



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Permitting & Enforcement Division

**Groundwater Remediation to Surface Water Aquatic Toxicity Monitoring Report**

Complete this form for each discharge and send to Water Permitting and Enforcement Division, Bureau of Materials Management and Compliance Assurance, Department of Energy and Environmental Protection, 79 Elm Street, Hartford, CT 06106-5127. (860-424-3018)

**Part I: Facility Information**

GP#:

Permittee:		
Site Address:		
City/Town:	State:	Zip Code:
Phone Number:	ext.	Fax:
Contact Person:	Title:	
Receiving Water (Name, Basin):	IWC: (check one) <input type="checkbox"/> <1% <input type="checkbox"/> 1-10%	

**Part II: Monitoring Results**

Sample Location (DSN):

Parameter	Method	Results	
		1st Sample	2nd Sample
Sample Date (mm/dd/yy) & Time			
Hardness (mg/L)			
Total Iron (mg/L)			
Total Copper (mg/L)			
Total Lead (mg/L)			
Total Zinc (mg/L)			
Total Residual Chlorine (mg/L)			
pH (S.U.)			
Temperature (°F)			
Salinity			
Appearance			

**Total Flow on Day of Sample (gal/day)**

Registered Max Daily Flow:

(gal/day)

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

**Part III: Certification**

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statutes."

_____ Signature of Permittee	_____ Date
_____ Signature of Preparer	_____ Date

# Groundwater Remediation to Surface Water Acute Toxicity Test Data Sheet

Permittee:

Culture Water Source:

Hardness: mg/l

Salinity: ppt

Test Species: *Daphnia pulex* or *Mysidopsis bahia* Age: \_\_\_\_\_ Temp: 20 1 C

GP #

Culture Water Source:

DSN:

Hardness: mg/l

Salinity: ppt

Test Species: *Pimephales promelas* or *Menidia beryllina* Age: \_\_\_\_\_ Temp: 20 1 C

**1st Test** Test Date & Time:

Start								
Dilution %	0A	0B	0C	100A	100B	100C	100D	100E
D.O.								
pH								
Temp.								
Cond.								
24 Hours								
% Survival								
D.O.								
pH								
Temp.								
Cond.								
48 Hours								
% Survival								
D.O.								
pH								
Temp.								
Cond.								
Mean % Survival								

**2nd Test** Test Date & Time:

Start								
Dilution %	0A	0B	0C	100A	100B	100C	100D	100E
D.O.								
pH								
Temp.								
Cond.								
24 Hours								
% Survival								
D.O.								
pH								
Temp.								
Cond.								
48 Hours								
% Survival								
D.O.								
pH								
Temp.								
Cond.								
Mean % Survival								

Test Species	Date	Reference Toxicant	Source	LC50	Testing Lab
<i>Daphnia pulex</i> or <i>Mysidopsis bahia</i>					
<i>Pimephales promelas</i> or <i>Menidia beryllina</i>					