

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – WATER BUREAU

ACUTE TOXICITY TEST REPORT

By authority of PA 451 of 1994, as amended.

INSTRUCTIONS: Use this form to report acute toxicity test results. Use separate forms for more than 1 test. Attach all raw data sheets to this report unless reporting for NPDES permit application.

NAME OF FACILITY (on NPDES permit)								ES PEF	RMIT #	#			•		
						M I 0 0									
3. RECEIVING WATER (as designated in permit)					4. OU	TFALL	5. RECEIVING WATER CONCENTRATION (if known)						vn)		
6. TEST LAB (Name and Address)						7. AGE RANGE OF ORGANISMS AT TEST START									
0 7507 07407 0475								1	DED		A T.E.				
8. IEST START DATE	TEST START DATE 9. TEST END DATE					10. TEST SPECIES 11. REPORT DATE									
12. NAME OF PERSON CONDUCTING TEST						13. NAME/PHONE # OF PERSON WHO CAN ANSWER QUESTIONS ABOUT THIS REPORT									
									()		_			
14. SAMPLE COLLECT	ION DATES	3	15. DATE REC	5. DATE RECEIVED					16. ARRIVAL TEMPERATURE (°C)						
Sample 1:			Sample 1:				Sample	1:	1:						
Sample 2 (if any):			Sample 2 (if an	ıy):			Sample 2 (if any):								
17. DATE OF FIRST US	SE		18. TOTAL RE		CHLOF	RINE (mg/l)) 19. AMMONIA (mg/l as N)								
Sample 1:			Sample 1:			Sample 1:									
Sample 2 (if any):			Sample 2 (if an	ıy):			Sample 2 (if any):								
20. WAS SAMPLE DEC	HLORINAT	ED?					21. DE	SCRIBE	DEC	HLOR	TANIS	ΓΙΟΝ (i	f any)		
Sample 1: O YES O NO															
Sample 2: O YES O NO															
22. EFFLUENT SAMPLES WERE COLLECTED (check one) O BEFORE CHLORINATION O AFTER CHLORINATION															
O AFTER CHLORINATION, BEFORE DECHLORINATION O AFTER DECHLORINATION O FACILITY DOES NOT CHLORINATE															
23. DESCRIBE ANY DEVIATIONS FROM TEST METHODS (For example, pH-controlled test, reduced DO levels in test leading to aeration, sample exceeded holding time.															
24. WAS THE EFFLUENT FILTERED? 25. STATE MES							ZE OF FILTER (if filtered)								
O YES O NO															
26. EFFLUENT SAMPLE TYPE (check one type for each sample)								27. IDENTIFY THE DILUENT (O ₁) CONTROL							
Sample 1: O 24-HR COMPOSITE O GRAB/COMPOSITE (give # of grabs)O GRAB															
Sample 2: O 24-HR COMPOSITE O GRAB/COMPOSITE (give # of grabs)O GRAB IDENTIFY THE SECONDARY (O₂) CONTROL (if used)															
28. SUMMARY OF RESULTS - PERCENT MORTALITY PER CONCENTRATION CONTROLS EFFLUENT CONCENTRATIONS															
CONTROLS DAY O1 O2 %					%	EFFLUENT CO %						%			
2			,,,		,,,	,,,		,,			,,,		,,,		
29. 48-HOUR LC ₅₀ (for <i>Daphnia magna</i> or Ceriodaphnia dubia acute tests) 30. 96-HOUR LC ₅₀ (for fath tests)						minnow acute	31. TU	_a (acute	toxic	units)					
,	,														



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER BUREAU

CERIODAPHNIA DUBIA CHRONIC TOXICITY TEST REPORT

By authority of PA 451 of 1994, as amended.

INSTRUCTIONS: Use this form to report chronic toxicity test results. Use separate forms for more than 1 test. Attach all raw data sheets to this report unless reporting for NPDES permit application.

NAME OF FACILITY (on NPDES permit)						2. NPDES PERMIT #						
(* * * * * * * * * * * * * * * * * * *					MI	0 0						
3. RECEIVING WATER (as design		4. OUTFALL	1 1		5. RECEIVING WATER CONCENTRATION (if known)							
6. TEST LAB (Name and Address)												
7. TEST START DATE	8. TEST	8. TEST END DATE 9. AGE RANGE OF					10. REPORT DATE					
			,	ORGANISMS AT TEST START								
11. NAME OF PERSON CONDUC	TING TES	Т		12. NAME/PHONE # OF PERSON WHO CAN ANSWER QUESTIONS ABOUT THIS REPORT								
			() -									
13. SAMPLE COLLECTION DATE	S	14. DATE R	ECEIVED		15. A	15. ARRIVAL TEMP (°C)						
Sample 1:		Sample 1:			Samp	Sample 1:						
Sample 2:		Sample 2:			Samp	le 2:						
Sample 3:		Sample 3:			Samp	le 3:						
16. DATE OF FIRST USE			RESIDUAL (CHLORINE (mg/	<i>'</i>	, -	ONIA (mg/l as N)					
Sample 1:		Sample 1:			Samp							
Sample 2:		Sample 2:			Samp							
Sample 3:		Sample 3:			Samp	le 3:						
19. WAS SAMPLE DECHLORINA	TED?	20. DESCRIBE	DECHLORI	NATION (if any)								
Sample 1: O YES O NO												
Sample 2: O YES O NO												
Sample 3: O YES O NO												
21. EFFLUENT SAMPLES WERE COLLECTED (check one) O BEFORE CHLORINATION O AFTER CHLORINATION												
O AFTER CHLORINATION, BEFO	DE DECUI	ODINATION	O AETED I	NECHI ODINIATI	ON OFAC	NII ITV DOEG	NOT CHLORI	NATE				
22. DESCRIBE ANY DEVIATIONS FROM TEST METHODS (For example, pH-controlled test, reduced DO levels in test leading to aeration, sample exceeded holding time.)												
23. EFFLUENT FILTERED? 24. STATE MESH SIZE OF FILTER (if filtered)												
O YES O NO												
25. EFFLUENT SAMPLE TYPE (check one type for each sample) 26. IDENTIFY TH							DILUENT					
(O₁) CONTROL												
Sample 1: O 24-HR COMPOSITE O GRAB/COMPOSITE (give # of grabs) O GRAB SAMPLE												
Sample 2: O 24-HR COMPOSITE O GRAB/COMPOSITE (give # of grabs) O GRAB SAMPLE IDENTIFY THE SECONDAF												
						(-2)	,	,				
Sample 3: O 24-HR COMPOSITE O GRAB/COMPOSITE (give # of grabs) O GRAB SAMPLE												
27. SUMMARY OF DATA AND RESULTS - SURVIVAL AND REPRODUCTION												
CONCENTRATION OF EFFLUE	O ₂	%	%	%	%	100%						
48-HOUR SURVIVAL (%)												
7-DAY MEAN REPRODUCTION/FE												
7-DAY MEAN SURVIVAL (%)												
28. 48-HOUR LC ₅₀ (%)	29. TU _a (a	29. TU _a (acute toxic units)										
30. 7-DAY CHRONIC VALUE (%)	1	32. LOEC			33. TU _c (chronic toxic units)							

