Ceriodaphnia dubia CHRONIC TOXICITY TEST REPORT FORMAT

IWC = _____ ❑ Pass ❑ Fail

FACILITY INFORMATION & REQUIREMENTS

PERMITTEE NAME	NPDES PERMIT #
	| | | | | | | | | | | |

HAS THE PERMITTEE SUPPLIED A COPY OF THE NPDES PERMIT? ❑ YES ❑ NO
IS THE PERMIT PROVIDED THE MOST CURRENT? WHAT IS THE EXPIRATION DATE OF THE PERMIT? _____
PERMIT SPECIFIES ❑ MONITORING ONLY ❑ LIMITATIONS (if limitations, limits specified in permit?) _____
TEST TYPE(S) SPECIFIED IN PERMIT? ❑ ACUTE ❑ CHRONIC ❑ ACUTE AND CHRONIC (one data sheet for each test and species)
SPECIES SPECIFIED IN PERMIT? ❑ *Ceriodaphnia dubia* ❑ *Pimephales promelas* ❑ Not specified (one data sheet for each species)
LENGTH OF TEST SPECIFIED IN PERMIT? ❑ 60% SURVIVAL ❑ THREE BROOD SUCCESS ❑ Not specified
IS DILUTION WATER SPECIFIED IN THE PERMIT? ❑ YES ❑ NO ❑ Not specified (if yes, what is specified? _____)
IS A DILUTION SERIES SPECIFIED? ❑ YES ❑ NO (if yes, what are the specified dilutions?) _____
SAMPLE TYPE SPECFIED IN PERMIT? ❑ GRAB ❑ COMPOSITE ❑ Not specified
SAMPLE DAYS REQUIRED IN PERMIT? _____

LABORATORY TEST & SAMPLE INFORMATION

SAMPLE 1 COLLECTION DATES & TIMES / / ____:____am/pm TO / / ____:____am/pm	TEST SOLUTION INITATION DATES WITH START & END TIMES / / ____:____am/pm TO / / ____:____am/pm
SAMPLE 2 COLLECTION DATES & TIMES / / ____:____am/pm TO / / ____:____am/pm	TEST SOLUTION RENEWAL DATES WITH START & END TIMES / / ____:____am/pm TO / / ____:____am/pm
SAMPLE 3 COLLECTION DATES & TIMES / / ____:____am/pm TO / / ____:____am/pm	TEST SOLUTION RENEWAL DATES WITH START & END TIMES / / ____:____am/pm TO / / ____:____am/pm

WERE THREE SAMPLES SENT ON DAYS 1, 3, &5? ❑ YES ❑ NO	WERE HOLDING TIMES MET FOR ALL 3 SAMPLES RECEIVED? ❑ YES ❑ NO	SAMPLES RECEIVED? GRABS / COMPOSITES	OUTFALL #?
TEMPERATURE _____°C _____°C _____°C	TOTAL RESIDUAL Cl _____ mg/l _____ mg/l _____ mg/l	HARDNESS _____ mg/L CaCO3 _____ mg/L CaCO3 _____ mg/L CaCO3	AMMONIA _____ mg/l as N _____ mg/l as N _____ mg/l as N
CONDUCTIVITY _____ _____ _____	D.O. _____ _____ _____	OTHER _____ _____ _____	OTHER _____ _____ _____

LABORATORY ALTERATIONS PRIOR TO TEST

WERE SAMPLES DECHLORINATED? ❑ YES ❑ NO	DESCRIBE DECHLORINATION (if any)
WERE SAMPLES FILTERED? ❑ YES ❑ NO FILTER SIZE?	WAS pH ADJUSTED? ❑ YES ❑ NO
WERE RECEIVED SAMPLES AERATED?	OTHER ADJUSTMENTS? (if any, describe)

