FACILITY NAME:	NPDES PERMIT NUMBER:	EPA ID NUMBER: (for official use only)	Form Approved OMB Number Approval Expires XX-XX-XX
2A PART B. TOXICITY	OXICITY TESTING DATA		
		colory details for some conference building for sec- ministration that are requiring in Newson and present and an expense of present presents	that the applicant develope power. If POTHs with a selection that would will footh to tracked by the of the supplies and helps to some public diseas.
B.1. Required Tests. a. Indicate the number of whole effluent toxidity tests	8		
B.2. Individual Test Data. Complete	Grionic Growth and 3 tests are being reported to the constitutes a less three years. Allow one column per test (where each species constitutes a lest).	onducted in the last three years. Allow one col	lumn per test (where each species constitutes a test).
Test information	Test number:	Test number:	Test number:
zies			
Age at insteadion of test Outself number			
Dates sample collected	2		
Date test started			
Duration  b. Give toxicity test methods followed.	ollowed		
l 🖁			
Edition number and year of publication			
Page number(s)			
EDA Form 9510.04 (Boy 0.05) Booleage FDA Forms 7550.8	Se FDA Forme 7550.8 & 7550.22	A	PAGE 1 of 3