

**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.**

1. NAME OF FACILITY (on NPDES permit)				2. NPDES PERMIT #			
				M I 0 0			
3. RECEIVING WATER (as designated in permit)			4. OUTFALL		5. RECEIVING WATER CONCENTRATION (if known)		
6. TEST LAB (Name and Address)					7. AGE RANGE OF ORGANISMS AT TEST START		
8. 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 COLLECTION DATES		15. DATE RECEIVED		16. ARRIVAL TEMPERATURE (°C)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2 (if any):		Sample 2 (if any):		Sample 2 (if any):			
17. DATE OF FIRST USE		18. TOTAL RESIDUAL CHLORINE (mg/l)		19. AMMONIA (mg/l as N)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2 (if any):		Sample 2 (if any):		Sample 2 (if any):			
20. WAS SAMPLE DECHLORINATED?				21. DESCRIBE DECHLORINATION (if any)			
Sample 1: <input type="radio"/> YES <input type="radio"/> NO							
Sample 2: <input type="radio"/> YES <input type="radio"/> NO							
22. EFFLUENT SAMPLES WERE COLLECTED (check one) <input type="radio"/> BEFORE CHLORINATION <input type="radio"/> AFTER CHLORINATION							
<input type="radio"/> AFTER CHLORINATION, BEFORE DECHLORINATION <input type="radio"/> AFTER DECHLORINATION <input type="radio"/> 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 MESH SIZE OF FILTER (if filtered)			
<input type="radio"/> YES <input type="radio"/> NO							
26. EFFLUENT SAMPLE TYPE (check one type for each sample)					27. IDENTIFY THE DILUENT (O <sub>1</sub> ) CONTROL		
Sample 1: <input type="radio"/> 24-HR COMPOSITE <input type="radio"/> GRAB/COMPOSITE (give # of grabs) _____ <input type="radio"/> GRAB					_____		
Sample 2: <input type="radio"/> 24-HR COMPOSITE <input type="radio"/> GRAB/COMPOSITE (give # of grabs) _____ <input type="radio"/> GRAB (if any)					IDENTIFY THE SECONDARY (O <sub>2</sub> ) CONTROL (if used)		
					_____		
28. SUMMARY OF RESULTS - PERCENT MORTALITY PER CONCENTRATION							
	CONTROLS		EFFLUENT CONCENTRATIONS				
DAY	O <sub>1</sub>	O <sub>2</sub>	%	%	%	%	%
29. 48-HOUR LC <sub>50</sub> (for <i>Daphnia magna</i> or <i>Ceriodaphnia dubia</i> acute tests)			30. 96-HOUR LC <sub>50</sub> (for fathead minnow acute tests)			31. TU <sub>a</sub> (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.**

1. NAME OF FACILITY (on NPDES permit)		2. NPDES PERMIT #					
		M   I   0   0					
3. RECEIVING WATER (as designated in permit)		4. OUTFALL	5. RECEIVING WATER CONCENTRATION (if known)				
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 CONDUCTING TEST		12. NAME/PHONE # OF PERSON WHO CAN ANSWER QUESTIONS ABOUT THIS REPORT ( ) -					
13. SAMPLE COLLECTION DATES	14. DATE RECEIVED	15. ARRIVAL TEMP (°C)					
Sample 1:	Sample 1:	Sample 1:					
Sample 2:	Sample 2:	Sample 2:					
Sample 3:	Sample 3:	Sample 3:					
16. DATE OF FIRST USE	17. TOTAL RESIDUAL CHLORINE (mg/l)	18. AMMONIA (mg/l as N)					
Sample 1:	Sample 1:	Sample 1:					
Sample 2:	Sample 2:	Sample 2:					
Sample 3:	Sample 3:	Sample 3:					
19. WAS SAMPLE DECHLORINATED?	20. DESCRIBE DECHLORINATION (if any)						
Sample 1: <input type="radio"/> YES <input type="radio"/> NO							
Sample 2: <input type="radio"/> YES <input type="radio"/> NO							
Sample 3: <input type="radio"/> YES <input type="radio"/> NO							
21. EFFLUENT SAMPLES WERE COLLECTED (check one) <input type="radio"/> BEFORE CHLORINATION <input type="radio"/> AFTER CHLORINATION							
<input type="radio"/> AFTER CHLORINATION, BEFORE DECHLORINATION <input type="radio"/> AFTER DECHLORINATION <input type="radio"/> FACILITY DOES NOT CHLORINATE							
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)						
<input type="radio"/> YES <input type="radio"/> NO							
25. EFFLUENT SAMPLE TYPE (check one type for each sample)		26. IDENTIFY THE DILUENT (O <sub>1</sub> ) CONTROL					
Sample 1: <input type="radio"/> 24-HR COMPOSITE <input type="radio"/> GRAB/COMPOSITE (give # of grabs)_____ <input type="radio"/> GRAB SAMPLE		_____					
Sample 2: <input type="radio"/> 24-HR COMPOSITE <input type="radio"/> GRAB/COMPOSITE (give # of grabs)_____ <input type="radio"/> GRAB SAMPLE		IDENTIFY THE SECONDARY (O <sub>2</sub> ) CONTROL (if used)					
Sample 3: <input type="radio"/> 24-HR COMPOSITE <input type="radio"/> GRAB/COMPOSITE (give # of grabs)_____ <input type="radio"/> GRAB SAMPLE		_____					
<b>27. SUMMARY OF DATA AND RESULTS - SURVIVAL AND REPRODUCTION</b>							
CONCENTRATION OF EFFLUENT (%)	O <sub>1</sub>	O <sub>2</sub>	%	%	%	%	100%
48-HOUR SURVIVAL (%)							
7-DAY MEAN REPRODUCTION/FEMALE							
7-DAY MEAN SURVIVAL (%)							
28. 48-HOUR LC <sub>50</sub> (%)		29. TU <sub>a</sub> (acute toxic units)					
30. 7-DAY CHRONIC VALUE (%)	31. NOEC	32. LOEC		33. TU <sub>c</sub> (chronic toxic units)			

