

Effluent Toxicity Report Form-Chronic Mysidopsis Pass/Fail + Multi-Concentration Test

Date: _____

Facility: _____	NPDES # NC _____	Pipe #: _____	County: _____
Laboratory Performing Test: _____			Comments _____ _____ _____ _____
x Signature of Operator in Responsible Charge			
x Signature of Laboratory Supervisor			

MAIL ORIGINAL TO: **Water Sciences Section**
Division of Water Resources
NC DENR
1621 Mail Service Center
Raleigh, NC 27699-1621

Test Initiation Date		_____								Avg Wt/Surv. Control	_____
% Eff.	Repl.	1	2	3	4	5	6	7	8		
<input checked="" type="checkbox"/>	Control	Surviving #								% Survival	<input type="checkbox"/>
		Original #									
		Wt/original (mg)								Avg Wt (mg)	<input type="checkbox"/>
<input type="checkbox"/>		Surviving #								% Survival	<input type="checkbox"/>
		Original #									
		Wt/original (mg)								Avg Wt (mg)	<input type="checkbox"/>
<input type="checkbox"/>		Surviving #								% Survival	<input type="checkbox"/>
		Original #									
		Wt/original (mg)								Avg Wt (mg)	<input type="checkbox"/>
<input type="checkbox"/>		Surviving #								% Survival	<input type="checkbox"/>
		Original #									
		Wt/original (mg)								Avg Wt (mg)	<input type="checkbox"/>
<input type="checkbox"/>		Surviving #								% Survival	<input type="checkbox"/>
		Original #									
		Wt/original (mg)								Avg Wt (mg)	<input type="checkbox"/>

Water Quality Data	Day								
	Control	0	1	2	3	4	5	6	7
pH Initial/Final	/	/	/	/	/	/	/	/	/
DO Initial/Final	/	/	/	/	/	/	/	/	/
Temp Initial/Final	/	/	/	/	/	/	/	/	/
Salinity Initial/Final	/	/	/	/	/	/	/	/	/
High Concentration	0	1	2	3	4	5	6	7	
pH Initial/Final	/	/	/	/	/	/	/	/	/
DO Initial/Final	/	/	/	/	/	/	/	/	/
Temp Initial/Final	/	/	/	/	/	/	/	/	/
Salinity Initial/Final	/	/	/	/	/	/	/	/	/

Sample	1			2			3			Survival	Growth	Result
	1	2	3	1	2	3	1	2	3			
Collection Start Date										<input type="checkbox"/>	<input type="checkbox"/>	Pass <input type="checkbox"/>
Grab										<input type="checkbox"/>	<input type="checkbox"/>	Fail <input type="checkbox"/>
Composite (Duration)												ChV <input type="checkbox"/>
Conductivity (umhos/cm)												
Chlorine(mg/L)												
Temp. at Receipt (°C)												
										Normal <input type="checkbox"/>		
										Hom. Var. <input type="checkbox"/>		
										NOEC _____		
										LOEC _____		
										ChV _____		
										Method _____		
										Crit t/rsum _____		
										Conc. _____	Calc t/rsum _____	
										_____	_____	
										_____	_____	
										_____	_____	