



**Iowa Department of Natural Resources
Effluent Toxicity Testing Report Form
48-Hour Acute Test**

FACILITY DATA

Facility Name: _____ NPDES #: _____
 Address: _____
 City/State/Zip: _____
 Lab Sample #: _____ Date Collected: _____
 Sampling Location: _____
 Diluted effluent sample ratio (from permit): _____
 Date Received: _____ Temperature Upon Receipt: _____

ORGANISM DATA

Pimephales promelas age: _____ Ceriodaphnia dubia age: _____
 Reference Toxicant: _____ Reference Toxicant: _____
 Reference LC50 (95% Conf. Interval): _____ gm/L Reference LC50 (95% Conf. Interval): _____ gm/L

SAMPLE DATA (100% EFFLUENT)

Temperature _____ °C Ammonia Nitrogen (as N) _____ mg/L
 Initial D.O. _____ mg/L D.O. (end of test) _____ mg/L
 pH (start of test) _____ Units pH (end of test) _____ Units
 Total Ammonia (as NH3) _____ mg/L Unionized Ammonia (calculated as NH3) _____ mg/L
 Total Residual Chlorine _____ mg/L Specific Conductance _____ µmhos

MORTALITY DATA

Laboratory (Name): _____
 Test begun (Date): _____ Test ended (date): _____

Conc.	Pimephales promelas Mortality (Number Dead/Number Tested)						Ceriodaphnia dubia Mortality (Number Dead/Number Tested)					
	Bk. 1	Bk. 2	Bk. 3	Bk. 4	Pass	Fail	Bk. 1	Bk. 2	Bk. 3	Bk. 4	Pass	Fail
Control												
%					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
%					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
%					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
%					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
100%					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

EFFLUENT TOXICITY TESTING RESULTS: Pass Fail

Comments:

Date Reported: _____