

# Membrane Filter Monthly Operating Report

County: Deschutes

System Name: City of Bend

Month/Year: January 2026

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*

**PDR Max[psi/min]**

**LRC [log removal]**

**DIT Daily**

*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]	[Y/N] or "off"
1	0.0136	0.0335	0.0133	0.0436		Y
2	0.0134	0.0148	0.0131	0.044		Y
3	0.0134	0.0136	0.013	0.0482		Y
4	0.0135	0.0228	0.0131	0.0424		Y
5	0.0136	0.0268	0.0135	0.0454		Y
6	0.0135	0.0139	0.0141	0.0516		Y
7	0.0135	0.015	0.0134	0.0416		Y
8	0.0136	0.0147	0.0145	0.0494		Y
9	0.0136	0.0138	0.0133	0.0562		Y
10	0.0135	0.0137	0.0139	0.0402		Y
11	0.0135	0.0136	0.0134	0.0494		Y
12	0.0135	0.0136	0.0135	0.039		Y
13	0.0135	0.0136	0.0134	0.0466		Y
14	0.0135	0.0145	0.0135	0.0442		Y
15	0.0135	0.0145	0.0133	0.0416		Y
16	0.0135	0.0136	0.0135	0.0416		Y
17	0.0135	0.0136	0.0132	0.0418		Y
18	0.0135	0.0137	0.0134	0.0448		Y
19	0.0135	0.014	0.0132	0.0422		Y
20	0.0135	0.0136	0.0132	0.0446		Y
21	0.0135	0.0147	0.0132	0.0424		Y
22	0.0135	0.0142	0.0136	0.0448		Y
23	0.0135	0.0136	0.0132	0.0436		Y
24	0.0135	0.0137	0.0137	0.0446		Y
25	0.0135	0.0136	0.0132	0.046		Y
26	0.0137	0.0195	0.0135	0.0448		Y
27	0.0135	0.0136	0.0129	0.0442		Y
28	0.0135	0.0136	0.013	0.0412		Y
29	0.0135	0.0146	0.018	0.0394		Y
30	0.0135	0.0135	0.0132	0.0412		Y
31	0.0135	0.0136	0.0131	0.0518		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  
**SIGNATURE:** 

**DATE:** 02/05/26  
**WT CERT #:** T-08557  
**PHONE #:** 541-693-2180

**Notes:** \_\_\_\_\_

# 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 Cl <sub>2</sub> 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	0.96	537	515	4.83	7.2	29	Y	4,200	4,576
2	1.08	470	507	5.23	7.15	28	Y	4,503	5,207
3	1.11	533	592	5.27	7.15	28	Y	4,259	4,563
4	0.98	508	498	4.86	7.2	29	Y	4,358	4,778
5	1.08	494	533	4.77	7.21	30	Y	4,397	4,961
6	1.06	488	517	4.65	7.16	29	Y	4,447	4,950
7	1.03	500	515	4.66	7.27	30	Y	4,327	4,864
8	1.1	433	477	4.1	7.2	31	Y	4,752	5,404
9	1.08	467	505	3.96	7.21	31	Y	4,675	4,807
10	1.06	532	564	4.36	7.24	31	Y	4,191	4,594
11	1.06	524	555	4.83	7.24	30	Y	4,319	4,613
12	1.08	494	533	4.77	7.27	30	Y	4,420	4,939
13	1.05	499	524	4.77	7.27	30	Y	4,375	4,899
14	1	506	506	4.74	7.25	30	Y	4,394	4,829
15	1.05	497	522	4.61	7.21	30	Y	4,442	4,884
16	1.03	537	553	4.74	7.23	30	Y	4,229	4,525
17	1.06	450	477	4.38	7.26	31	Y	4,624	5,342
18	1.07	511	547	4.41	7.21	30	Y	4,307	4,658
19	1.1	470	517	4.34	7.18	30	Y	4,423	5,120
20	1.1	507	557	4.28	7.2	31	Y	4,338	4,663
21	1.11	506	562	4.16	7.23	31	Y	4,396	4,815
22	1.14	514	585	4.05	7.23	32	Y	4,370	4,656
23	1.07	553	592	4.33	7.26	31	Y	4,138	4,413
24	1.09	799	871	3.95	7.22	32	Y	4,437	4,815
25	1.1	547	602	3.68	7.21	32	Y	4,203	4,408
26	1.12	496	555	4.15	7.24	31	Y	4,381	4,859
27	1.14	497	566	4.33	7.18	30	Y	4,368	4,943
28	1.12	490	549	4.57	7.22	30	Y	4,459	4,942
29	1.1	514	566	4.67	7.25	30	Y	4,349	4,790
30	1.24	526	652	4.98	7.24	30	Y	4,287	4,663
31	1.24	522	647	4.97	7.23	30	Y	4,341	4,660

♦ 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**

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