



700 West Liberty Street | Louisville, KY 40203-1911  
Phone: 502.540.6000 | LouisvilleMSD.org

January 24th, 2025

Crystal Dennis  
300 Sower Blvd., 3rd Floor  
Frankfort, Kentucky 40601

**RE: SORF STP, KPDES No: KY0111716  
Discharge Monitoring Report for December 2024.**

Dear Ms. Dennis:

Attached are the Discharge Monitoring Report (DMR) for the SORF STP, for the month December 2024.

There were no bypasses or overflows. There was one exceedance. It was for daily max ammonia with a permit limit of 7.5mg/L and a result of 7.8 mg/L. Operational changes have been made to the blower run times. The ammonia was tested two days later with a result of 5.9 mg/L.

If you have any questions concerning the attached DMR's, please contact me at (502) 264-2804.

Sincerely,

A handwritten signature in black ink, appearing to read 'AS' or 'Alex Smither', written over a light blue horizontal line.

Alex Smither  
Process Supervisor

CAS/SORF 12/24.

Cc: V. Teague, B. Tinnel

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Permit

Permit #:  
Major:

KY0111716  
Yes

Permittee:  
Permittee Address:

Louisville and Jefferson County MSD  
700 W Liberty St  
Louisville, KY 40203

Facility:  
Facility Location:

OLDHAM COUNTY ENVIRONMENTAL AUTHORITY REGIONAL WWTP  
6115 HITT LN  
CRESTWOOD, KY 40241

Permitted Feature:

001  
External Outfall

Discharge:

001-1  
Domestic Wastewater from Publicly Owned Treatment Works

Report Dates & Status

Monitoring Period:

From 12/01/24 to 12/31/24

DMR Due Date:

01/28/25

Status:

NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name:  
Last Name:

Tony  
Parrott

Title:

Executive Director

Telephone:

502-540-6533

No Data Indicator (NODI)

Form NODI: --

| Parameter |                                          | Monitoring Location     | Season # | Param. NODI |             | Quantity or Loading |                |             |                  |           | Quality or Concentration |              |             |                |             |                  |           | # of Ex. | Frequency of Analysis | Sample Type            |
|-----------|------------------------------------------|-------------------------|----------|-------------|-------------|---------------------|----------------|-------------|------------------|-----------|--------------------------|--------------|-------------|----------------|-------------|------------------|-----------|----------|-----------------------|------------------------|
| Code      | Name                                     |                         |          |             |             | Qualifier 1         | Value 1        | Qualifier 2 | Value 2          | Units     | Qualifier 1              | Value 1      | Qualifier 2 | Value 2        | Qualifier 3 | Value 3          | Units     |          |                       |                        |
| 00300     | Oxygen, dissolved [DO]                   | 1 - Effluent Gross      | 0        | --          | Sample      |                     |                |             |                  |           | =                        | 7.8          |             |                |             |                  | 19 - mg/L | 0        | 01/07 - Weekly        | GR - Grab              |
|           |                                          |                         |          |             | Permit Req. |                     |                |             |                  |           | >=                       | 7.0 INST MIN |             |                |             |                  | 19 - mg/L |          | 01/07 - Weekly        | GR - Grab              |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| 00400     | pH                                       | 1 - Effluent Gross      | 0        | --          | Sample      |                     |                |             |                  |           | =                        | 7.21         |             |                | =           | 7.67             | 12 - SU   | 0        | 01/07 - Weekly        | GR - Grab              |
|           |                                          |                         |          |             | Permit Req. |                     |                |             |                  |           | >=                       | 6.0 MINIMUM  |             |                | <=          | 9.0 MAXIMUM      | 12 - SU   |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| 00530     | Solids, total suspended                  | 1 - Effluent Gross      | 0        | --          | Sample      | =                   | 18.7           | =           | 28.2             | 26 - lb/d |                          |              | =           | 7.0            | =           | 8.0              | 19 - mg/L | 0        | 01/07 - Weekly        | CP - Composite         |
|           |                                          |                         |          |             | Permit Req. | <=                  | 312.8 MO AVG   | <=          | 469.1 MX WK AV   | 26 - lb/d |                          |              | <=          | 30.0 MO AVG    | <=          | 45.0 MX WK AV    | 19 - mg/L |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| 00530     | Solids, total suspended                  | G - Raw Sewage Influent | 0        | --          | Sample      |                     |                |             |                  |           |                          |              | =           | 112.0          | =           | 205.0            | 19 - mg/L | 0        | 01/07 - Weekly        | CP - Composite         |
|           |                                          |                         |          |             | Permit Req. |                     |                |             |                  |           |                          |              |             | Req Mon MO AVG |             | Req Mon MX WK AV | 19 - mg/L |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| 00600     | Nitrogen, total [as N]                   | 1 - Effluent Gross      | 0        | --          | Sample      |                     |                |             |                  |           |                          |              | =           | 6.73           | =           | 11.5             | 19 - mg/L | 0        | 01/07 - Weekly        | CP - Composite         |
|           |                                          |                         |          |             | Permit Req. |                     |                |             |                  |           |                          |              |             | Req Mon MO AVG |             | Req Mon DAILY MX | 19 - mg/L |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| 00600     | Nitrogen, total [as N]                   | G - Raw Sewage Influent | 0        | --          | Sample      |                     |                |             |                  |           |                          |              | =           | 22.48          | =           | 27.7             | 19 - mg/L | 0        | 01/07 - Weekly        | CP - Composite         |
|           |                                          |                         |          |             | Permit Req. |                     |                |             |                  |           |                          |              |             | Req Mon MO AVG |             | Req Mon DAILY MX | 19 - mg/L |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| X00610    | Nitrogen, ammonia total [as N]           | 1 - Effluent Gross      | 2        | --          | Sample      |                     |                |             |                  |           |                          |              | =           | 4.0            | =           | 7.8              | 19 - mg/L | 0        | 01/07 - Weekly        | CP - Composite         |
|           |                                          |                         |          |             | Permit Req. |                     |                |             |                  |           |                          |              | <=          | 5.0 MO AVG     | <=          | 7.5 DAILY MX     | 19 - mg/L |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| 00665     | Phosphorus, total [as P]                 | 1 - Effluent Gross      | 2        | --          | Sample      |                     |                |             |                  |           |                          |              | =           | 0.16           | =           | 0.3              | 19 - mg/L |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Permit Req. |                     |                |             |                  |           |                          |              | <=          | 2.0 MO AVG     | <=          | 3.0 DAILY MX     | 19 - mg/L |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| 00665     | Phosphorus, total [as P]                 | G - Raw Sewage Influent | 0        | --          | Sample      |                     |                |             |                  |           |                          |              | =           | 2.86           | =           | 4.2              | 19 - mg/L | 0        | 01/07 - Weekly        | CP - Composite         |
|           |                                          |                         |          |             | Permit Req. |                     |                |             |                  |           |                          |              |             | Req Mon MO AVG |             | Req Mon DAILY MX | 19 - mg/L |          | 01/07 - Weekly        | 24 - 24 Hour Composite |
|           |                                          |                         |          |             | Value NODI  |                     |                |             |                  |           |                          |              |             |                |             |                  |           |          |                       |                        |
| 50050     | Flow, in conduit or thru treatment plant | 1 - Effluent Gross      | 0        | --          | Sample      | =                   | 0.381          | =           | 0.9683           | 03 - MGD  |                          |              |             |                |             |                  |           | 0        | 99/99 - Continuous    | RC - Recorder (auto)   |
|           |                                          |                         |          |             | Permit Req. |                     | Req Mon MO AVG |             | Req Mon DAILY MX | 03 - MGD  |                          |              |             |                |             |                  |           |          | 99/99 - Continuous    | RC - Recorder (auto)   |

