



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

**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 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 #: \_\_\_\_\_
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 (O<sub>1</sub>): \_\_\_\_\_

Identify the Secondary (O<sub>2</sub>) Control (if used): \_\_\_\_\_

27. Summary of Data and Results – Survival and Reproduction

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): \_\_\_\_\_

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

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