

Membrane Filter Monthly Operating Report

County: Deschutes

System Name: City of Bend

Month/Year: February 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	0.0135	0.0135	0.013	0.0482		Y
2	0.0135	0.0138	0.013	0.0428		Y
3	0.0135	0.0136	0.013	0.0464		Y
4	0.0135	0.0144	0.0131	0.0416		Y
5	0.0135	0.0148	0.0131	0.0416		Y
6	0.0134	0.0136	0.0131	0.0416		Y
7	0.0134	0.0136	0.0153	0.0428		Y
8	0.0134	0.0135	0.0146	0.0458		Y
9	0.0135	0.0142	0.0131	0.044		Y
10	0.0135	0.0147	0.0131	0.0408		Y
11	0.0135	0.015	0.013	0.0448		Y
12	0.0135	0.0152	0.022	0.0466		Y
13	0.0135	0.0136	0.013	0.0418		Y
14	0.0135	0.0136	0.013	0.0452		Y
15	0.0135	0.0135	0.0131	0.0436		Y
16	0.0135	0.0137	0.0133	0.0428		Y
17	0.0135	0.0136	0.0132	0.044		Y
18	0.0136	0.0151	0.0131	0.0442		Y
19	0.0136	0.0143	0.0133	0.0522		Y
20	0.0136	0.0136	0.013	0.048		Y
21	0.0135	0.0136	0.013	0.0532		Y
22	0.0135	0.0136	0.013	0.059		Y
23	0.0135	0.0138	0.0134	0.0476		Y
24	0.0135	0.014	0.0131	0.0452		Y
25	0.0135	0.0161	0.0135	0.043		Y
26	0.0135	0.0184	0.0131	0.0476		Y
27	0.0136	0.0141	0.0138	0.0466		Y
28	0.0135	0.0137	0.013	0.0422		Y
29						
30						
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 Minaus

SIGNATURE:



Notes:

DATE: 03/05/26

WT CERT #: T-08557

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 Cl ₂ 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	1.23	506	623	5.06	7.24	30	Y	4,385	4,860
2	1.24	423	524	4.91	7.29	31	Y	5,045	5,341
3	1.06	411	435	4.89	7.48	32	Y	5,110	5,544
4	1.08	451	487	4.99	7.5	32	Y	4,609	5,187
5	1.12	479	537	5	7.51	33	Y	4,560	4,696
6	1.09	525	572	4.73	7.5	33	Y	4,320	4,636
7	1.03	512	527	5.07	7.52	32	Y	4,349	4,782
8	1.07	495	529	5.21	7.54	32	Y	4,381	4,878
9	1.04	457	475	4.71	7.44	32	Y	4,524	5,255
10	1.06	501	531	4.67	7.49	33	Y	4,469	4,830
11	1.18	455	537	4.41	7.52	34	Y	4,816	5,375
12	1.2	490	588	4.53	7.51	34	Y	4,492	4,902
13	1.02	499	509	4.84	7.5	33	Y	4,481	4,864
14	1.01	491	496	4.97	7.52	33	Y	4,469	4,898
15	1.02	463	472	5.04	7.5	32	Y	4,626	5,274
16	1.03	484	499	5.02	7.45	32	Y	4,557	5,026
17	1.06	490	519	4.29	7.46	34	Y	4,503	4,993
18	1.07	486	520	4.13	7.45	34	Y	4,505	4,952
19	1.16	518	600	3.99	7.44	34	Y	4,408	4,618
20	1.08	514	555	3.8	7.53	36	Y	4,396	4,768
21	1.14	521	594	3.78	7.5	36	Y	4,340	4,710
22	1.07	525	561	4.57	7.42	32	Y	4,294	4,686
23	1.05	487	511	4.92	7.45	32	Y	4,457	5,048
24	0.85	491	417	5.02	7.43	31	Y	4,487	4,949
25	1.06	476	504	4.71	7.46	33	Y	4,637	5,093
26	1.11	475	527	4.52	7.17	30	Y	4,532	5,021
27	0.98	479	469	4.63	7.41	32	Y	4,647	5,072
28	1.02	453	462	4.96	7.41	31	Y	4,634	5,318
29									
30									
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