EQP5945 (Rev. 6/2007)

FATHEAD MINNOW CHRONIC TOXICITY TEST REPORT

By authority of PA 451 of 1994, as amended.

INSTRUCTIONS: Use this form to report chronic toxicity test results. Use separate forms for more than one test. Attach all raw data sheets to this report unless reporting for NPDES permit application.

NAME OF FACILITY (on NPDES	2	2. NPDES PERMIT #										
·			7	мІ	0 0							
3. RECEIVING WATER (as design		4. OUTFALL			5. RECEIV							
6. TEST LAB (Name and Address)												
6. TEST LAB (Name and Address)												
7. TEST START DATE	8. TEST	END DATE		9. AGE RANGE OF ORGANISMS AT TEST START			10. REPORT DATE					
11. NAME OF PERSON CONDUC	TING TEST	Γ		12. NAME/PHONE # OF PERSON WHO CAN ANSWER QUESTIONS ABOUT THIS REPORT								
				() -								
13. SAMPLE COLLECTION DATE	S	14. DATE I	RECEIVED			15. ARRIVAL TEMPERATURE (°C)						
Sample 1:		Sample 1:				Sample 1:						
Sample 2:		Sample 2:			,	Sample 2:						
Sample 3:		Sample 3:										
16. DATE OF FIRST USE		17. TOTAL	RESIDUAL	Sample 3: L CHLORINE (mg/l) 18. AMMONIA (mg/l as N)								
Sample 1:		Sample 1:				l:						
Sample 2:		Sample 2:		Sample 2:								
Sample 3:		Sample 3:			,	Sample 3	3:					
19. WAS SAMPLE DECHLORINA	ΓED?	20. DESCF	RIBE DECHL	ORINATION (if a	any)							
Sample 1: O YES O NO												
Sample 2: O YES O NO												
Sample 3: O YES O NO												
21. EFFLUENT SAMPLES WERE COLLECTED (check one) O BEFORE CHLORINATION O AFTER CHLORINATION												
O AFTER CHLORINATION, BEFO	RE DECHL	ORINATION	O AFTE	ER DECHLORINA	ATION	O FACII	LITY DOES N	OT CHLOR	INATE			
22. DESCRIBE ANY DEVIATIONS FROM TEST METHODS (For example, pH-controlled test, reduced DO lev												
sample exceeded holding time.)												
23. EFFLUENT FILTERED? 24. STATE MESH SIZE OF FILTER (if filtered)												
O YES O NO												
25. EFFLUENT SAMPLE TYPE (cl	mple)		26. IDENTIFY THE DILUENT (O ₁) CONTROL									
			CON	IROL								
Sample 1: O 24-HR COMPOSITE O GRAB/COMPOSITE (give # of grabs) O GRAB												
				NTIFY THE SE		′ (O ₂)						
Sample 2: O 24-HR COMPOSITE O GRAB/COMPOSITE (give # of grabs) O GRAB												
Sample 3: O 24-HR COMPOSITE O GRAB/COMPOSITE (give # of grabs) O GRAB												
27. SUMMARY OF DATA AND RESULTS - SURVIVAL AND GROWTH CONCENTRATION OF EFFLUENT (%) O_1 (diluent) O_2 (if used) O_2 (if used) O_3 O_4 O_5 O_6 O_7 O_8												
	1 (%)	O ₁ (diluent)	O ₂ (If used	1) %		%	%	%	100%			
96-HOUR SURVIVAL (%)	l fich)				ļ							
7-DAY MEAN SUBVIVAL (%)												
7-DAY MEAN SURVIVAL (%) 28. 96-HOUR LC ₅₀ (%)			20 TH /	acuto tovio unita)	<u> </u>							
28. 96-HOUR LC ₅₀ (%) 29. TU _a (acute toxic units)												
30. 7-DAY CHRONIC VALUE (%) 31. NOEC				32. LOEC 33. TU _c (chronic toxic				units)				

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