|       |                                            |                         |   |    |             |    |                |    |                  |           |    |                |             |                  |               |              |   |                                    |                                          |                                         |
|-------|--------------------------------------------|-------------------------|---|----|-------------|----|----------------|----|------------------|-----------|----|----------------|-------------|------------------|---------------|--------------|---|------------------------------------|------------------------------------------|-----------------------------------------|
|       |                                            |                         |   |    | Value NODI  |    |                |    |                  |           |    |                |             |                  |               |              |   |                                    |                                          |                                         |
| 50050 | Flow, in conduit or thru treatment plant   | G - Raw Sewage Influent | 0 | -- | Sample      | =  | 0.4298         | =  | 1.1705           | 03 - MGD  |    |                |             |                  |               |              |   | 0                                  | 01/07 - Weekly<br>99/99 - Continuous     | CA - Calculated<br>RC - Recorder (auto) |
|       |                                            |                         |   |    | Permit Req. |    | Req Mon MO AVG |    | Req Mon DAILY MX | 03 - MGD  |    |                |             |                  |               |              |   |                                    |                                          |                                         |
|       |                                            |                         |   |    | Value NODI  |    |                |    |                  |           |    |                |             |                  |               |              |   |                                    |                                          |                                         |
| 51040 | E. coli                                    | 1 - Effluent Gross      | 0 | -- | Sample      |    |                |    |                  |           |    | =              | 2.8         | =                | 55.0          | 13 - #/100mL | 0 | 01/07 - Weekly<br>01/07 - Weekly   | GR - Grab<br>GR - Grab                   |                                         |
|       |                                            |                         |   |    | Permit Req. |    |                |    |                  |           | <= | 130.0 30DA GEO | <=          | 240.0 7 DA GEO   | 13 - #/100mL  |              |   |                                    |                                          |                                         |
|       |                                            |                         |   |    | Value NODI  |    |                |    |                  |           |    |                |             |                  |               |              |   |                                    |                                          |                                         |
| 80082 | BOD, carbonaceous [5 day, 20 C]            | 1 - Effluent Gross      | 0 | -- | Sample      | =  | 19.42          | =  | 28.2             | 26 - lb/d |    | =              | 7.0         | =                | 8.0           | 19 - mg/L    | 0 | 01/07 - Weekly<br>01/07 - Weekly   | CP - Composite<br>24 - 24 Hour Composite |                                         |
|       |                                            |                         |   |    | Permit Req. | <= | 104.4 MO AVG   | <= | 156.4 MX WK AV   | 26 - lb/d |    | <=             | 10.0 MO AVG | <=               | 15.0 MX WK AV | 19 - mg/L    |   |                                    |                                          |                                         |
|       |                                            |                         |   |    | Value NODI  |    |                |    |                  |           |    |                |             |                  |               |              |   |                                    |                                          |                                         |
| 80082 | BOD, carbonaceous [5 day, 20 C]            | G - Raw Sewage Influent | 0 | -- | Sample      |    |                |    |                  |           |    | =              | 90.0        | =                | 122.0         | 19 - mg/L    | 0 | 01/07 - Weekly<br>01/07 - Weekly   | CP - Composite<br>24 - 24 Hour Composite |                                         |
|       |                                            |                         |   |    | Permit Req. |    |                |    |                  |           |    | Req Mon MO AVG |             | Req Mon MX WK AV | 19 - mg/L     |              |   |                                    |                                          |                                         |
|       |                                            |                         |   |    | Value NODI  |    |                |    |                  |           |    |                |             |                  |               |              |   |                                    |                                          |                                         |
| 80091 | BOD, carb-5 day, 20 deg C, percent removal | K - Percent Removal     | 0 | -- | Sample      |    |                |    |                  |           | =  | 92.7           |             |                  |               | 23 - %       | 0 | 01/30 - Monthly<br>01/30 - Monthly | CA - Calculated<br>CA - Calculated       |                                         |
|       |                                            |                         |   |    | Permit Req. |    |                |    |                  |           | >= | 85.0 MO AV MN  |             |                  |               | 23 - %       |   |                                    |                                          |                                         |
|       |                                            |                         |   |    | Value NODI  |    |                |    |                  |           |    |                |             |                  |               |              |   |                                    |                                          |                                         |
| 81011 | Solids, suspended percent removal          | K - Percent Removal     | 0 | -- | Sample      |    |                |    |                  |           | =  | 94.2           |             |                  |               | 23 - %       | 0 | 01/30 - Monthly<br>01/30 - Monthly | CA - Calculated<br>CA - Calculated       |                                         |
|       |                                            |                         |   |    | Permit Req. |    |                |    |                  |           | >= | 85.0 MO AV MN  |             |                  |               | 23 - %       |   |                                    |                                          |                                         |
|       |                                            |                         |   |    | Value NODI  |    |                |    |                  |           |    |                |             |                  |               |              |   |                                    |                                          |                                         |

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

| Parameter |                                | Monitoring Location | Field                                   | Type | Description                                                                                                       | Acknowledge |
|-----------|--------------------------------|---------------------|-----------------------------------------|------|-------------------------------------------------------------------------------------------------------------------|-------------|
| Code      | Name                           |                     |                                         |      |                                                                                                                   |             |
| 00610     | Nitrogen, ammonia total [as N] | 1 - Effluent Gross  | Quality or Concentration Sample Value 3 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes         |

Comments

Attachments

| Name                 | Type | Size    |
|----------------------|------|---------|
| SORF_COVER_12_24.pdf | pdf  | 40690.0 |

Report Last Saved By

Louisville and Jefferson County MSD

|            |                                      |
|------------|--------------------------------------|
| User:      | ALEX.SMITHER@LOUISVILLEMSD.ORG       |
| Name:      | Charles Smither                      |
| E-Mail:    | alex.smither@louisvillemSD.org       |
| Date/Time: | 2025-01-24 11:06 (Time Zone: -05:00) |

Report Last Signed By

|            |                                      |
|------------|--------------------------------------|
| User:      | ALEX.SMITHER@LOUISVILLEMSD.ORG       |
| Name:      | Charles Smither                      |
| E-Mail:    | alex.smither@louisvillemSD.org       |
| Date/Time: | 2025-01-24 11:06 (Time Zone: -05:00) |

**Chronic Toxicity Evaluation  
for the  
South Oldham Regional Facility  
Wastewater Treatment Plant**

**December 2024**

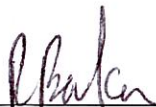
Prepared by:

Beckmar Environmental Laboratory  
Biomonitoring Department  
3251 Ruckriegel Parkway  
Louisville, KY. 40299  
(502) 266-6533

Submitted to:

South Oldham Regional Wastewater Treatment Plant  
Hitt Lane  
Crestwood, KY 40241

Released by: \_\_\_\_\_

  
Biomonitoring QA Officer

1-24-2025

## Summary

Chronic definitive toxicity testing was performed on final effluent samples collected December 1 through 6, 2024 from the South Oldham Regional Facility Wastewater Treatment Plant. Testing was performed December 3 through August 10, 2024 and upon termination, the following conclusions were reached:

For the 7-day *Ceriodaphnia dubia* survival and reproduction test, the IC<sub>25</sub> for reproduction was greater than 100%, yielding less than 1.0 chronic toxicity units (TUC=100/IC<sub>25</sub>).

## Introduction

At the request of South Oldham County Facility, chronic definitive toxicity testing was performed on 24 hour composite effluent samples collected December 1 through 6, 2024 from the South Oldham Regional Facility Wastewater Treatment Plant in Crestwood, KY. Information concerning plant and laboratory conditions can be found on the following pages.

The chronic toxicity testing was performed in accordance with the US EPA methodology as defined in the US EPA manual "Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms" fourth edition, 2002 (EPA-821-R-02-013). The actual methods used were "Daphnid, *Ceriodaphnia dubia*, Survival and Reproduction Test Method 1002.0". The chronic toxicity test was performed in order to ascertain the IC<sub>25</sub> values for *Ceriodaphnia dubia* reproduction.

## *TOXICITY TEST REPORT SHEET*

- |                                |              |
|--------------------------------|--------------|
| Rhonda Baker                   | Biologist    |
| <i>Name (Typed or Printed)</i> | <i>Title</i> |

## Materials and Methods

### Sampling

Composite effluent samples were collected once every other 24 hours (Table I) and delivered to Beckmar Environmental Laboratory. Upon receipt, each sample went through standard log in procedures.

### Control/Dilution Water

All chemicals used are reagent grade, obtained from Aldrich. 1.20 grams of  $\text{CaSO}_4$ , 1.2 grams of  $\text{MgSO}_4$ , 1.92 grams of  $\text{NaHCO}_3$ , and 0.080 grams of KCl were dissolved in distilled water provided by a Barnstead Thermolyne distillation system and aerated for a minimum of 24 hours.

### Test Containers

*C. dubia* tests were performed in 1 ounce plastic cups obtained from Plastics Inc. (St. Paul, MN).

### Toxicity Testing

Samples were allowed to warm to room temperature (25°C) and were tested for residual chlorine immediately prior to dilution. Testing was then performed in accordance with US EPA methodology. Data was recorded on Beckmar generated lab sheets (Appendix I).

### Chemical Analysis

All test dilutions as well as control/dilution water were tested to determine initial dissolved oxygen, temperature, and pH. At the end of 24 hours, the control/dilution water and test dilutions were again tested to determine final dissolved oxygen, temperature and pH. Also, specific conductance, hardness, and alkalinity analyses were performed on the initial control/dilution water and 100% effluent samples. Data was recorded on Beckmar generated lab sheet (Appendix I).

### Statistical Analysis

Statistical data was generated using ToxCalc 5.0® (Tidepool Scientific software, McKinleyville, CA) and ToxStat® (USEPA, Cincinnati, OH) on a Pentium IV®, computer using Windows 98® Operating System.

### Additional Toxicity Test Information

- 1) Submit copies of all bench sheets and statistical calculations/printouts obtained during the test(s). Data must be presented in tabular form and must include all physical and/or chemical measurements recorded during the test (e.g. temperature, conductivity, total residual chlorine, dissolved oxygen, etc.).