TEST ORGANISM INFORMATION

Ceriodaphina dubia
HAS INITIAL SPECIES BEEN PROPERLY IDENTIFIED AND SPECIMIN MOUNTED ❑ YES ❑ NO
ARE BROOD BOARDS USE AND RANDOMIZED ACCORDING TO TEST PROCEDURES? (blocking by known parentage)? ❑ YES ❑ NO
WERE NEONATES USED <24-HRS OLD AND ALL WITHIN 8-H OF THE SAME AGE? ❑ YES ❑ NO
HAVE ANY MALE DAPHNIA BEEN IDENTIFIED IN THIS TEST? ❑ YES ❑ NO

HAVE ORGANISMS FROM THE SAME INITIAL SPECIMIN PERFORMED SUCCESSFULLY IN THE MONTHLY CHRONIC REFTOX? ❑ YES ❑ NO	HAS MONTHLY CHRONIC REFTOX MET CONTROL CHART PARAMETERS? ❑ YES ❑ NO

TEST SET-UP

IDENTIFY THE DILUENT (O_1) CONTROL (receiving water recommended)

_____

(if used) IDENTIFY THE SECONDARY (O_2) CONTROL (MHRW recommended unless receiving water characteristics differ)

_____

DILUTIONS USED:	EFFLUENT	DILUENT
CONTROL	- - -	1200 mL
12.5%	150 mL	1050 mL
25%	300 mL	900 mL
50%	600 mL	600 mL
75%	900 mL	300 mL
100%	1200 mL	- - -

TEST RESULTS

SURVIVAL & REPRODUCTION MEASUREMENTS (example numbers provided)											
REPLICATES	1	2	3	4	5	6	7	8	9	10	# LIVE ADULTS
CONTROL	31	30	29	31	25	30	31	23	32	28	10/10
12.5	29	25	0*2	11	24	22	0*3	28	3*4	24	7/10
25	26	0*3	0*3	24	29	19	27	1*4	0*3	22	6/10
50	26	23	15	0*3	29	26	23	28	21	28	9/10
75	25	13	0*4	0*3	24	2*4	26	0*3	23	19	6/10
100	36	0*3	24	24	26	32	31	0*4	4*4	25	7/10
COMMENTS: *2 dead at day 2, *3 dead at day 3, *4 dead at day 4											

TEMPERATURE MEASUREMENTS							
DILUTIONS	O_1	O_2 (if used)	12.5%	25%	50%	75%	100%
MAX/MIN TEMPERATURE IN °C	/	/	/	/	/	/	/
D.O. MEASUREMENTS							
DILUTIONS	O_1	O_2 (if used)	12.5%	25%	50%	75%	100%
MAX/MIN D.O IN mg/L	/	/	/	/	/	/	/
pH MEASUREMENTS							
DILUTIONS	O_1	O_2 (if used)	12.5%	25%	50%	75%	100%
MAX/MIN pH IN s.u	/	/	/	/	/	/	/
CONDUCTIVITY MEASUREMENTS							
DILUTIONS	O_1	O_2 (if used)	12.5%	25%	50%	75%	100%
MAX/MIN IN mS/cm	/	/	/	/	/	/	/
CO2 MEASUREMENTS (if used)							
DILUTIONS	O_1	O_2 (if used)	12.5%	25%	50%	75%	100%
MAX/MIN AS CALCULATED	/	/	/	/	/	/	/

DATA ANALYSIS

METHODS USED TO CALCULATE THE IC25?	HOW WERE ANY OUTLIERS REMOVED FROM CALCULATION? (describe)
❑GRAPHICAL ❑SPEARMAN-KARBER ❑TRIMMED SPEARMAN-KARBER ❑PROBIT ❑LINEAR INTERPOLATION ❑OTHER	

Ceriodaphnia dubia

SURVIVAL IC25 _____ TUc _____ NOEC (if calculated) _____ LOEC (if calculated) _____

REPRODUCTION IC25 _____ TUc _____ NOEC (if calculated) _____ LOEC (if calculated) _____

DESCRIBE ANY DEVIATIONS FROM TEST METHODS OR APPROVED MODIFICATIONS ADMINISTERED

(e.g. pH-overlay used and how administered, D.O. issues, aeration used, temperature issues, holding time issues, etc.)

ANALYST(S)	QA OFFICER