.0163	0.0144	0.043		Y
17	0.0141	0.0173	0.0138	0.0518		Y
18	0.014	0.0151	0.0139	0.0504		Y
19	0.014	0.0141	0.0136	0.0454		Y
20	0.014	0.0141	0.0145	0.0464		Y
21	0.014	0.0143	0.0139	0.0396		Y
22	0.0141	0.0176	0.0153	0.0562		Y
23	0.0137	0.0139	0.0131	0.0454		Y
24	0.0137	0.0152	0.013	0.048		Y
25	0.0137	0.0149	0.013	0.0474		Y
26	0.0136	0.0137	0.013	0.043		Y
27	0.0137	0.0137	0.0129	0.0428		Y
28	0.0137	0.0137	0.013	0.0416		Y
29	0.0137	0.0143	0.0128	0.0446		Y
30	0.0137	0.0138	0.0129	0.04		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 Minqus** **DATE:** 10/05/25

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**

Log Inactivation Required via Disinfection
0.5

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	0.98	264	258	10.21	7.52	23	Y	7,736	8,225
2	0.97	264	256	10.92	7.53	22	Y	7,697	8,233
3	0.99	265	262	10.88	7.41	21	Y	7,612	8,194
4	0.97	263	256	10.79	7.45	21	Y	7,689	8,237
5	0.97	263	255	11.02	7.45	21	Y	7,713	8,237
6	0.97	264	256	10.8	7.4	21	Y	7,705	8,214
7	0.95	265	252	10.66	7.53	22	Y	7,576	8,209
8	1	267	267	10.35	7.45	22	Y	7,502	8,161
9	0.98	268	263	10.26	7.46	22	Y	7,505	8,175
10	0.96	269	258	9.61	7.41	23	Y	7,452	8,119
11	1.01	273	276	9.37	7.4	23	Y	7,389	8,040
12	0.98	268	263	9.91	7.44	23	Y	7,567	8,124
13	0.99	266	264	9.51	7.4	23	Y	7,650	8,183
14	0.97	267	259	9.7	7.43	23	Y	7,542	8,170
15	1.05	268	282	9.27	7.4	23	Y	7,550	8,155
16	1.04	268	279	8.83	7.38	24	Y	7,529	8,154
17	1.02	265	270	9.6	7.44	23	Y	7,623	8,240
18	1.01	268	270	9.47	7.46	23	Y	7,549	8,180
19	1	265	265	9.83	7.49	23	Y	7,657	8,220
20	1.01	265	268	9.56	7.44	23	Y	7,599	8,188
21	0.99	265	262	9.92	7.49	23	Y	7,630	8,240
22	1.01	268	270	8.41	7.44	25	Y	7,552	8,188
23	0.99	266	263	8.94	7.5	25	Y	7,634	8,202
24	1.01	268	270	8.89	7.44	24	Y	7,598	8,149
25	1.01	264	266	9.56	7.37	23	Y	7,655	8,228
26	0.97	267	259	9.59	7.41	23	Y	7,634	8,149
27	1	266	266	8.84	7.36	24	Y	7,625	8,201
28	0.98	266	261	9.25	7.33	23	Y	7,637	8,198
29	0.99	267	264	9.29	7.38	23	Y	7,583	8,202
30	0.94	266	250	8.63	7.37	24	Y	7,587	8,214
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