ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
TOXICITY TEST REPORT SUMMARY

1. GENERAL:

NPDES PERMIT NO.: _____ DSN: _____ COUNTY: _____

Permitee: _____

Facility Name: _____

Agent submitting Report: _____

Lab Conducting Toxicity Test(s): _____

Months To Test: _____

This Report for Toxicity Test(s) Required for the Month of: _____

Scheduled Test(s): Yes _____ No _____ Accelerated Test(s): Yes _____ No _____

Accelerated Test Number _____ of _____ For Failed Scheduled Test Date: _____

Test Type Required: -Hr Acute Screening: _____ -Hr Acute Definitive: _____

Short-term Chronic Screening: _____ Short-term Chronic Definitive: _____

Test Organism: *Pimephales promelas* Test Organism: *Ceriodaphnia dubia*

Sam No.	Date/Time MM/DD/YY	Start HH:MM	Date/Time MM/DD/YY	Ended HH:MM	Control Valid	Date/Time MM/DD/YY	Start HH:MM	Date/Time MM/DD/YY	Ended HH:MM	Control Valid

2A. SUMMARY OF RESULTS FOR SCREENING TEST:

Test Org.	Eff. Conc.	Test Number (1) Sur	(1) Rep	(1) Gro	(2) Sur	(2) Rep	(2) Gro	(3) Sur	(3) Rep	(3) Gro	(4) Sur	(4) Rep	(4) Gro
C.d.													
P.p.													

2B. SUMMARY OF RESULTS FOR DEFINITIVE TEST:

Test Organism	Test Solution Concentration (%)						LC50	NOEC	Not Determined

3. LABORATORY ANALYSIS OF UNDILUTED SAMPLES:

Sample ID	BOD5 mg/L	TSS mg/L	NH3 mg/L	pH mg/L	Alk mg/L	Hard mg/L	TRC mg/L		

Municipal Facilities Only

Sample ID	Arsenic (g/L)	Cadium (g/L)	Chromium (g/L)	Copper (g/L)	Lead (g/L)	Hexavalent Chromium (g/L)
Sample ID	Mercury (g/L)	Nickel (g/L)	Silver (g/L)	Zinc (g/L)	Total Cyanide (g/L)	Other(s) (g/L)

Chemical Analysis Performed By (LAB): _____

Instantaneous Flow: (1) _____ GPM _____

Total 24-Hour Flow: (1) _____ MGD (2) _____ MGD (3) _____ MGD

Comments:

I ceritify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly rewponsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are sifnificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF RESPONSIBLE OFFICIAL: _____ DATE: _____.

Facility Name: _____ NPDES #: _____ DSN: _____ Date: _____

4. SAMPLE COLLECTION:

Split Samples: N/A _____ Yes _____ (explain) _____

Samples Collected as Specified in the NPDES Permit: Yes _____ No (explain) _____

Receiving Water: _____ Design Flow: _____ (MGD)

Sample ID	Sample(s) Collected MM/DD/YY HHMM - MM/DD/YY HHMM	Arrival Temp (C)	Used in Test(s) MM/DD/YY - MM/DD/YY

5. CONTROL / DILUTION WATER:

Type	Prepared MM/DD/YY	Begin Use MM/DD/YY	Initial Water Chemistries				
			Hard.	Alk.	pH	Cond.	@ θC

6. TOXICITY TEST INFORMATION:

Test Species	Organism Age	Organism Source	Test Solution Concentrations (%)					

Test Species	Test Vessel Type	Vessel Vol. (mL)	Solution Vol. (mL)	Org. / Test Vessel	Replicates per Conc.

Test Species	Temp. Range (C)	D.O. Range (mg/L)	pH Range (mg/L)	Light Intensity Avg. (ft-c)

7. FEEDING:

Not Fed: _____ Fed Daily: _____ Fed Irregular: _____ (Explain in comments below)

Brine Shrimp: Fed _____ mL Suspension of Newly Hatched Larvae _____ Times Daily.
YCT: Fed _____ mL Suspension Containing _____ mg/L TSS Daily.
Algae: Fed _____ mL Suspension Containing _____ Algal Cells/mL Daily.

COMMENTS: _____

Facility Name: _____ NPDES #: _____ DSN: _____ Date: _____

8. REFERENCE TOXICANT TESTS:

Toxicant: _____ Source: _____ CAS#: _____

Solution concentration unit: mg/L ___ g/L ___ % ___ other (specify): _____

Test Org.	Test Date MM/DD - MM/DD	Control Water	Reference Test Solution Concentrations (Cont. to Highest Conc.)						

Test Org.	Results	95% Confidence Interval	Upper and Lower CUSUM Chart Control Limit (This Test)	Number (N)

9. TEST CONDITION VARIABILITY:

9.A. Deviations From Standard Test Conditions:

_____

_____

_____

9.B. Test Solution Manipulations or Test Modifications:

_____

_____

_____

10. REQUIRED REPORT ATTACHMENTS:

Attach copies of Chain-of-Custody Forms, Reference Toxicant Tests, and Raw Data (Bench Sheets) Pertaining to Physical, Chemical, and Biological Measurements for All Tests. Include Suspended, Interrupted, or Discontinued Toxicity Tests Data.