- 2) Methods/Instrumentation used in chemical analysis:

|                           |                                       |
|---------------------------|---------------------------------------|
| Dissolved Oxygen:         | YSI Model 58                          |
| PH:                       | Thermo-Orion 720                      |
| Conductivity:             | Oakton Conductivity Meter 300         |
| Alkalinity:               | Standard Methods Titration            |
| Hardness:                 | Standard Methods Titration            |
| Total Chlorine Residual:  | Fisher-Porter Titration               |
| EPA Acute/Chronic Manual: | 4 <sup>th</sup> Chronic Edition, 2002 |

- 3) Indicate below any other relevant information that may aid in the evaluation of this report. Include any deviations from EPA methodology that was necessary for these tests as well as any sample manipulations that were performed, such as aeration, dechlorination with sodium thiosulfate, etc., and the justification for such manipulations or deviations. Attach additional pages as needed.
- 4) Sample temperature upon receipt may be greater than 4°C. Samples are picked up immediately after the 24 hours composite is completed. The sampler is cooled and the samples are refrigerated, however it may be impossible to rapidly drop the effluent to 4°C.

TABLE I  
Sampling Summary

| Outfall | Sample Type | Volume   | Collection Period    |                        | Rainfall | Sample Temp   |
|---------|-------------|----------|----------------------|------------------------|----------|---------------|
| 1       | Composite   | 1 gallon | 12/01/24 @ 9:50 a.m. | = 12/02/24 @ 9:50 a.m. | 0        | 1.0 degrees C |
|         | Composite   | 1 gallon | 12/03/24 @ 3:26 p.m. | = 12/04/24 @ 2:41 p.m. | 0        | 2.0 degrees C |
|         | Composite   | 2 gallon | 12/05/24 @ 8:00 a.m. | = 12/06/24 @ 8:00 a.m. | 0        | 1.0 degrees C |

Dates/Times of Test Performance

Species #1: Ceriodaphnia dubia

Initiated: 12/03/24 @ 3:00 P.M.  
Renewed Daily @ 3:00 P.M.  
Terminated 12/10/24 @ 3:00 P.M.

## Results

*Ceriodaphnia dubia* exhibited 100% survival in the control, 100% survival in the 20% dilution, 100% survival in the 40% dilution, 100% survival in the 60% dilution, 100% survival in the 80% dilution, and 100% survival in the 100% dilution with reproduction occurring in all of the dilutions (Table II).

For the 7-day *Ceriodaphnia dubia* survival and reproduction test, the IC<sub>25</sub> for reproduction was greater than 100%, generating a chronic toxicity value of less than 1.0 TUc.

Table II: *Ceriodaphnia dubia* Reproduction Results

| <u>C</u>   | <u>20%</u> | <u>40%</u> | <u>60%</u> | <u>80%</u> | <u>100%</u> |
|------------|------------|------------|------------|------------|-------------|
| 25         | 28         | 25         | 21         | 32         | 30          |
| 22         | 27         | 25         | 28         | 25         | 23          |
| 25         | 25         | 22         | 24         | 25         | 27          |
| 27         | 27         | 25         | 29         | 30         | 28          |
| 26         | 22         | 23         | 29         | 26         | 26          |
| 26         | 24         | 28         | 27         | 24         | 24          |
| 24         | 29         | 23         | 26         | 29         | 27          |
| 30         | 28         | 29         | 25         | 29         | 30          |
| 23         | 21         | 23         | 27         | 24         | 30          |
| 26         | 25         | 22         | 24         | 26         | 27          |
| <u>254</u> | <u>256</u> | <u>245</u> | <u>260</u> | <u>270</u> | <u>272</u>  |

# Appendix I

## *Ceriodaphnia dubia* Data Sheets

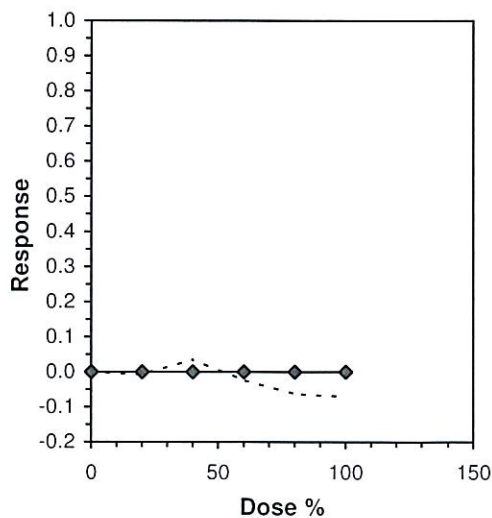
| Ceriodaphnia Survival and Reproduction Test-Reproduction |                                  |                                  |        |        |        |               |        |                       |        |        |
|----------------------------------------------------------|----------------------------------|----------------------------------|--------|--------|--------|---------------|--------|-----------------------|--------|--------|
| Start Date:                                              | 12/3/2024                        | Test ID: Sorf1224                |        |        |        | Sample ID:    |        | Sorf122024            |        |        |
| End Date:                                                | 12/10/2024                       | Lab ID: 0044: Beckmar Lab        |        |        |        | Sample Type:  |        | EFF1-POTW             |        |        |
| Sample Date:                                             | 12/2/2024                        | Protocol: EPAF 94-EPA Freshwater |        |        |        | Test Species: |        | CD-Ceriodaphnia dubia |        |        |
| Comments:                                                | Sorf Cerio Chronic December 2024 |                                  |        |        |        |               |        |                       |        |        |
| Conc-%                                                   | 1                                | 2                                | 3      | 4      | 5      | 6             | 7      | 8                     | 9      | 10     |
| B-Control                                                | 25.000                           | 22.000                           | 25.000 | 27.000 | 26.000 | 26.000        | 24.000 | 30.000                | 23.000 | 26.000 |
| 20                                                       | 28.000                           | 27.000                           | 25.000 | 27.000 | 22.000 | 24.000        | 29.000 | 28.000                | 21.000 | 25.000 |
| 40                                                       | 25.000                           | 25.000                           | 22.000 | 25.000 | 23.000 | 28.000        | 23.000 | 29.000                | 23.000 | 22.000 |
| 60                                                       | 21.000                           | 28.000                           | 24.000 | 29.000 | 29.000 | 27.000        | 26.000 | 25.000                | 27.000 | 24.000 |
| 80                                                       | 32.000                           | 25.000                           | 25.000 | 30.000 | 26.000 | 24.000        | 29.000 | 29.000                | 24.000 | 26.000 |
| 100                                                      | 30.000                           | 23.000                           | 27.000 | 28.000 | 26.000 | 24.000        | 27.000 | 30.000                | 30.000 | 27.000 |

| Conc-%    | Mean   | N-Mean | Transform: Untransformed |        |        |        |    | Isotonic |        |
|-----------|--------|--------|--------------------------|--------|--------|--------|----|----------|--------|
|           |        |        | Mean                     | Min    | Max    | CV%    | N  | Mean     | N-Mean |
| B-Control | 25.400 | 1.0000 | 25.400                   | 22.000 | 30.000 | 8.745  | 10 | 25.950   | 1.0000 |
| 20        | 25.600 | 1.0079 | 25.600                   | 21.000 | 29.000 | 10.449 | 10 | 25.950   | 1.0000 |
| 40        | 24.500 | 0.9646 | 24.500                   | 22.000 | 29.000 | 9.858  | 10 | 25.950   | 1.0000 |
| 60        | 26.000 | 1.0236 | 26.000                   | 21.000 | 29.000 | 9.764  | 10 | 25.950   | 1.0000 |
| 80        | 27.000 | 1.0630 | 27.000                   | 24.000 | 32.000 | 10.329 | 10 | 25.950   | 1.0000 |
| 100       | 27.200 | 1.0709 | 27.200                   | 23.000 | 30.000 | 8.972  | 10 | 25.950   | 1.0000 |

| Auxiliary Tests                                                | Statistic | Critical | Skew   | Kurt    |
|----------------------------------------------------------------|-----------|----------|--------|---------|
| Kolmogorov D Test indicates normal distribution ( $p > 0.01$ ) | 0.49652   | 1.035    | 0.0485 | -0.6678 |
| Bartlett's Test indicates equal variances ( $p = 0.99$ )       | 0.55579   | 15.0863  |        |         |

#### Linear Interpolation (200 Resamples)

| Point | %    | SD | 95% CL | Skew |
|-------|------|----|--------|------|
| IC05  | >100 |    |        |      |
| IC10  | >100 |    |        |      |
| IC15  | >100 |    |        |      |
| IC20  | >100 |    |        |      |
| IC25  | >100 |    |        |      |
| IC40  | >100 |    |        |      |
| IC50  | >100 |    |        |      |



Grab # \_\_\_\_\_

## Toxicity Test Results

Results of *Ceriodaphnia* *dubia* 7 day chronic definitive Toxicity Test  
 (Genus) (Species) (Type / Duration)

