

FACILITY NAME:		NIPDES PERMIT NUMBER:		EPA ID NUMBER: (for official use only)		Form Approved OMB Number Approval Expires XX-XX-XX	
B.2. Individual Test Data. (cont'd.)				Test number: _____			
Test number: _____				Test number: _____			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.							
24-Hour composite							
Grab							
d. Indicate where the sample was taken in relation to disinfection (check all that apply for each.)							
Before disinfection							
After disinfection							
After dechlorination							
e. Describe the point in the treatment process at which the sample was collected.							
Sample was collected:							
f. For each test, indicate whether the test was intended to assess chronic or acute toxicity.							
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.							
Laboratory water							
Receiving water							
i. Type of dilution water. If salt water, specify "natural" or type of artificial salt water used.							
Fresh water							
Salt water							
j. Give the percentage effluent used for all concentrations in the test series.							