FACILITY NAME AND PERMIT NUMBER: ALAPAHA, TOWN OF (ALAPAHA 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:				
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.				
Chronic toxicity				
Acute toxicity				
g. Provide the type of test performed.				
Static				
Static-renewal				
Flow-through				
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.				
Laboratory water				
Receiving water				
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.				
Fresh water				
Salt water				
j. Give the percentage effluent used for all concentrations in the test series.				
k. Parameters measured during the test. (State whether parameter meets test method specifications)				
рН				
Salinity				
Temperature				
Ammonia				
Dissolved oxygen				
I. Test Results.				
Acute:				
Percent survival in 100% effluent	%	%	%	
LC ₅₀				
95% C.I.	%	%	%	
Control percent survival	%	%	%	
Other (describe)				