Conducted: 12/03/24 -- 12/10/24 Using Effluent from Outfall # 1  
 (mm/dd/yy) (mm/dd/yy)

| Test Solution                                                                                                                                                             | Percent Survival<br>(time intervals used:- DAY) |     |     |     |     |     |     |                                                                                                                                                                | # of Young |      | Dry Weight |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----|-----|-----|-----|-----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|------------|------|
|                                                                                                                                                                           | 1                                               | 2   | 3   | 4   | 5   | 6   | 7   | 8                                                                                                                                                              | Total      | Mean | Total      | Mean |
| Control                                                                                                                                                                   | 100                                             | 100 | 100 | 100 | 100 | 100 | 100 |                                                                                                                                                                | 254        | 25.4 |            |      |
| 20% Effluent                                                                                                                                                              | 100                                             | 100 | 100 | 100 | 100 | 100 | 100 |                                                                                                                                                                | 256        | 25.6 |            |      |
| 40% Effluent                                                                                                                                                              | 100                                             | 100 | 100 | 100 | 100 | 100 | 100 |                                                                                                                                                                | 245        | 24.5 |            |      |
| 60% Effluent                                                                                                                                                              | 100                                             | 100 | 100 | 100 | 100 | 100 | 100 |                                                                                                                                                                | 260        | 26   |            |      |
| 80% Effluent                                                                                                                                                              | 100                                             | 100 | 100 | 100 | 100 | 100 | 100 |                                                                                                                                                                | 270        | 27   |            |      |
| 100% Effluent                                                                                                                                                             | 100                                             | 100 | 100 | 100 | 100 | 100 | 100 |                                                                                                                                                                | 272        | 27.2 |            |      |
| LC <sub>50</sub> / IC <sub>25</sub> Value: <u>&gt;100%</u><br><br>95% Confidence Limits<br><br>UL: <u>na</u><br>LL: <u>na</u><br><br>UL = Upper Limit<br>LL = Lower Limit |                                                 |     |     |     |     |     |     | Calculated TU Estimate * <u>&lt;1.0 Tuc</u><br>(indicate acute/chronic)<br><br>Permit Limits: <u>1.00 TUc</u><br>(Indicate TU <sub>a</sub> / TU <sub>c</sub> ) |            |      |            |      |
|                                                                                                                                                                           |                                                 |     |     |     |     |     |     | If acute test, method used to determine<br>LC50 and Confidence Limit Valued: _____                                                                             |            |      |            |      |

Note: TU<sub>a</sub> = 100/LC<sub>50</sub>; TU<sub>c</sub> = 100/IC<sub>25</sub>

### Reference Toxicant Test Results

| Species                    | Date            | Time             | Duration      | Toxicant    | Results (LC <sub>50</sub> / IC <sub>25</sub> ) |
|----------------------------|-----------------|------------------|---------------|-------------|------------------------------------------------|
| <u><i>Ceriodaphnia</i></u> | <u>11/10/24</u> | <u>3:00 P.M.</u> | <u>7 days</u> | <u>NaCl</u> | <u>IC25=1.0254g/l</u>                          |
| <u><i>dubia</i></u>        |                 |                  |               |             |                                                |

Client: SurfAnalyst: El. BasurTest Start -- Date/Time: 12-3-2024 31Test Stop -- Date/Time: 12-10-2024 31Brood Board Batch: 12022024 ANeonate Age: 15-22 hrsData form for *Ceriodaphnia dubia* survival and reproduction test

| Control | Replicate |    |    |    |    |    |    |    |    |    | No. Of Young | No. Of Adults | Analyst |
|---------|-----------|----|----|----|----|----|----|----|----|----|--------------|---------------|---------|
| Day     | 1         | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |              |               |         |
| 1       | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 2       | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 3       | 4         | 3  | 4  | 3  | 4  | 4  | 3  | 3  | 2  | 3  | 33           |               | LS      |
| 4       | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 5       | 9         | 8  | 8  | 8  | 10 | 10 | 7  | 10 | 8  | 8  | 86           |               | LS      |
| 6       | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 7       | 12        | 11 | 13 | 16 | 12 | 12 | 14 | 17 | 13 | 15 | 135          |               | LS      |
| 8       |           |    |    |    |    |    |    |    |    |    |              |               |         |
| Total   | 25        | 22 | 25 | 27 | 26 | 26 | 24 | 30 | 23 | 26 | 254          |               | LS      |

| Conc. | Replicate |    |    |    |    |    |    |    |    |    | No. Of Young | No. Of Adults | Analyst |
|-------|-----------|----|----|----|----|----|----|----|----|----|--------------|---------------|---------|
| Day   | 1         | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |              |               |         |
| 1     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 2     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 3     | 3         | 3  | 4  | 4  | 3  | 3  | 3  | 4  | 3  | 3  | 33           |               | LS      |
| 4     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 5     | 11        | 10 | 9  | 9  | 8  | 7  | 11 | 8  | 6  | 8  | 87           |               | LS      |
| 6     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 7     | 14        | 14 | 12 | 14 | 11 | 14 | 15 | 16 | 12 | 14 | 136          |               | LS      |
| 8     |           |    |    |    |    |    |    |    |    |    |              |               |         |
| Total | 28        | 27 | 25 | 27 | 22 | 24 | 29 | 28 | 21 | 25 | 256          |               | LS      |

| Conc. | Replicate |    |    |    |    |    |    |    |    |    | No. Of Young | No. Of Adults | Analyst |
|-------|-----------|----|----|----|----|----|----|----|----|----|--------------|---------------|---------|
| Day   | 1         | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |              |               |         |
| 1     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 2     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 3     | 3         | 2  | 2  | 4  | 3  | 3  | 3  | 4  | 3  | 2  | 29           |               | LS      |
| 4     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 5     | 8         | 10 | 8  | 7  | 9  | 8  | 7  | 10 | 8  | 6  | 81           |               | LS      |
| 6     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | LS      |
| 7     | 14        | 13 | 12 | 14 | 11 | 17 | 13 | 15 | 12 | 14 | 135          |               | LS      |
| 8     |           |    |    |    |    |    |    |    |    |    |              |               |         |
| Total | 25        | 25 | 22 | 25 | 23 | 28 | 23 | 29 | 23 | 22 | 245          |               | LS      |

Client: S. F.Analyst: Ch. BarberTest Start -- Date/Time: 12-3-2024 3<sup>0</sup>Test Stop -- Date/Time: 12-10-2024 3<sup>1</sup>Data form for *Ceriodaphnia dubia* survival and reproduction test

| Conc. | Replicate |    |    |    |    |    |    |    |    |    | No. Of<br>Young | No. Of<br>Adults | Analyst |
|-------|-----------|----|----|----|----|----|----|----|----|----|-----------------|------------------|---------|
|       | Day       | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10              |                  |         |
| 60%   | 1         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 2         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 3         | 3  | 4  | 3  | 4  | 3  | 3  | 3  | 2  | 4  | 3               | 32               | LS      |
|       | 4         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 5         | 7  | 10 | 8  | 13 | 6  | 7  | 10 | 9  | 8  | 9               | 91               | LS      |
|       | 6         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 7         | 11 | 14 | 13 | 12 | 16 | 17 | 13 | 14 | 15 | 12              | 137              | LS      |
|       | 8         |    |    |    |    |    |    |    |    |    |                 |                  |         |
|       | Total     | 21 | 28 | 24 | 29 | 29 | 27 | 26 | 25 | 27 | 24              | 260              | LS      |

| Conc. | Replicate |    |    |    |    |    |    |    |    |    | No. Of<br>Young | No. Of<br>Adults | Analyst |
|-------|-----------|----|----|----|----|----|----|----|----|----|-----------------|------------------|---------|
|       | Day       | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10              |                  |         |
| 80%   | 1         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 2         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 3         | 4  | 3  | 3  | 4  | 3  | 3  | 2  | 4  | 3  | 3               | 32               | LS      |
|       | 4         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 5         | 12 | 8  | 10 | 10 | 11 | 7  | 10 | 9  | 8  | 8               | 93               | LS      |
|       | 6         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 7         | 16 | 14 | 12 | 16 | 12 | 14 | 17 | 16 | 13 | 15              | 145              | LS      |
|       | 8         |    |    |    |    |    |    |    |    |    |                 |                  |         |
|       | Total     | 32 | 25 | 25 | 30 | 26 | 24 | 29 | 29 | 24 | 26              | 270              | LS      |

| Conc. | Replicate |    |    |    |    |    |    |    |    |    | No. Of<br>Young | No. Of<br>Adults | Analyst |
|-------|-----------|----|----|----|----|----|----|----|----|----|-----------------|------------------|---------|
|       | Day       | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10              |                  |         |
| 100%  | 1         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 2         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 3         | 4  | 2  | 3  | 4  | 3  | 3  | 2  | 4  | 3  | 2               | 30               | LS      |
|       | 4         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 5         | 12 | 9  | 11 | 9  | 11 | 7  | 8  | 10 | 12 | 13              | 102              | LS      |
|       | 6         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0               |                  | LS      |
|       | 7         | 14 | 12 | 13 | 15 | 12 | 14 | 17 | 16 | 15 | 12              | 140              | LS      |
|       | 8         |    |    |    |    |    |    |    |    |    |                 |                  |         |
|       | Total     | 30 | 23 | 27 | 28 | 26 | 24 | 27 | 30 | 30 | 27              | 272              | LS      |

O = daphnid Alive, no reproduction

# = number of neonates released

X = Daphnid dead

X# = Daphnid dead but (#) of neonates released

ND = near death

Data form for the *Ceriodaphnia dubia* survival and reproduction test.  
Routine chemical and physical determinations.

