ICILITY NAME:		NPDES P	NPDES PERMIT NUMBER:		EPA ID NUMBER:	:R:		Form Approved OMB Number Approval Expires XX-XX-XX
2. Individual Test Data. (confd.)	e. (confd.)							
	Test number:			Test number:	ımber:		Test number:	1
c. Give the samp	Give the sample collection method(s) used.	d(s) used. For	r multiple grab samp	oles, indicate	multiple grab samples, indicate the number of grab samples used.	les used.		
24-Hour composite		-			_			
Grab								
d. Indicate where	Indicate where the sample was taken in relation	aken in relatior	i to disinfection (check all that apply for each.)	ck all that ap	ply for each.)			
Before disinfection								
After disinfection								
After dechlorination								
e. Describe the g	Describe the point in the treatment process at w	nt process at v	which the sample was collected	is collected.		-		
2				7				
f. Foreach test,	For each test, indicate whether the test was inte	ne test was int	ended to assess chronic or acute toxicity	onic or acute	toxicity.			
Chronic toxicity								
Acute toxicity								
g. Provide the ty	Provide the type of test performed	ij						
Static							*	
newal rugh								
h. Source of dilu	Source of dilution water. If laboratory water, specify type	atory water, sp	ecify type.					
Laboratory water								
Receiving water			•					
i. Type of difution	Type of dilution water. If salt water, specify "nat	er, specify "na	tural" or type of artificial salt water used.	icial salt wate	er used.			
Fresh water								
Salt water								
j. Give the perc	antage effluent use	d for all conce	Give the percentage effluent used for all concentrations in the lest series.	series.				-
·							•	
A Form 3510-2A (Bev. 9-95). Replaces EPA Forms 7550-5 & 7550-22	-95). Reclaces EP	A Forms 7550	6 & 7550-22.		보 보기 			PAGE 2 of 3

EPA Form 3510-2A (Rev. 9-95). Replaces EPA Forms 7550-6 & 7550-22.