

FACILITY NAME AND PERMIT NUMBER:
LAKELAND (CITY OF) WPCP

Form Approved 1/14/99
OMB Number 2040-0086

Test number: _____ Test number: _____ Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:			
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f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity			
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Acute toxicity			
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g. Provide the type of test performed.

Static			
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Static-renewal			
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Flow-through			
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h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water			
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Receiving water			
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i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water			
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Salt water			
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j. Give the percentage effluent used for all concentrations in the test series.

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k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH			
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Salinity			
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Temperature			
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Ammonia			
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Dissolved oxygen			
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l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
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LC ₅₀			
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95% C.I.	%	%	%
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Control percent survival	%	%	%
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Other (describe)			
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