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# 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.**

1. NAME OF FACILITY (on NPDES permit)				2. NPDES PERMIT #			
				M	I	0	0
3. RECEIVING WATER (as designated in permit)			4. OUTFALL		5. RECEIVING WATER CONCENTRATION (if known)		
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 CONDUCTING TEST				12. NAME/PHONE # OF PERSON WHO CAN ANSWER QUESTIONS ABOUT THIS REPORT			
				(       ) -			
13. SAMPLE COLLECTION DATES		14. DATE RECEIVED		15. ARRIVAL TEMPERATURE (°C)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2:		Sample 2:		Sample 2:			
Sample 3:		Sample 3:		Sample 3:			
16. DATE OF FIRST USE		17. TOTAL RESIDUAL CHLORINE (mg/l)		18. AMMONIA (mg/l as N)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2:		Sample 2:		Sample 2:			
Sample 3:		Sample 3:		Sample 3:			
19. WAS SAMPLE DECHLORINATED?		20. DESCRIBE DECHLORINATION (if any)					
Sample 1: <input type="radio"/> YES <input type="radio"/> NO							
Sample 2: <input type="radio"/> YES <input type="radio"/> NO							
Sample 3: <input type="radio"/> YES <input type="radio"/> NO							
21. EFFLUENT SAMPLES WERE COLLECTED (check one) <input type="radio"/> BEFORE CHLORINATION <input type="radio"/> AFTER CHLORINATION							
<input type="radio"/> AFTER CHLORINATION, BEFORE DECHLORINATION <input type="radio"/> AFTER DECHLORINATION <input type="radio"/> FACILITY DOES NOT CHLORINATE							
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)					
<input type="radio"/> YES <input type="radio"/> NO							
25. EFFLUENT SAMPLE TYPE (check one type for each sample)						26. IDENTIFY THE DILUENT (O <sub>1</sub> ) CONTROL	
Sample 1: <input type="radio"/> 24-HR COMPOSITE <input type="radio"/> GRAB/COMPOSITE (give # of grabs)____ <input type="radio"/> GRAB						_____	
Sample 2: <input type="radio"/> 24-HR COMPOSITE <input type="radio"/> GRAB/COMPOSITE (give # of grabs)____ <input type="radio"/> GRAB						IDENTIFY THE SECONDARY (O <sub>2</sub> ) CONTROL (if used)	
Sample 3: <input type="radio"/> 24-HR COMPOSITE <input type="radio"/> GRAB/COMPOSITE (give # of grabs)____ <input type="radio"/> GRAB						_____	
<b>27. SUMMARY OF DATA AND RESULTS - SURVIVAL AND GROWTH</b>							
CONCENTRATION OF EFFLUENT (%)	O <sub>1</sub> (diluent)	O <sub>2</sub> (if used)	%	%	%	%	100%
96-HOUR SURVIVAL (%)							
7-DAY MEAN BIOMASS (mg/initial fish)							
7-DAY MEAN SURVIVAL (%)							
28. 96-HOUR LC <sub>50</sub> (%)			29. TU <sub>a</sub> (acute toxic units)				
30. 7-DAY CHRONIC VALUE (%)		31. NOEC		32. LOEC		33. TU <sub>c</sub> (chronic toxic units)	