ADEM 48 HOUR ACUTE TOXICITY REPORT (WITH DIFFUSER)

COMPANY:
LOCATION:
CITY:
MONTH _____, _____
AL
DSN

MONITORING FREQUENCY Weekly Monthly Quarterly Biannual Yearly Accelerated Testing Yes No

SPECIES	FATHEAD MINNOW	CERIODAPHNIA
TYPE TEST	SURVIVAL	SURVIVAL
IWC OR % EFFLUENT		
MAXIMUM PERMITTED MORTALITY RATE	10%	10%
DATE SAMPLE TAKEN	**% MORTALITY**	**% MORTALITY**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official _____ Date _____

ADEM Form 464a 8/02

ADEM 48 HOUR ACUTE TOXICITY REPORT (NO DIFFUSER)

COMPANY:
LOCATION:
CITY:

MONTH ____________, ______
AL
DSN

MONITORING FREQUENCY Weekly Monthly Quarterly Biannual Yearly Accelerated Testing Yes No

SPECIES	FATHEAD MINNOW	CERIODAPHNIA
TYPE TEST	SURVIVAL	SURVIVAL
IWC OR % EFFLUENT	100%	100%
MAXIMUM PERMITTED MORTALITY RATE	50%	50%

DATE SAMPLE TAKEN	**% MORTALITY**	**% MORTALITY**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official ____________________ Date ____________

ADEM Form 464b 8/02

ADEM 24 HOUR ACUTE TOXICITY REPORT

COMPANY:		MONTH _____, _____
LOCATION:		AL
CITY:		DSN
MONITORING FREQUENCY	Weekly Monthly Quarterly Biannual Yearly	Accelerated Testing Yes No
SPECIES	FATHEAD MINNOW	CERIODAPHNIA
TYPE TEST	SURVIVAL	SURVIVAL
IWC OR % EFFLUENT		N/A
MAXIMUM PERMITTED MORTALITY RATE	10%	N/A
DATE SAMPLE TAKEN	**% MORTALITY**	**% MORTALITY**
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A
		N/A

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Official _____ Date _____

ADEM Form 464c 8/02

ADEM CHRONIC TOXICITY REPORT

COMPANY:
LOCATION:
CITY:

MONTH _____, _____

MONITORING FREQUENCY Weekly Monthly Quarterly Biannual Yearly Accelerated Testing

AL
DSN
Yes No

SPECIES	FATHEAD MINNOW	FATHEAD MINNOW	CERIODAPHNIA	CERIODAPHNIA
TYPE TEST	SURVIVAL	GROWTH	SURVIVAL	REPRODUCTION
IWC OR % EFFLUENT				
PERMITTED RATE	NO SIGNIFICANT DIFFERENCE	NO SIGNIFICANT DIFFERENCE	NO SIGNIFICANT DIFFERENCE	NO SIGNIFICANT DIFFERENCE
	SIGNIFICANT DIFFERENCE	**SIGNIFICANT DIFFERENCE**	**SIGNIFICANT DIFFERENCE**	**SIGNIFICANT DIFFERENCE**
DATE SAMPLE TAKEN	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine imprisonment for knowing violations.

Signature of Responsible Official _____ Date _____

ADEM Form 464d 8/02