



MICHIGAN DEPARTMENT OF ENVIRONMENT,
GREAT LAKES, AND ENERGY
WATER RESOURCES DIVISION

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 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 #: _____
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

- Sample 1: _____
Sample 2: _____
Sample 3: _____

14. Date Received

- Sample 1: _____
Sample 2: _____
Sample 3: _____

15. Arrival Temp (°C)

- Sample 1: _____
Sample 2: _____
Sample 3: _____

16. Date of First Use

- Sample 1: _____
Sample 2: _____
Sample 3: _____

17. Total Residual Chlorine (mg/l)

- Sample 1: _____
Sample 2: _____
Sample 3: _____

18. Ammonia (mg/l as N)

- Sample 1: _____
Sample 2: _____
Sample 3: _____

19. Was Sample Dechlorinated?

- Sample 1: Yes No
Sample 2: Yes No
Sample 3: Yes No

20. Describe Dechlorination (if any):

21. Effluent Samples Were Collected (check one)

- Before Chlorination
 After Chlorination
 After Chlorination, Before Dechlorination
 After Dechlorination
 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?

- Yes
- No

24. State Mesh Size of Filter (if filtered): _____

25. Effluent Sample Type (Check one type for each Sample)

- Sample 1: 24-Hour Composite Grab/Composite (give # of grabs)___ Grab Sample
- Sample 2: 24-Hour Composite Grab/Composite (give # of grabs)___ Grab Sample
- Sample 3: 24-Hour Composite Grab/Composite (give # of grabs)___ Grab Sample

26. Identify the Diluent (O₁) Control: _____

Identify the Diluent (O₂) Control (if used): _____

27. Summary of Data and Results – Survival and Reproduction

Concentration of Effluent (%)	O ₁	O ₂	%	%	%	%	100%
48-Hour Survival (%)							
7- Day Mean Reproduction/Female							
7-Day Mean Survival (%)							

28. 44-Hour LC₅₀ (%): _____

29. TU_a (acute toxic units): _____

30. 7-Day Chronic Value (%): _____

31. NOEC: _____

32. LOEC: _____

33. TU_c (chronic toxic units): _____

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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