

SECTION I: GENERAL INFORMATION

CR-ERNS Number:

Date of Initial Release:

Date of Initial Call to NRC:

Type of Report: Indicate below the type of report you are submitting.

- Initial Written Notification
 First Anniversary Follow-up Report
 Written Notification of a Change to Initial Notification
 Written Notification of a Change to Follow-up Report

Signed Statement: I certify that the hazardous substances releases described herein are continuous and stable in quantity and rate under the definitions in 40 CFR 302.8(a) or 355.4(a)(2)(iii) and that all submitted information is accurate and current to the best of my knowledge.

_____ *Name and Position*

_____ *Signature*

_____ *Date*

Part A. Facility or Vessel Information

Name of Facility or Vessel

Person in Charge of Facility or Vessel

Name of Person in Charge

Position

Telephone No. ()

Alternate Telephone No. ()

Facility Address or Vessel Port of Registration

Street

County

City

State

Zip Code

Dun and Bradstreet Number for Facility

Facility/Vessel Location

Latitude Deg _____ Min _____ Sec _____

Longitude Deg _____ Min _____ Sec _____

Vessel LORAN Coordinates

Part B. Population Information

Population Density

Choose the range that describes the population density within a one-mile radius of your facility or vessel (Indicate by placing an "X" in the appropriate blank below).

- _____ 0 - 50 persons _____ 101 - 500 persons _____ more than 1000 persons
 _____ 51 - 100 persons _____ 501 - 1000 persons

Sensitive Populations and Ecosystems Within One Mile Radius

Sensitive Populations or Ecosystems (e.g., schools, hospitals, wetlands, wildlife preserves, etc.)

Distance and direction from facility

**SECTION II: SOURCE
INFORMATION
(continued)**

CR-ERNS Number:

Name of Source:

Part B: Specific Information on the Source

For the source identified above, provide the following information. Please provide a SEPARATE sheet for EACH source. Photocopy this page if necessary.

AFFECTED MEDIUM. Identify the environmental medium (i.e., air, surface water, soil, or ground water) that is affected by the release from this source. If your source releases hazardous substances to more than one medium (e.g., a wastepile releasing to air and ground water), treat the release to **EACH** medium as a separate source and complete Section II, Parts A, B, and C, of this format for **EACH** medium affected.

AIR ____ (stack ____ or area ____) If the medium affected is air, please also specify whether the source is a stack or a ground-based area source.

² If identified source is a **stack**, indicate stack height: ____ feet or meters; **OR**

² If identified source is an **area source** (e.g., waste pile, landfill, valves, tank vents, pump seals, fugitive emissions), indicate surface area: ____ square feet or square meters.

SURFACE WATER ____ (stream ____, lake ____, or other _____)

² If the release affects any **surface water body**, give the name of the water body.

² If the release affects a **stream**, give the stream order or average flow rate, in cubic feet per second. stream order: ____ or average flow rate: ____ cubic feet/second; **OR**

² If the release affects a **lake**, give the surface area of the lake in acres and the average depth in meters. surface area of lake: ____ acres and average depth of lake: ____ meters.

SOIL OR GROUND WATER ____

If the release is on or under ground, indicate the distance to the closest water well.

Optional Information

The following information is not required in the final rule; however, such information will assist EPA in evaluating the risks associated with the continuous release. **If this information is not provided, EPA will make conservative assumptions about the appropriate values.** Please note that the units specified below are suggested units. You may use other units; however, be certain that the units are clearly identified.

² For a stack release to air, provide the following information, if available:

Inside diameter ____ feet or meters

Gas Exit Velocity ____ feet/second or
meters/second

Gas Temperature ____ degrees Fahrenheit,
Kelvin, or Celsius

² For a release to surface water, provide the following information, if available:

Average Velocity ____ feet/second
of Surface Water

SECTION II: SOURCE INFORMATION
(continued)

CR-ERNS Number:

Part C. Identity and Quantity of Each Hazardous Substance or Mixture Released From Each Source

Please provide a SEPARATE sheet for EACH source. Photocopy this page if necessary.

Name of Source:

List each hazardous substance released from the source identified above and provide the following information. (For an example, see Table 1 of Reporting Requirements for Continuous Releases of Hazardous Substances - A Guide for Facilities and Vessels on Compliance.)

<u>Name of Hazardous Substance</u>	<u>CASRN #</u>	<u>Normal Range</u> (in lbs. or kg per day)*		<u>Number of Days</u> <u>Release Occurs</u> (per year)	<u>Total Quantity</u> <u>Released in Previous Year</u> (in lbs. or kg)*	<u>Months of the</u> <u>Release</u>
		<u>Upper Bound</u>	<u>Lower Bound</u>			

List each mixture released from the source identified above and provide the following information. (For an example, see Table 2 of Reporting Requirements for Continuous Releases of Hazardous Substances - A Guide for Facilities and Vessels on Compliance.)