Page 1 of 2

Client: SORF  
Test Start: 12-3-2024 3P  
Test Stop: 12-10-2024 3P

Analyst: B. Barba  
Analyst: \_\_\_\_\_  
Analyst: \_\_\_\_\_

| Control:             |                 | Day   |       |       |       |       |       |       | Remarks |
|----------------------|-----------------|-------|-------|-------|-------|-------|-------|-------|---------|
|                      |                 | 1     | 2     | 3     | 4     | 5     | 6     | 7     |         |
| Temp.                | Initial         | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  |         |
|                      | Degree C. Final | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  |         |
| D. O.                | Initial         | 8.1   | 8.1   | 8.1   | 8.1   | 8.1   | 8.1   | 8.1   |         |
|                      | mg/l Final      | 8.8   | 8.8   | 8.9   | 8.8   | 8.8   | 8.8   | 8.8   |         |
| pH                   | Initial         | 7.80  | 7.80  | 7.80  | 7.78  | 7.79  | 7.81  | 7.81  |         |
|                      | S.U. Final      | 8.48  | 8.51  | 8.53  | 8.56  | 8.54  | 8.51  | 8.46  |         |
| Alkalinity (mg/l)    |                 | 81.3  | 81.3  | 80.5  | 81.3  | 80.9  | 81.3  | 80.9  |         |
| Hardness (mg/l)      |                 | 114.2 | 114.6 | 114.6 | 115.3 | 115.0 | 115.0 | 114.6 |         |
| Conductivity (µmhos) |                 | 404   | 404   | 406   | 406   | 406   | 405   | 405   |         |
| Chlorine (mg/l)      |                 | 20.01 | 20.01 | 20.01 | 20.01 | 20.01 | 20.01 | 20.01 |         |
| Analyst (init.)      |                 | MB    | MB    | MB    | MB    | MB    | MB    | MB    |         |

| Conc. <u>20%</u> |                 | Day  |      |      |      |      |      |      | Remarks |
|------------------|-----------------|------|------|------|------|------|------|------|---------|
|                  |                 | 1    | 2    | 3    | 4    | 5    | 6    | 7    |         |
| Temp.            | Initial         | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 |         |
|                  | Degree C. Final | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 |         |
| D. O.            | Initial         | 8.2  | 8.2  | 8.0  | 8.0  | 7.9  | 7.9  | 7.9  |         |
|                  | mg/l Final      | 8.8  | 8.8  | 8.8  | 8.8  | 8.4  | 8.5  | 8.7  |         |
| pH               | Initial         | 7.69 | 7.70 | 7.69 | 7.68 | 7.64 | 7.66 | 7.68 |         |
|                  | S.U. Final      | 8.60 | 8.63 | 8.58 | 8.64 | 8.58 | 8.59 | 8.52 |         |
| Analyst (init.)  |                 | MB   | MB   | MB   | MB   | MB   | MB   | MB   |         |

| Conc. <u>40%</u> |                 | Day  |      |      |      |      |      |      | Remarks |
|------------------|-----------------|------|------|------|------|------|------|------|---------|
|                  |                 | 1    | 2    | 3    | 4    | 5    | 6    | 7    |         |
| Temp.            | Initial         | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 |         |
|                  | Degree C. Final | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 |         |
| D. O.            | Initial         | 8.3  | 8.4  | 7.9  | 7.9  | 7.7  | 7.7  | 7.8  |         |
|                  | mg/l Final      | 8.8  | 8.8  | 8.7  | 8.8  | 7.9  | 8.1  | 8.5  |         |
| pH               | Initial         | 7.57 | 7.59 | 7.56 | 7.55 | 7.43 | 7.47 | 7.51 |         |
|                  | S.U. Final      | 8.62 | 8.66 | 8.63 | 8.67 | 8.59 | 8.61 | 8.56 |         |
| Analyst (init.)  |                 | MB   | MB   | MB   | MB   | MB   | MB   | MB   |         |

Data form for the *Ceriodaphnia dubia* survival and reproduction test.  
Routine chemical and physical determinations.

Page 2 of 2

Client: SORF  
Test Start: 12-3-2024 30  
Test Stop: 12-10-2024 39

Analyst: B. Barker  
Analyst: \_\_\_\_\_  
Analyst: \_\_\_\_\_

| Conc. <u>60%</u> |         | Day  |      |      |      |      |      |      | Remarks |
|------------------|---------|------|------|------|------|------|------|------|---------|
|                  |         | 1    | 2    | 3    | 4    | 5    | 6    | 7    |         |
| Temp.            | Initial | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 |         |
|                  | Final   | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 |         |
| D. O.<br>mg/l    | Initial | 8.4  | 8.6  | 7.8  | 7.9  | 7.3  | 7.4  | 7.5  |         |
|                  | Final   | 8.8  | 8.9  | 8.5  | 8.6  | 7.4  | 7.6  | 8.1  |         |
| pH<br>S.U.       | Initial | 7.44 | 7.47 | 7.39 | 7.42 | 7.23 | 7.27 | 7.30 |         |
|                  | Final   | 8.66 | 8.71 | 8.65 | 8.69 | 8.56 | 8.55 | 8.59 |         |
| Analyst (init.)  |         | M    | M    | M    | M    | M    | M    | R    |         |

| Conc. <u>80%</u> |         | Day  |      |      |      |      |      |      | Remarks |
|------------------|---------|------|------|------|------|------|------|------|---------|
|                  |         | 1    | 2    | 3    | 4    | 5    | 6    | 7    |         |
| Temp.            | Initial | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 |         |
|                  | Final   | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 | 24.0 |         |
| D. O.<br>mg/l    | Initial | 8.5  | 8.8  | 7.7  | 7.8  | 6.8  | 6.9  | 7.1  |         |
|                  | Final   | 8.8  | 8.9  | 8.3  | 8.4  | 7.0  | 7.4  | 7.7  |         |
| pH<br>S.U.       | Initial | 7.31 | 7.33 | 7.21 | 7.25 | 6.99 | 7.04 | 7.06 |         |
|                  | Final   | 8.56 | 8.60 | 8.48 | 8.52 | 8.25 | 8.37 | 8.35 |         |
| Analyst (init.)  |         | M    | M    | M    | M    | M    | M    | R    |         |

| Conc. <u>100%</u>    |         | Day   |       |       |       |       |       |       | Remarks |
|----------------------|---------|-------|-------|-------|-------|-------|-------|-------|---------|
|                      |         | 1     | 2     | 3     | 4     | 5     | 6     | 7     |         |
| Temp.                | Initial | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  |         |
|                      | Final   | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  | 24.0  |         |
| D. O.<br>mg/l        | Initial | 8.6   | 9.0   | 7.7   | 7.8   | 6.2   | 6.5   | 6.7   |         |
|                      | Final   | 8.8   | 8.9   | 8.1   | 8.3   | 6.7   | 7.1   | 7.4   |         |
| pH<br>S.U.           | Initial | 7.10  | 7.13  | 6.98  | 7.00  | 6.74  | 6.78  | 6.82  |         |
|                      | Final   | 8.37  | 8.42  | 8.27  | 8.33  | 8.09  | 8.14  | 8.13  |         |
| Alkalinity (mg/l)    |         | 211.2 | 212.1 | 183.8 | 183.8 | 161.8 | 162.7 | 163.1 |         |
| Hardness (mg/l)      |         | 270.0 | 269.3 | 251.2 | 252.0 | 270.8 | 271.5 | 272.2 |         |
| Conductivity (µmhos) |         | 649   | 650   | 683   | 683   | 708   | 710   | 711   |         |
| Chlorine (mg/l)      |         | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 |         |
| Analyst (init.)      |         | M     | M     | M     | M     | M     | M     | R     |         |

