California Regional Water Quality Control Board
North Coast Region

ATTACHMENT 'D' – "Report Format for Effluent Dioxin Study"

Permittee:_____ Name of Laboratory: _____ Report No.: _____

WDID No.: _____ ELAP No.: _____ Period (Wet or Dry): _____

Contact Name: _____ Contact Name: _____

Phone No.: _____ Phone No.: _____

(1) Name of Congener	(2) Date Sample Collected	(3) Sample Collection Method	(4) Date Sample Analyzed	(5) USEPA Method Used	(6) Analytical Results (pg/L)	(7) ML (pg/L)	(8) MDL (pg/L)	(9) Measured or Estimated Congener Concentration	(10) TEF	(11) Column 9 Multiplied By Column 10	(12) Comments
2,3,7,8-TCDD				1613		10	4.4		1		
1,2,3,7,8-PentaCDD				1613		50	4.4		1.0		
1,2,3,4,7,8-HexaCDD				1613		50	4.4		0.1		
1,2,3,6,7,8-HexaCDD				1613		50	4.4		0.1		
1,2,3,7,8,9-HexaCDD				1613		50	4.4		0.1		
1,2,3,4,6,7,8-HeptaCDD				1613		50	4.4		0.01		
OctaCDD				1613		100	4.4		0.0001		
2,3,7,8-TetraCDF				1613		10	4.4		0.1		
1,2,3,7,8-PentaCDF				1613		50	4.4		0.05		
2,3,4,7,8-PentaCDF				1613		50	4.4		0.5		
1,2,3,4,7,8-HexaCDF				1613		50	4.4		0.1		
1,2,3,6,7,8-HexaCDF				1613		50	4.4		0.1		
1,2,3,7,8,9-HexaCDF				1613		50	4.4		0.1		
2,3,4,6,7,8-HexaCDF				1613		50	4.4		0.1		
1,2,3,4,6,7,8-HeptaCDF				1613		50	4.4		0.01		
1,2,3,4,7,8,9-HeptaCDF				1613		50	4.4		0.01		
OctaCDF				1613		100	4.4		0.0001		
SUM TOTAL OF COLUMN 9 MULTIPLIED BY COLUMN 10											