<u>Name of Mixture</u>	<u>Name of</u> <u>Hazardous</u> <u>Substance</u> <u>Components</u>	<u>CASRN#</u>	<u>Weight</u> <u>Percentage</u>	<u>Normal Range of</u> <u>Components</u> (in lbs. or kg per day)*		<u>Normal Range of</u> <u>Mixture</u> (in lbs. or kg per day)*		<u>Number of</u> <u>Days Release</u> <u>Occurs</u> (per year)	<u>Total Quantity of</u> <u>Mixture Released</u> <u>in Previous Year</u> (in lbs. or kg)	<u>Months</u> <u>of the</u> <u>Release</u>
				<u>Upper</u> <u>Bound</u>	<u>Lower</u> <u>Bound</u>	<u>Upper</u> <u>Bound</u>	<u>Lower</u> <u>Bound</u>			

* Please be sure to include units where appropriate. Also, if the release is a radionuclide, units of curies (CI) are appropriate.

**SECTION III: SUBSTANCE
INFORMATION**

CR-ERNS Number:

Calculation of the SSI Trigger

For EACH hazardous substance or hazardous substance component of a mixture indicated in Section II, Part C, list the names of the releasing sources and their upper bounds. Please use a SEPARATE sheet for EACH hazardous substance. Photocopy this page if necessary.

Name of Hazardous Substance:

To calculate the SSI trigger (i.e., the upper bound of the normal range of a release) for the hazardous substance identified above, aggregate the upper bounds of the normal range of the identified hazardous substance across all sources identified in Section II, Part C. If the hazardous substance is also a component of a mixture, be certain to include the upper bound of the component as calculated in Section II, Part C, in your calculation of the SSI trigger.

Name of Source(s)

Upper Bound of the Normal Range of
the Release (specify lbs., kg, or Ci)

TOTAL - SSI trigger for this hazardous substance release* : _____

** This method for calculating the SSI trigger for the hazardous substance assumes that all releases of the same hazardous substance or mixture occur simultaneously. To the extent that a hazardous substance is released from your facility from different sources and at different frequencies, you may adjust the SSI trigger as appropriate, so that it more accurately reflects the frequency and quantity of the release. The SSI trigger in the final analysis must reflect the upper bound of the normal range of the release, taking into consideration all sources of the release at the facility or vessel. The normal range of the release includes all releases previously reported or occurring over a 24-hour period during the previous year.*

CR-ERNS Report -- Addendum to Form R

This Form serves as an addendum to EPCRA Section 313 Toxic Release Inventory (TRI) Form R. This along with EPCRA 313 Form R will provide EPA with the required information for reporting continuous releases.

Name of Facility:

CR-ERNS #:

Type of Report: Indicate below the type of report you are submitting.

Initial
Written
Report

First
Anniversary
Follow-up
Report

Written Notification
of a Change to Initial
Written Report

Written Notification
of a Change to
Follow-up Report

Signed Statement: I certify that the hazardous substances releases described herein are continuous and stable in quantity and rate under the definitions in 40 CFR 302.8(a) or 355.4(a)(2)(iii) and that all submitted information is accurate and current to the best of my knowledge.

Name and Position

Date

Signature

Population Density: Choose the range that describes the population density within a one-mile radius of your facility.

0 - 50 people

101 - 500 people

Over 1000 people

51-100 people

501- 1000 people

Sensitive Populations and Ecosystems: Indicate all sensitive populations and ecosystems within a one-mile radius include the distance and direction from the facility.

Sensitive Population or Ecosystems	Distance and direction from facility

CR-ERNS Report -- Addendum to Form R

CR-ERNS #:

Source Information: For EACH source of a release from your facility, provide the following information on a SEPARATE sheet.

Name of Source:

Indicate whether the release from this source is either:
 continuous without interruption _____ OR routine, anticipated, intermittent _____

Pattern of the Release: Identify below how you established the pattern of release and calculated release estimates.

_____ Past release data _____ Knowledge of the facility's operations and release history _____ Engineering Estimates

_____ AP-42 _____ Best professional judgement _____ Other (explain)

Environmental Medium affected by the release from this source:

_____ Air _____ Surface Water _____ Soil or Ground Water

Air

If release is to air, please indicate stack height OR surface area of the release.

_____ Stack Height OR _____ Surface Area

Surface Water

If release is to Surface Water, please indicate name, type and specific information of the water body:
 Name of water body _____

If stream: _____ Stream Order OR _____ Average flow rate (ft³/sec)
 If lake: _____ Surface area (ac) AND _____ Average Depth (m)

Soil or Ground Water

Indicate distance of closest water well: _____

Hazardous Substance Information:		Upper Bound	Lower Bound	Number of Days Release Occurs (per year)	Months of the Release
Name of Hazardous Substance:	CASRN#	(in lbs. or kg per day)			