241202018 241204050 241206011

# **Appendix II**

## **Chain of Custody Data Sheets**



2° @ pair off 2° @ D/D



# CHAIN OF CUSTODY AND ANALYTICAL REQUEST

Month: Dec Year: 2014

\*Job ID: 241206011  
  
Metropolitan Sewer District - OC

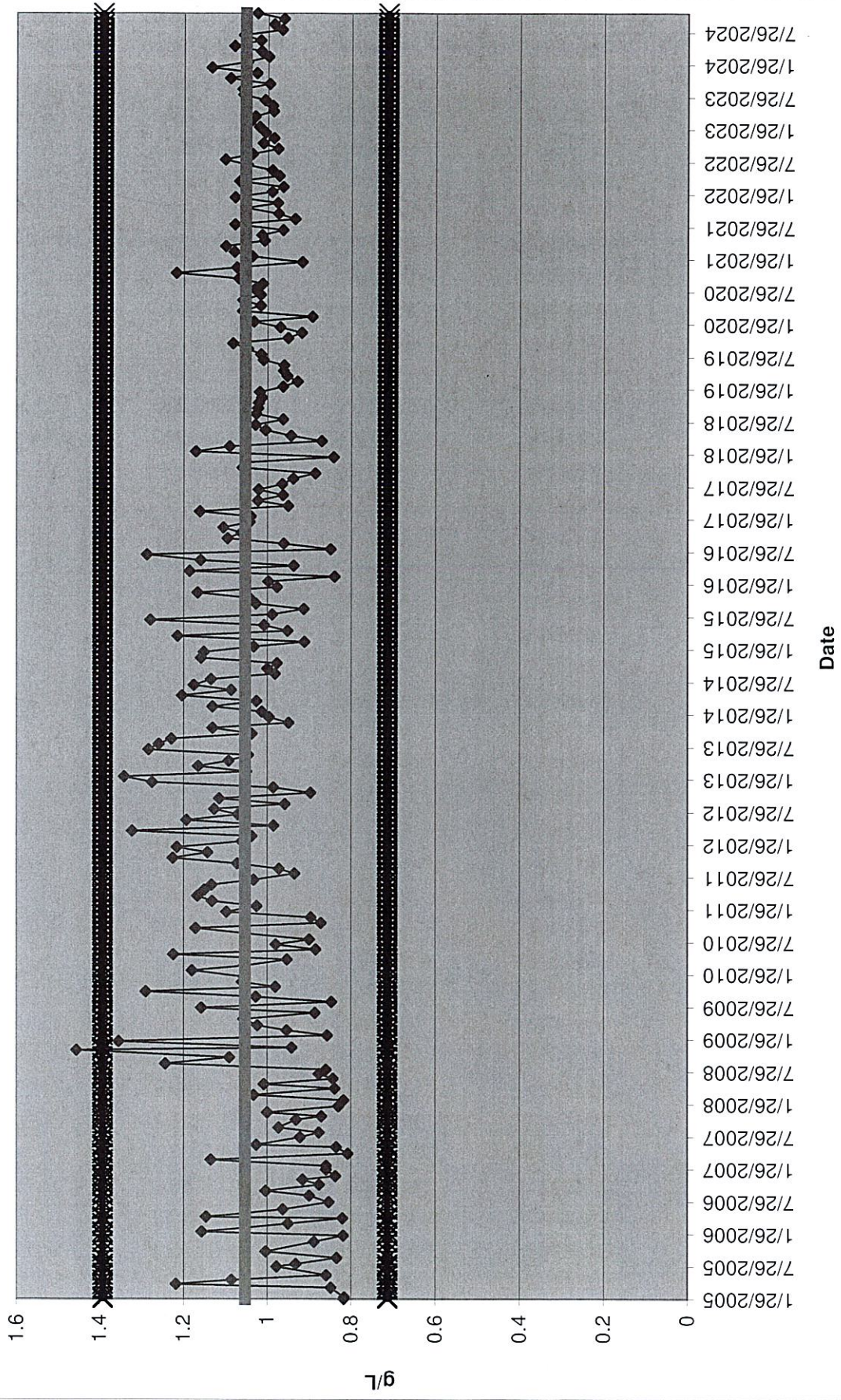
Special Instructions: \* Days 1 & 2 - 2 containers, Day 3 - 3 containers

|                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Facility Location &amp; Contact Information</b><br>Client Name: South Oldham WQTC<br>Address: 6115 Hitt Lane<br>City, St, ZIP: Louisville, KY 40241<br>Phone: _____<br>Contact: _____ |  |  |  | <b>Send Results To:</b> (same as client info <input type="checkbox"/> yes <input type="checkbox"/> no)<br>Client Name: Metropolitan Sewer District<br>Address: P.O. Box 740011<br>City, State, ZIP: Louisville, KY 40201<br>Phone / Fax: 502-540-6735<br>E-mail: david.radke@louisvillemisd.org |  |  |  | <b>Billing Information</b><br>Client Name: Metropolitan Sewer District<br>Address: P.O. Box 740011<br>City, State, ZIP: Louisville, KY 40201<br>Contact Name: _____<br>A.P. Email: accounts payable@louisvillemisd.org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | Calibration ID: _____<br>Permit ID (if applicable): KY0111716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>Collected by (please print):</b> C. Davis<br>(signature):                                                                                                                             |  |  |  | <b>Project ID:</b> _____                                                                                                                                                                                                                                                                        |  |  |  | <b>Analysis Requested</b><br>Ceriodaphnia Dubia Chronic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | <b>Field Data</b><br>pH (S.U.): _____ DO (Mg/L): _____ Cl <sub>2</sub> (mg/L): _____ Temp. (°C): _____<br>Free: _____ Total: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <b>Collection</b><br>Bottle ID (Lab Use Only): 01<br>Day: 06<br>Time: 0800                                                                                                               |  |  |  | <b>South Oldham WQTC - Bio</b><br>Sample Point / Description: T414EFF / South Oldham WQTC EFF (Day 3)                                                                                                                                                                                           |  |  |  | <b>Matrix Codes</b><br>DW = Drinking Water S = Soil O = Other<br>WW = Wastewater SL = Sludge P = Paint<br>GW = Groundwater PW = Process Water<br>SW = Surface Water V = Vegetation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  | <b>Preservative Codes</b><br>NI = Nitric Acid (HNO <sub>3</sub> )<br>SA = Sulfuric Acid (H <sub>2</sub> SO <sub>4</sub> )<br>HA = Hydrochloric Acid (HCl)<br>SH = Sodium Hydroxide (NaOH)<br>ST = Sodium Thiosulfate<br>R = Refrigerated<br>SS = Sodium Sulfite<br>AA = Ascorbic Acid<br>ZN = Zinc Acetate<br>AC = Ammonium Chloride                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| <b>Relinquished by:</b><br>Date: 12-06-24 Time: 1515                                                                                                                                     |  |  |  | <b>Received by:</b><br>Date: _____ Time: _____                                                                                                                                                                                                                                                  |  |  |  | <b>Sample rejection : Reason:</b><br>Temp. At Receipt: _____ °C<br>Check Applicable Field: Wet Ice <input checked="" type="checkbox"/> Blue Ice <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  | <b>Sample Integrity</b><br>Broken Containers: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Custody Seals Intact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>COC / Sample Label Agreement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Proper Containers: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Samples Within Holding Times: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>All Samples on COC Received: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>W1 & D1 Filled to 100ml mark: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Headspace acceptable: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| <b>Relinquished by:</b> _____<br>Date: _____ Time: _____                                                                                                                                 |  |  |  | <b>Received by:</b> _____<br>Date: _____ Time: _____                                                                                                                                                                                                                                            |  |  |  | <b>Sample Integrity</b><br>Broken Containers: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Custody Seals Intact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>COC / Sample Label Agreement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Proper Containers: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Samples Within Holding Times: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>All Samples on COC Received: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>W1 & D1 Filled to 100ml mark: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Headspace acceptable: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| <b>Relinquished by:</b> _____<br>Date: _____ Time: _____                                                                                                                                 |  |  |  | <b>Received by:</b> _____<br>Date: _____ Time: _____                                                                                                                                                                                                                                            |  |  |  | <b>Sample Integrity</b><br>Broken Containers: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Custody Seals Intact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>COC / Sample Label Agreement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Proper Containers: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Samples Within Holding Times: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>All Samples on COC Received: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>W1 & D1 Filled to 100ml mark: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Headspace acceptable: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| <b>Relinquished by:</b> _____<br>Date: _____ Time: _____                                                                                                                                 |  |  |  | <b>Received by:</b> _____<br>Date: _____ Time: _____                                                                                                                                                                                                                                            |  |  |  | <b>Sample Integrity</b><br>Broken Containers: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Custody Seals Intact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>COC / Sample Label Agreement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Proper Containers: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Samples Within Holding Times: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>All Samples on COC Received: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>W1 & D1 Filled to 100ml mark: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Headspace acceptable: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| <b>Relinquished by:</b> _____<br>Date: _____ Time: _____                                                                                                                                 |  |  |  | <b>Received by:</b> _____<br>Date: _____ Time: _____                                                                                                                                                                                                                                            |  |  |  | <b>Sample Integrity</b><br>Broken Containers: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Custody Seals Intact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>COC / Sample Label Agreement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Proper Containers: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Samples Within Holding Times: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>All Samples on COC Received: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>W1 & D1 Filled to 100ml mark: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Headspace acceptable: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| <b>Comments:</b><br>Temp @ 10:10°C<br>Temp @ 10:10°C                                                                                                                                     |  |  |  | <b>Preservative Added (Date/Time)</b><br>_____                                                                                                                                                                                                                                                  |  |  |  | Initial:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |

# **Appendix III**

## **NaCl Reference Data Sheets**

NaCl Reference Data Chart - *C. dubia* Chronic



### Ceriodaphnia Survival and Reproduction Test-Reproduction

|                                            |                                  |                                     |
|--------------------------------------------|----------------------------------|-------------------------------------|
| Start Date: 11/10/2024                     | Test ID: nacl1124                | Sample ID: nacl112024               |
| End Date: 11/17/2024                       | Lab ID: 0044:beckmar lab         | Sample Type: NACL-Sodium chloride   |
| Sample Date:                               | Protocol: EPAF 94-EPA Freshwater | Test Species: CD-Ceriodaphnia dubia |
| Comments: nacl cerio chronic november 2024 |                                  |                                     |

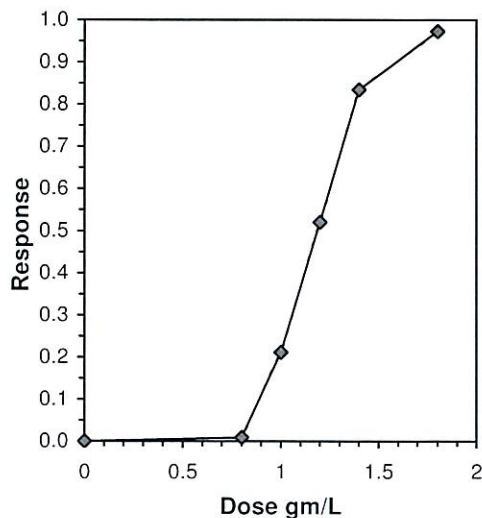
| Conc-gm/L | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      | 9      | 10     |
|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| B-Control | 18.000 | 17.000 | 20.000 | 25.000 | 23.000 | 27.000 | 25.000 | 25.000 | 24.000 | 19.000 |
| 0.8       | 19.000 | 19.000 | 21.000 | 25.000 | 25.000 | 26.000 | 24.000 | 24.000 | 21.000 | 17.000 |
| 1         | 16.000 | 18.000 | 14.000 | 21.000 | 22.000 | 15.000 | 16.000 | 23.000 | 18.000 | 13.000 |
| 1.2       | 12.000 | 14.000 | 8.000  | 10.000 | 9.000  | 7.000  | 17.000 | 15.000 | 14.000 | 1.000  |
| 1.4       | 6.000  | 7.000  | 5.000  | 8.000  | 4.000  | 0.000  | 0.000  | 5.000  | 2.000  | 0.000  |
| 1.8       | 1.000  | 0.000  | 2.000  | 0.000  | 1.000  | 0.000  | 0.000  | 0.000  | 1.000  | 1.000  |

| Conc-gm/L | Mean   | N-Mean | Transform: Untransformed |        |        |         |    | Isotonic |        |
|-----------|--------|--------|--------------------------|--------|--------|---------|----|----------|--------|
|           |        |        | Mean                     | Min    | Max    | CV%     | N  | Mean     | N-Mean |
| B-Control | 22.300 | 1.0000 | 22.300                   | 17.000 | 27.000 | 15.684  | 10 | 22.300   | 1.0000 |
| 0.8       | 22.100 | 0.9910 | 22.100                   | 17.000 | 26.000 | 14.060  | 10 | 22.100   | 0.9910 |
| 1         | 17.600 | 0.7892 | 17.600                   | 13.000 | 23.000 | 19.536  | 10 | 17.600   | 0.7892 |
| 1.2       | 10.700 | 0.4798 | 10.700                   | 1.000  | 17.000 | 44.068  | 10 | 10.700   | 0.4798 |
| 1.4       | 3.700  | 0.1659 | 3.700                    | 0.000  | 8.000  | 81.630  | 10 | 3.700    | 0.1659 |
| 1.8       | 0.600  | 0.0269 | 0.600                    | 0.000  | 2.000  | 116.534 | 10 | 0.600    | 0.0269 |

| Auxiliary Tests                                                | Statistic | Critical | Skew    | Kurt    |
|----------------------------------------------------------------|-----------|----------|---------|---------|
| Kolmogorov D Test indicates normal distribution ( $p > 0.01$ ) | 0.55802   | 1.035    | -0.3752 | 0.13588 |
| Bartlett's Test indicates unequal variances ( $p = 6.13E-04$ ) | 21.6411   | 15.0863  |         |         |

#### Linear Interpolation (200 Resamples)

| Point | gm/L   | SD     | 95% CL | Skew   |
|-------|--------|--------|--------|--------|
| IC05  | 0.8407 | 0.1453 | 0.3658 | 0.8856 |
| IC10  | 0.8902 | 0.0556 | 0.7316 | 0.9714 |
| IC15  | 0.9398 | 0.0431 | 0.8575 | 1.0176 |
| IC20  | 0.9893 | 0.0385 | 0.9046 | 1.0407 |
| IC25  | 1.0254 | 0.0333 | 0.9441 | 1.0713 |
| IC40  | 1.1223 | 0.0333 | 1.0660 | 1.1907 |
| IC50  | 1.1870 | 0.0339 | 1.1179 | 1.2455 |



Client: NaceAnalyst: B. BarkiTest Start -- Date/Time: 11-10-2024 3P.Test Stop -- Date/Time: 11-17-2024 3PBrood Board Batch: 11092024

Neonate Age: \_\_\_\_\_

Data form for *Ceriodaphnia dubia* survival and reproduction test

| Control | Replicate |    |    |    |    |    |    |    |    |    | No. Of Young | No. Of Adults | Analyst |
|---------|-----------|----|----|----|----|----|----|----|----|----|--------------|---------------|---------|
| Day     | 1         | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |              |               |         |
| 1       | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 2       | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 3       | 3         | 3  | 3  | 4  | 3  | 4  | 4  | 4  | 4  | 3  | 35           |               | AB      |
| 4       | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 5       | 6         | 6  | 7  | 9  | 8  | 9  | 8  | 8  | 8  | 6  | 75           |               | AB      |
| 6       | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 7       | 9         | 8  | 10 | 12 | 12 | 14 | 13 | 13 | 12 | 10 | 113          |               | AB      |
| 8       |           |    |    |    |    |    |    |    |    |    |              |               |         |
| Total   | 18        | 17 | 20 | 25 | 23 | 27 | 25 | 25 | 24 | 19 | 223          |               | AB      |

| Conc. | Replicate |    |    |    |    |    |    |    |    |    | No. Of Young | No. Of Adults | Analyst |
|-------|-----------|----|----|----|----|----|----|----|----|----|--------------|---------------|---------|
| Day   | 1         | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |              |               |         |
| 1     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 2     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 3     | 3         | 4  | 3  | 4  | 4  | 4  | 4  | 4  | 3  | 3  | 36           |               | AB      |
| 4     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 5     | 6         | 6  | 8  | 8  | 9  | 8  | 7  | 7  | 8  | 5  | 72           |               | AB      |
| 6     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 7     | 10        | 9  | 10 | 13 | 12 | 14 | 13 | 13 | 10 | 9  | 113          |               | AB      |
| 8     |           |    |    |    |    |    |    |    |    |    |              |               |         |
| Total | 19        | 19 | 21 | 25 | 25 | 26 | 24 | 24 | 21 | 17 | 221          |               | AB      |

| Conc. | Replicate |    |    |    |    |    |    |    |    |    | No. Of Young | No. Of Adults | Analyst |
|-------|-----------|----|----|----|----|----|----|----|----|----|--------------|---------------|---------|
| Day   | 1         | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |              |               |         |
| 1     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 2     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 3     | 3         | 3  | 2  | 3  | 3  | 2  | 3  | 4  | 3  | 2  | 28           |               | AB      |
| 4     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 5     | 5         | 6  | 5  | 7  | 7  | 5  | 5  | 8  | 6  | 4  | 58           |               | AB      |
| 6     | 0         | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0            |               | AB      |
| 7     | 8         | 9  | 7  | 11 | 12 | 8  | 8  | 11 | 9  | 7  | 90           |               | AB      |
| 8     |           |    |    |    |    |    |    |    |    |    |              |               |         |
| Total | 16        | 18 | 14 | 21 | 22 | 15 | 16 | 23 | 18 | 13 | 176          |               | AB      |

Client:

Nac

Analyst:

C. B. Baul

Test Start -- Date/Time:

11-10-2024 3P

Test Stop -- Date/Time:

11-17-2024 3P

Data form for *Ceriodaphnia dubia* survival and reproduction test

| Conc.   | Replicate |    |    |   |                |   |   |    |    |    | No. Of<br>Young | No. Of<br>Adults | Analyst |
|---------|-----------|----|----|---|----------------|---|---|----|----|----|-----------------|------------------|---------|
|         | Day       | 1  | 2  | 3 | 4              | 5 | 6 | 7  | 8  | 9  | 10              |                  |         |
| 1.25m/L | 1         | 0  | 0  | 0 | 0              | 0 | 0 | 0  | 0  | 0  | 0               | 0                | pn      |
|         | 2         | 0  | 0  | 0 | 0              | 0 | 0 | 0  | 0  | 0  | 0               | 0                | pn      |
|         | 3         | 3  | 2  | 2 | 0              | 0 | 0 | 2  | 0  | 0  | 1               | 10               | pn      |
|         | 4         | 0  | 0  | 0 | 3              | 2 | 2 | 0  | 3  | 2  | X <sup>0</sup>  | 12               | pn      |
|         | 5         | 5  | 5  | 3 | 0              | 0 | 0 | 7  | 0  | 0  | X               | 20               | pn      |
|         | 6         | 0  | 0  | 0 | 5              | 4 | 5 | 0  | 6  | 4  | X               | 24               | pn      |
|         | 7         | 4  | 7  | 3 | X <sup>2</sup> | 3 | 0 | 8  | 6  | 8  | X               | 41               | pn      |
|         | 8         |    |    |   |                |   |   |    |    |    |                 |                  |         |
| Total   |           | 12 | 14 | 8 | 10             | 9 | 7 | 17 | 15 | 14 | 1               | 107              | pn      |

| Conc.   | Replicate |   |   |   |   |   |                |                |   |    | No. Of<br>Young | No. Of<br>Adults | Analyst |
|---------|-----------|---|---|---|---|---|----------------|----------------|---|----|-----------------|------------------|---------|
|         | Day       | 1 | 2 | 3 | 4 | 5 | 6              | 7              | 8 | 9  | 10              |                  |         |
| 1.48m/L | 1         | 0 | 0 | 0 | 0 | 0 | 0              | 0              | 0 | 0  | 0               | 0                | pn      |
|         | 2         | 0 | 0 | 0 | 0 | 0 | 0              | 0              | 0 | 0  | 0               | 0                | pn      |
|         | 3         | 0 | 0 | 0 | 0 | 0 | 0              | X <sup>0</sup> | 0 | 0  | 0               | 0                | pn      |
|         | 4         | 2 | 1 | 2 | 3 | 0 | X <sup>0</sup> | X              | 0 | 0  | 0               | 8                | pn      |
|         | 5         | 0 | 0 | 0 | 0 | 2 | X              | X              | 3 | 0  | 0               | 5                | pn      |
|         | 6         | 4 | 6 | 1 | 5 | 0 | X              | X              | 0 | 2X | 0               | 18               | pn      |
|         | 7         | 0 | 0 | 2 | 0 | 2 | X              | X              | 2 | X  | 0               | 6                | pn      |
|         | 8         |   |   |   |   |   |                |                |   |    |                 |                  |         |
| Total   |           | 6 | 7 | 5 | 8 | 4 | 0              | 0              | 5 | 2  | 0               | 37               | pn      |

| Conc.   | Replicate |   |                |   |                |                |   |                |                |   | No. Of<br>Young | No. Of<br>Adults | Analyst |
|---------|-----------|---|----------------|---|----------------|----------------|---|----------------|----------------|---|-----------------|------------------|---------|
|         | Day       | 1 | 2              | 3 | 4              | 5              | 6 | 7              | 8              | 9 | 10              |                  |         |
| 1.88m/L | 1         | 0 | 0              | 0 | 0              | 0              | 0 | 0              | 0              | 0 | 0               | 0                | pn      |
|         | 2         | 0 | X <sup>0</sup> | 0 | X <sup>0</sup> | 0              | 0 | 0              | 0              | 0 | 0               | 0                | pn      |
|         | 3         | 0 | X              | 0 | X              | 0              | 0 | 0              | 0              | 0 | 0               | 0                | pn      |
|         | 4         | 0 | X              | 0 | X              | 0              | 0 | X <sup>0</sup> | X <sup>0</sup> | 0 | 0               | 0                | pn      |
|         | 5         | 0 | X              | 0 | X              | X <sup>1</sup> | 0 | X              | X              | 1 | 0               | 2                | pn      |
|         | 6         | 1 | X              | 0 | X              | X              | 0 | X              | X              | 0 | X <sup>1</sup>  | 2                | pn      |
|         | 7         | 0 | X              | 2 | X              | X              | 0 | X              | X              | 0 | X               | 2                | pn      |
|         | 8         |   |                |   |                |                |   |                |                |   |                 |                  |         |
| Total   |           | 1 | 0              | 2 | 0              | 1              | 0 | 0              | 0              | 1 | 1               | 6                | pn      |

O = daphnid Alive, no reproduction  
# = number of neonates released

X = Daphnid dead

ND = near death

X# = Daphnid dead but (#) of neonates released

## DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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| <b>Permit #:</b> KY0111716                                                                                                                                                                                                 |                                     | <b>Permittee:</b> Louisville and Jefferson County MSD                              |          | <b>Facility:</b> OLDHAM COUNTY ENVIRONMENTAL AUTHORITY REGIONAL WWTP |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------|-------------|---------------------|---------|-------------|---------|-------|--------------------------|---------|-------------|-------------|------------------|-------------------|----------|------------------------|------------------------|
| <b>Major:</b> Yes                                                                                                                                                                                                          |                                     | <b>Permittee Address:</b> 700 W Liberty St<br>Louisville, KY 40203                 |          | <b>Facility Location:</b> 6115 HITT LN<br>CRESTWOOD, KY 40241        |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Permitted Feature:</b> 001<br>External Outfall                                                                                                                                                                          |                                     | <b>Discharge:</b> 001-2<br>Domestic Wastewater from Publicly Owned Treatment Works |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Report Dates &amp; Status</b>                                                                                                                                                                                           |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Monitoring Period:</b> From 10/01/24 to 12/31/24                                                                                                                                                                        |                                     | <b>DMR Due Date:</b> 01/28/25                                                      |          | <b>Status:</b> NetDMR Validated                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Considerations for Form Completion</b>                                                                                                                                                                                  |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Principal Executive Officer</b>                                                                                                                                                                                         |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>First Name:</b> Tony                                                                                                                                                                                                    |                                     | <b>Title:</b> Executive Director                                                   |          | <b>Telephone:</b> 502-540-6533                                       |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Last Name:</b> Parrott                                                                                                                                                                                                  |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>No Data Indicator (NODI)</b>                                                                                                                                                                                            |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Form NODI:</b> --                                                                                                                                                                                                       |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| Parameter                                                                                                                                                                                                                  |                                     | Monitoring Location                                                                | Season # | Param. NODI                                                          |             | Quantity or Loading |         |             |         |       | Quality or Concentration |         |             |             |                  |                   | # of Ex. | Frequency of Analysis  | Sample Type            |
| Code                                                                                                                                                                                                                       | Name                                |                                                                                    |          |                                                                      |             | Qualifier 1         | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1              | Value 1 | Qualifier 2 | Value 2     | Qualifier 3      | Value 3           |          |                        |                        |
| 61406                                                                                                                                                                                                                      | Toxicity, final conc toxicity units | 1 - Effluent Gross                                                                 | 0        | --                                                                   | Sample      |                     |         |             |         |       |                          |         |             | =           | 1.0              | 2G - tox chronic  |          | 01/90 - Quarterly      | 24 - 24 Hour Composite |
|                                                                                                                                                                                                                            |                                     |                                                                                    |          |                                                                      | Permit Req. |                     |         |             |         |       |                          |         | <=          | 1.0 MAXIMUM | 2G - tox chronic | 01/90 - Quarterly |          | 24 - 24 Hour Composite |                        |
|                                                                                                                                                                                                                            |                                     |                                                                                    |          |                                                                      | Value NODI  |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Submission Note</b>                                                                                                                                                                                                     |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Edit Check Errors</b>                                                                                                                                                                                                   |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| No errors.                                                                                                                                                                                                                 |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Comments</b>                                                                                                                                                                                                            |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Attachments</b>                                                                                                                                                                                                         |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| Name                                                                                                                                                                                                                       |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         | Type        |             |                  | Size              |          |                        |                        |
| sorf_bio_rpt_december_2024.pdf                                                                                                                                                                                             |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         | pdf         |             |                  | 8375052.0         |          |                        |                        |
| <b>Report Last Saved By</b>                                                                                                                                                                                                |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Louisville and Jefferson County MSD</b>                                                                                                                                                                                 |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| User:                                                                                                                                                                                                                      |                                     | ALEX.SMITHER@LOUISVILLEMSD.ORG                                                     |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| Name:                                                                                                                                                                                                                      |                                     | Charles Smither                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| E-Mail:                                                                                                                                                                                                                    |                                     | alex.smither@louisvillemsd.org                                                     |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| Date/Time:                                                                                                                                                                                                                 |                                     | 2025-01-24 13:08 (Time Zone: -05:00)                                               |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| <b>Report Last Signed By</b>                                                                                                                                                                                               |                                     |                                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| User:                                                                                                                                                                                                                      |                                     | ALEX.SMITHER@LOUISVILLEMSD.ORG                                                     |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| Name:                                                                                                                                                                                                                      |                                     | Charles Smither                                                                    |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| E-Mail:                                                                                                                                                                                                                    |                                     | alex.smither@louisvillemsd.org                                                     |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |
| Date/Time:                                                                                                                                                                                                                 |                                     | 2025-01-24 13:09 (Time Zone: -05:00)                                               |          |                                                                      |             |                     |         |             |         |       |                          |         |             |             |                  |                   |          |                        |                        |