Effluent Aquatic Toxicity Report Form - Acute Pass/Fail

Date _____

Facility _____ NPDES#NC _____ Pipe # _____ County _____

Laboratory Performing Test _____

x _____
Signature of Operator in Responsible Charge

ORC Phone / Email

x _____
Signature of Laboratory Supervisor

Comments _____

MAIL ORIGINAL TO:

Water Sciences Section
Div. of Water Resources, NC DENR
1621 Mail Service Center
Raleigh, NC 27699-1621

North Carolina Acute Pass/Fail Toxicity Test

Collection Date: _____
Collection Time: _____
Test Start Date: _____

Organism Tested

_____

SampleType/Duration

Grab	Comp.	Duration

	Dilution	Toxicant
Hardness(mg/l)		
Spec.Cond.(µmhos)		
Chlorine(mg/l)		
Sample temp. at receip		

		start	end
pH	Control		
	Treatment		
D.O.	Control		
	Treatment		

Mortality

	Replicate A	B	C	D	Mean Mortality
Treatment 1 (Control)	%	%	%	%	%
Treatment 2 (Exposure)	%	%	%	%	%

Concentration Tested %

(NOTE: If mean control mortality exceeds10%, the test is considered invalid)

Calculate using Arc-Sine Square Root transformed data

Calculated Student's t		**PASS**	
Tabular Student's t (ONE TAILED)		**FAIL**	

If the absolute value of the calculated t is less than or equal to the absolute value of the tabular t, check PASS.
If the absolute value of the calculated t is greater than the absolute value of the tabular t, check FAIL.
If all vessels within each treatment have the same response but the treatment two response is greater than the control, check FAIL.