**Effluent Toxicity Report Form - Chronic Pass/Fail and Acute LC50**

**Facility** ____________  **NPDES#NC:** ____________  **Pipe #** ____________  **County** ______

**Laboratory Performing Test**

X

**Signature of Operator in Responsible Charge**

____________

**ORC Phone / Email**

____________

**Signature of Laboratory Supervisor**

____________

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## MAIL ORIGINAL TO:

**North Carolina Ceriodaphnia Chronic Pass/Fail Reproduction Toxicity Test**

### CONTROL ORGANISMS

<table>
<thead>
<tr>
<th># Young Produced</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (L)ive (D)ead</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Effluent%**

____________

### TREATMENT 2 ORGANISMS

<table>
<thead>
<tr>
<th># Young Produced</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<td></td>
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</tr>
</tbody>
</table>

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### Chronic Test Results

<table>
<thead>
<tr>
<th>% Mortality</th>
<th>Avg Reprod.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Treatment 2</td>
</tr>
<tr>
<td>Control</td>
<td>Treatment 2</td>
</tr>
</tbody>
</table>

**CV%**

____________

**% Control Organisms growing 3+ eggs**

PASS  FAIL

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### Complete This For Either Test

<table>
<thead>
<tr>
<th>Test Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Tox Sample</td>
</tr>
</tbody>
</table>

**Collection (Start) Date**

Sample 1 / /  Sample 2 / /

<table>
<thead>
<tr>
<th>Sample Type/Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grab Comp Duration</td>
</tr>
</tbody>
</table>

**Sample 1**

<table>
<thead>
<tr>
<th>Grab Comp Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Sample 2**

<table>
<thead>
<tr>
<th>Grab Comp Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Hardness (mg/l)**

____________

**Spec. Cond. (pH)**

____________

**Chlorine (mg/l)**

____________

**Sample temp. at receipt**

____________

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### LC50/Acute Toxicity Test

(Mortality expressed as %, combining replicates)

<table>
<thead>
<tr>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
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<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
</table>

**LC50=**

____________

**95% Confidence Limits**

% - ____________

### Method of Determination

Moving Average

Spearman Karber

Probit

Other _______

____________

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**Organism Tested**

__________________________  **Duration (hrs)__________**

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**Note: Please Complete This Section Also**

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**pH**

____________

**D.O.**

____________

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**Water Sciences Section**

Division of Water Resources, NC DENR

1621 Mail Service Center

Raleigh, NC  27699-1621