Membrane Filter Monthly Operating Report

County: **Deschutes**

System Name: **City of Bend**

Month/Year: **November 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]
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	0.0138	0.0141	0.0131	0.048		Y
2	n/a	n/a	n/a	n/a		OFF
3	n/a	n/a	n/a	n/a		OFF
4	n/a	n/a	n/a	n/a		OFF
5	n/a	n/a	n/a	n/a		OFF
6	0.0159	0.0996	0.0316	0.0422		Y
7	0.0137	0.0138	0.013	0.0466		Y
8	0.0137	0.0146	0.0129	0.043		Y
9	0.0137	0.0138	0.0131	0.0512		Y
10	0.0138	0.0148	0.013	0.0454		Y
11	0.0138	0.0153	0.013	0.0454		Y
12	0.0138	0.014	0.0173	0.0422		Y
13	0.0138	0.0143	0.013	0.0454		Y
14	0.0138	0.014	0.0132	0.044		Y
15	0.0138	0.0139	0.0132	0.0482		Y
16	0.0138	0.0138	0.0134	0.0428		Y
17	0.0138	0.0151	0.0131	0.04		Y
18	0.0138	0.0139	0.0134	0.0436		Y
19	0.0138	0.016	0.0131	0.047		Y
20	0.0136	0.0146	0.0132	0.0436		Y
21	0.0135	0.0136	0.0134	0.0406		Y
22	0.0135	0.0136	0.0135	0.0446		Y
23	0.0135	0.0135	0.0131	0.0474		Y
24	0.0135	0.0142	0.0134	0.0464		Y
25	0.0135	0.0136	0.013	0.0442		Y
26	0.0136	0.0151	0.0131	0.0424		Y
27	0.0135	0.0143	0.0131	0.0474		Y
28	0.0136	0.0143	0.0136	0.0518		Y
29	0.0135	0.0136	0.013	0.0418		Y
30	0.0136	0.0139	0.013	0.0488		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 Mingus** **DATE:** 12/01/25

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	1.05	228	239	6.44	7.36	28	Y	0	6,168
2	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
3	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
4	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
5	n/a	0	n/a	n/a	n/a	n/a	n/a	0	0
6	1.08	283	305	6.87	7.31	27	Y	0	5,011
7	0.94	244	230	6.45	7.29	27	Y	0	5,850
8	1.08	259	280	6.1	7.33	28	Y	0	5,468
9	1.17	241	282	6.07	7.34	29	Y	0	5,891
10	1.06	297	315	6.46	7.32	27	Y	0	4,935
11	0.95	253	240	6.74	7.3	26	Y	0	5,649
12	0.92	176	162	6.78	7.4	27	Y	4,987	4,642
13	1.08	176	162	9.57	7.66	27	Y	4,879	0
14	1.08	173	159	9.69	7.67	27	Y	5,011	0
15	1.14	189	174	8.57	7.64	27	Y	4,727	0
16	1.19	178	164	7.97	7.64	27	Y	4,849	0
17	1.18	193	178	8.82	7.65	27	Y	4,615	0
18	1.15	178	205	7.14	7.64	30	Y	4,850	0
19	1.16	184	213	6.77	7.61	30	Y	4,684	0
20	1.16	168	195	7.16	7.59	29	Y	5,203	0
21	1.09	206	224	6.12	7.59	31	Y	4,417	0
22	1.1	162	178	6.21	7.6	31	Y	5,372	0
23	1.09	198	216	6.81	7.59	30	Y	4,548	0
24	1.01	156	158	6.4	7.65	31	Y	5,579	0
25	1.05	183	192	6.29	7.59	31	Y	4,708	0
26	1.13	496	560	5.81	7.36	29	Y	4,367	4,912
27	1.1	475	522	5.82	7.35	29	Y	4,413	5,110
28	0.96	546	524	5.82	7.33	28	Y	4,212	4,455
29	0.99	452	447	5.84	7.35	29	Y	4,663	5,299
30	1.04	512	532	5.53	7.34	29	Y	4,366	4,782
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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