

# WHOLE EFFLUENT TOXICITY (WET) TEST



## Biomonitoring

2601 Agriculture Drive, Madison WI 53718

Tel: (608) 224-6230 (800) 442-4618 Fax: (608) 224-6267

DNR Contact and phone: \_\_\_\_\_

### Facility Information

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: Shawn Giblein

Phone number: 608-785-9445

Receiving water (RW): Upper Mississippi River

RW collection site (SWIMS, STORET or LAT/LONG): 43.6521 / - 91.274528

Narrative description of RW collection site: hole #1

### Sample Information

Collector: Shawn Giblein

Affiliation: WDR

Sample (A,B,C or RW)	Outfall Number	Grab Comp	Begin Date/Time		End Date/Time		Temperature (C)		Effluent <input type="checkbox"/>
			MM/DD/YY HH:MM	MM/DD/YY HH:MM	In Situ	Sample			
<u>Pool 8</u> <u>hole 1</u>			<u>1/27/16</u>	<u>15:30</u>	<u>1/27/16</u>	<u>15:35</u>			<input type="checkbox"/>
									<input type="checkbox"/>

Test

Species

Acute

*C. dubia*

*P. promelas*

Chronic

*C. dubia*

*P. promelas*

*S. capricornutum* (algae)

Percent dilution:

>30% (100/75/50/25/12.5/%) No dilution

<30% (100/30/10/3/1%)

Delivery type:

Hand

Courier (Please Specify)

Spec-Doc

Arrival temperature (C)

7.4

pH

8.09

Chemistries taken (hardness, alkalinity, ammonia)?

Yes

Leakage?

Yes  No

Ice Evident?

Yes  No

Headspace removed?

Yes  No

Receiver Signature

Cavelle & Danes

Date/Time

1/29/16 9:00

Laboratory Number

237493001

01/29/16 08:32  
HOLE 1 ACUTE



237493001

nts:

Train Derailment - Soybean oil and Sodium chlorate

TEMP				HNO3				pH			
Ray Gun				ID's IN/AN221				PH R2-6-31			
1	5	6	7	Bottle ID				Bottle ID			
				A	B	C	D	A	B	C	D
				E	F	G		E	F	G	

01/29/16 08:32  
RR009



237493



# WHOLE EFFLUENT TOXICITY (WET) TEST



## Biomonitoring

2601 Agriculture Drive, Madison WI 53718

Tel: (608) 224-6230 (800) 442-4618 Fax: (608) 224-6267

DNR Contact and phone: \_\_\_\_\_

### Facility Information

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: Shawn Giblin

Phone number: 608-785-9995

Receiving water (RW): Upper Mississippi River

RW collection site (SWIMS, STORET or LAT/LONG): 43.651882 / -91.274422

Narrative description of RW collection site: hole #4

IWC: \_\_\_\_\_

Permit #: \_\_\_\_\_

Design Flow (MGD): \_\_\_\_\_

Q7,10(cfs): \_\_\_\_\_

Split:  Yes  No

Laboratory: \_\_\_\_\_

### Sample Information

Collector: Shawn Giblin Affiliation: WPNR

Sample (A,B,C or RW)	Outfall Number	Grab Comp	Begin Date/Time		End Date/Time		Temperature (C)		Effluent <input type="checkbox"/>
			MM/DD/YY	HH:MM	MM/DD/YY	HH:MM	In Situ	Sample	
<u>Pool 8</u> <u>hole #4</u>			<u>1/27/16</u>	<u>15:45</u>	<u>1/27/16</u>	<u>15:50</u>			<input type="checkbox"/>
									<input type="checkbox"/>

Test Species

Acute  *C. dubia*  *P. promelas*

Chronic  *C. dubia*  *P. promelas*  *S. capricornutum* (algae)

Percent dilution:  >30% (100/75/50/25/12.5%) No dilution

<30% (100/30/10/3/1%)

Delivery type:  Hand  Courier (Please Specify) Spec-Doc

Arrival temperature (C) 7.9 pH 8.07

Chemistries taken (hardness, alkalinity, ammonia)?  Yes

Leakage?  Yes  No Ice Evident?  Yes  No Headspace removed?  Yes  No

Receiver Signature Camille G Danwelder Date/Time 1/29/16 9:00

Laboratory Number

237493002

ts: Train Derailment: Southern oil and sodium chloride

01/29/16 08:32  
HOLE 4 ACUTE



237493002

TEMP				HNO3				pH			
Ray Gun				D's IN/AN221				PH R2-6-81			
Bottle ID				Bottle ID				Bottle ID			
1	5	6	7	A	B	C	D	A	B	C	D
<input checked="" type="checkbox"/> ICP				E	F	G		E	F	G	



\*\* DO NOT PHOTOCOPY \*\*

Billing and Reporting				
Account Number RR009 - NO CHARGE	Sample ID Lab Control	Report to Address		
DNR User ID Shawn Giblin	Report To Name	City	State	ZIP
Date Results Needed (mm/dd/yyyy)		Report to Email		

Date and Time of Sample Collection				
Date (mm/dd/yyyy) 01/29/2015	Time (24-hr clock) 13:00	End Date (mm/dd/yyyy)	End Time (24-hr clock)	End Temp in °C

