

Effluent Toxicity Report Form- Chronic Pass/Fail and Acute LC50

Date _____

Facility _____ NPDES#NC _____ Pipe # _____ County _____

Laboratory Performing Test _____

Signature of Operator in Responsible Charge _____

Signature of Laboratory Supervisor _____

Comments _____

MAIL ORIGINAL TO:

Environmental Sciences Branch
 Div. of Water Quality
 N.C. DENR
 1621 Mail Service Center
 Raleigh, North Carolina 27699-1621

North Carolina Ceriodaphnia Chronic Pass/Fail Reproduction Toxicity Test

CONTROL ORGANISMS	1	2	3	4	5	6	7	8	9	10	11	12
# Young Produced												
Adult (L)ive (D)ead												

Effluent%

TREATMENT 2 ORGANISMS	1	2	3	4	5	6	7	8	9	10	11	12
# Young Produced												
Adult (L)ive (D)ead												

Chronic Test Results

Calculated t _____
 Tabular t _____
 % Reduction _____

%Mortality	Avg.Reprod.
Control	Control
Treatment 2	Treatment 2
Control CV	PASS FAIL <input type="checkbox"/> <input type="checkbox"/> Check One
<input type="text"/>	
% control organisms producing 3rd brood	<input type="text"/>

pH	Control	1st sample	1st sample	2nd sample
	Treatment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.O.	Control	1st sample	1st sample	2nd sample
	Treatment 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

start end

Complete This For Either Test

Test Start Date / /

Collection (Start) Date
 Sample 1 / / Sample 2 / /

Sample Type/Duration	Grab	Comp.	Duration	Dilution	1st Tox Sample	2nd Tox Sample (Pass/Fail Only)
Sample 1						
Sample 2						

Hardness(mg/l)			
Spec.Cond.(µmhos)			
Chlorine(mg/l)			
Sample temp. at receipt			

LC50/Acute Toxicity Test

(Mortality expressed as %, combining replicates)

%	%	%	%	%	%	%	%	%	%
Concentration									
Mortality									

LC50= _____ %

95% Confidence Limits _____ %- _____ %

Method of Determination

Moving Average Probit

Spearman Karber Other _____

Organism Tested _____ Duration (hrs) _____

Note: Please Complete This Section Also

start/end	Control	start/end
<input type="text"/>		<input type="text"/>
pH	High Conc.	D.O.
<input type="text"/>		<input type="text"/>