Effluent Aquatic Toxicity Report Form - Acute Pass/Fail Date _ _____ Pipe # ____ County __ _____ NPDES#NC ____ Facility_ Laboratory Performing Test _____ Comments Signature of Operator in Responsible Charge Signature of Laboratory Supervisor **Environmental Sciences Branch** MAIL ORIGINAL TO: Div. of Water Quality N.C. DENR 1621 Mail Service Center North Carolina Acute Pass/Fail Toxicity Test Raleigh, North Carolina 27699-1621 Collection Date: _ **Organism Tested** Collection Time: _____ Test Start Date: _____ SampleType/Duration Control Grab Comp. Duration рΗ Treatment Toxicant Hardness(mg/l) Spec.Cond.(µmhos) Control D.O. Chlorine(mg/l) **Treatment** Sample temp. at receip **Mortality** Replicate Mean Mortality Treatment 1 (Control) D В % % % Treatment 2 (Exposure) С D % Concentration **Tested** (NOTE: If mean control mortality exceeds 10%, the test is considered invalid) Calculate using **PASS** Calculated Student's t Arc-Sine Square Root transformed Tabular Student's t (ONE TAILED) **FAIL** data If the absolute value of the calculated t is less than or equal to the absolute value of the tabular t, check PASS. If the absolute value of the calculated t is greater than the

absolute value of the tabular t, check FAIL.

If all vessels within each treatment have the same response

but the treatment two response is greater than the control, check FAIL.