Sample Type				
Sample Type: (select one)	<input type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)	<input type="radio"/> IF Influent (Untreated wastewater)
	<input type="radio"/> D Public Drinking Water	<input type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well	<input type="radio"/> SE Sediment
	<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue	<input checked="" type="radio"/> Lab Control Waters

Who collected the sample		
Collected By Name D. Perkins	Telephone (608) 224-6230	Email

Where the sample was collected		
Station ID (STORET #)	Sample Address or Location Description	
County	Waterbody ID (WBIC)	Point / Outfall (or SWIMS Fieldwork Seq No)

Sample Details			
Sample Description / Device Description Lab Control Waters for Ambient Toxicity Tests Receiving Water			
Sampler ID	Permit number	IWC %	
Enforcement? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, include chain of custody form.	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/> _____	Depth of Sample: _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm	
Is Sample Disinfected? <input type="radio"/> Yes <input type="radio"/> No If yes, how? _____	Grant or Project Number	Or Top and Bottom of Sample Interval: _____ - _____ <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm	

Analyses Requested	
<b>Acute Toxicity Tests:</b> <input type="checkbox"/> <i>Ceriodaphnia dubia</i> AND <i>Pimephales promelas</i> (ET42005) <input type="checkbox"/> <i>Ceriodaphnia dubia</i> Only (ET42010) <input type="checkbox"/> <i>Pimephales promelas</i> Only (ET42000) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Microtox Screen Test (ET46000)
<b>Chronic Toxicity Tests:</b> <input type="checkbox"/> <i>Ceriodaphnia dubia</i> AND <i>Pimephales promelas</i> (ET42025) <input type="checkbox"/> <i>Ceriodaphnia dubia</i> Only (ET42030) <input type="checkbox"/> <i>Pimephales promelas</i> Only (ET42020) <input type="checkbox"/> <i>Selenastrum capricornutum</i> (ET42040) <input type="checkbox"/> Other: _____ Requested Dilution Series (Provide %'s): _____	<b>Additional Parameters</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ Additional parameters or instructions to laboratory:
<input checked="" type="checkbox"/> <b>100% Only Acute &amp; Chronic Screen Toxicity Test:</b> <i>Ceriodaphnia dubia</i> AND <i>Pimephales promelas</i> (ET42050)	<b>For Sample Receiving Use:</b> Sample Temp _____ °C <input type="checkbox"/> Iced Ray Gun: 1 5 6 7 Initials _____ Delivery Type: <input type="checkbox"/> Hand <input type="checkbox"/> Courier _____
<b>Sediment Toxicity Tests:</b> <input type="checkbox"/> <i>Hyalella azteca</i> <input type="checkbox"/> 10 Day (ET44020) <input type="checkbox"/> 28 Day (ET44030) <input type="checkbox"/> Other: _____ Days	<input type="checkbox"/> <i>Chironomus dilutus</i> <input type="checkbox"/> 10 Day (ET44010) <input type="checkbox"/> Other: _____ Days
<b>For Laboratory Use:</b> Arrival Sample pH: _____ s.u. Initials _____ Chems Taken (Hard, Alk, NH3, Cl): <input type="checkbox"/> Yes	
WSLH Workorder Label: _____	

Please enclose this form with the sample and send to the State Lab of Hygiene.

02/15/16 12:59  
LAB CONTROL  
237493003

If you have test related questions, contact the WSLH Environmental Toxicology Department at (608) 224-6230.

The acute & chronic sampling procedure (ESS ENV TOX GENOP 1100) is available upon request and complies with USEPA & WDNR guidelines.

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to <http://intranet/int/es/science/ls/Account.htm> or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant or Project Number** field should include the Lake Planning Grant Number or the Project Number.

Sample Collector(s) Name: Shawn Giblin Email or Postal Address: Shawn.Giblin@wisconsin.gov Phone Number (include area code): (608) 785-9995  
 Property Owner: Shawn Giblin Property Address: Shawn.Giblin@wisconsin.gov Phone Number (include area code): (608) 785-9995

Split Samples: Offered?  Yes  No Accepted?  Yes  No  
 Accepted By (Signature): \_\_\_\_\_

Field ID No.	Date	Time	No. of Containers	Station Location Sample Description	Lab ID Number	Lab Use Only			
						Cracked / Broken	Improperly Sealed	Good Condition	Other Comments
Hole #1	1/27/16	1530	6	Pool 8 decontamination near Brownsville, MN 43.6521 / -91.274528	237495001			✓	
Hole #4	1/27/16	1545	6	Pool 8 decontamination near Brownsville, MN 43.651882 / -91.274422	237495002			✓	
				Trip blank 237496002	237496003				

Method of Shipment:  Staff  U.S. Postal Service  UPS  FedEx  Other—specify: Spec-Dee

Reason for Sample Collection:  Anhydrous Ammonia Spill  Animal Waste  Open Burning  Dairy Product Spill  Construction/Storm Water Runoff  \* Contact the laboratory with product information and for consultation. Also, include sample of suspected spilled product.

Was the sample shipping container sealed on receipt?  Yes  No

I hereby certify that I received and properly handled these samples as noted below:

Relinquished By (Signature)	Date / Time	Received By (Signature)	Date / Time
<u>Shawn Giblin</u>	1/28/16 1730		

Disposition of Unused Portion Sample:  Dispose  Return  Retain until further notice  Other \_\_\_\_\_

If you need additional room for notes, use the back of this form.

8:30 AM

