

Appendix B: Effluent Monitoring for Whole Effluent Toxicity

Please complete one worksheet for each Whole Effluent Toxicity (WET) test. Copy this form as needed.

Test Number: _____

Test Information

1. Test species: _____
2. Age of initiation of test: _____
3. Outfall number: _____
4. Date sample collected: _____
5. Date test started: _____
6. Duration: _____

Toxicity Test Methods

7. Test method number: _____
8. Manual title: _____
9. Edition number and year of publication: _____
10. Page number(s): _____

Sample Type

11. Check one: ☐ Grab ☐ 24-hour composite

Sample Location

12. Check one:
- ☐ Before Disinfection
 - ☐ After Disinfection
 - ☐ After Dechlorination

Point in Treatment Process

13. Describe the point in the treatment process at which the sample was collected for this test:

Toxicity Type

14. Indicate the type of test performed:
- ☐ Static
 - ☐ Static – renewal
 - ☐ Flow – through

Source of Dilution Water

15. Indicate the source of dilution water:

- ☐ Laboratory Water
- ☐ Receiving Water

16. If laboratory water, specify type: _____

17. If receiving water, specify source: _____

Type of Dilution Water

18. Indicate the type of dilution water:

- ☐ Fresh Water
- ☐ Salt Water (specify): _____

If salt water, specify "natural" or the type of artificial sea salts or brine used.

Percentage Effluent Used

19. Specify the percentage effluent used for all concentrations in the test series:

Parameters Tested

20. Check the parameters tested:

- ☐ pH
- ☐ Salinity
- ☐ Temperature
- ☐ Ammonia
- ☐ Dissolved Oxygen

Acute Test Results

21. Percent survival in 100% effluent: _____ %

22. LC50: _____

23. 95% confidence interval: _____ %

24. Control percent survival: _____ %

25. Other (describe): _____

Chronic Test Results

26. NOEC: _____ %

27. IC25: _____ %

28. Control percent survival: _____ %

29. Other (describe): _____

Quality Control / Quality Assurance

30. Is reference toxicant data available? ☐ Yes ☐ No

31. Was reference toxicant test within acceptable bounds? ☐ Yes ☐ No

32. What date was reference toxicant test run (MM/DD/YYYY): _____

33. Other (describe): _____