COMMENTS:

_____

_____

_____

_____

Facility Name: _____ NPDES #: _____ DSN: _____ Date: _____

11.C. CHRONIC SCREENING TOXICITY TESTS RESULTS (Freshwater):

TEST ORGANISM: *Ceriodaphnia dubia*
Were Neonates Used to Begin the Test Within 8 Hours of the Same Age ?: Yes: _____ No: _____
Did 60% of the CONTROL Females Produce Their Third Brood ?: Yes: _____ No: _____
SURVIVAL
CHRONIC TOXICITY INDICATED: **YES** _____ **NO** _____
NO SURVIVAL STATISTICAL ANALYSIS NECESSARY: _____
CONTROL(%) 24h _____ 48h _____ END _____ EFFLUENT(%) 24h _____ 48h _____ END _____
Fishers Exact Test: A = _____ B = _____ a = _____ b = _____
REPRODUCTION (Average Neonates/Female)
CHRONIC TOXICITY INDICATED: **YES** _____ **NO** _____
NO REPRODUCTION STATISTICAL ANALYSIS NECESSARY: _____
CONTROL: _____ EFFLUENT: _____
Normally Distributed: YES _____ NO _____
Test Statistic: _____ Critical Value: _____ (Parametric)
Equal variance: _____ Unequal variance: _____
F Statistic: _____ Critical F: _____
t - Test Statistic: _____ t - Test Critical Value: _____
Sample Rank Sum: _____ # Reps.: _____ Critical Rank Sum: _____ (Non - Parametric)
COMMENTS: _____

TEST ORGANISM: *Pimephale promelas*
SURVIVAL
CHRONIC TOXICITY INDICATED: **YES** _____ **NO** _____
NO SURVIVAL STATISTICAL ANALYSIS NECESSARY: _____
CONTROL(%) 24h _____ 48h _____ END _____ EFFLUENT(%) 24h _____ 48h _____ END _____
Normally Distributed: YES _____ NO _____
Test Statistic: _____ Critical Value: _____ (Parametric)
Equal variance: _____ Unequal variance: _____
F Statistic: _____ Critical F: _____
t - Test Statistic: _____ t - Test Critical Value: _____
Sample Rank Sum: _____ # Reps.: _____ Critical Rank Sum: _____ (Non - Parametric)
GROWTH (Mean Dry Weight - mg)
CHRONIC TOXICITY INDICATED: **YES** _____ **NO** _____
NO GROWTH STATISTICAL ANALYSIS NECESSARY: _____
CONTROL: _____ EFFLUENT: _____
Normally Distributed: YES _____ NO _____
Test Statistic: _____ Critical Value: _____ (Parametric)
Equal variance: _____ Unequal variance: _____
F Statistic: _____ Critical F: _____
t - Test Statistic: _____ t - Test Critical Value: _____
Sample Rank Sum: _____ # Reps.: _____ Critical Rank Sum: _____ (Non - Parametric)
COMMENTS: _____

Facility Name: _____ NPDES #: _____ DSN: _____ Date: _____

11.A. ACUTE SCREENING TOXICITY TESTS RESULTS (Freshwater):

TEST ORGANISM: *Ceriodaphnia dubia*
ACUTE TOXICITY INDICATED: **YES** _____ **NO** _____
NO ACUTE STATISTICAL ANALYSIS NECESSARY: _____

SOLUTION CONC.(%)			
MORTALITY (%)			

PERMITTED MORTALITY RATE (%): _____
Normally Distributed: YES _____ NO _____
Test Statistic: _____ Critical Value: _____ (Parametric)
Equal variance: _____ Unequal variance: _____
F Statistic: _____ Critical F: _____
t - Test Statistic: _____ t - Test Critical Value: _____
Sample Rank Sum: _____ # Reps.: _____ Critical Rank Sum: _____ (Non - Parametric)
COMMENTS: _____

TEST ORGANISM: *Pimephale promelas*
ACUTE TOXICITY INDICATED: **YES** _____ **NO** _____
NO ACUTE STATISTICAL ANALYSIS NECESSARY: _____

SOLUTION CONC.(%)			
MORTALITY (%)			

PERMITTED MORTALITY RATE (%): _____
Normally Distributed: YES _____ NO _____
Test Statistic: _____ Critical Value: _____ (Parametric)
Equal variance: _____ Unequal variance: _____
F Statistic: _____ Critical F: _____
t - Test Statistic: _____ t - Test Critical Value: _____
Sample Rank Sum: _____ # Reps.: _____ Critical Rank Sum: _____ (Non - Parametric)
COMMENTS: _____