

Continuous Release Report

Air Releases

Initial Notification
 First Anniversary Assessment
 Notification of change to initial report

Facility Name: _____

Facility Physical Location: _____
Street *City*

Latitude: _____ Longitude: _____

Name and Title of Person in Charge: _____

Mailing Address: _____
Street *City* *State* *Zip*

Office Phone: _____ Cell Phone: _____

Description: Swine Dairy Sheep Beef Chickens Turkeys Other: _____

Description of how animals are housed: _____

Description of how manure is handled: _____

Population Density (1 mile radius):
 0-50 Persons
 51-100 persons
 101-500 persons
 501-1,000 persons
 more than 1,000 persons

Sensitive population or ecosystem (1 mile radius):
 School
 Hospital
 Wetland
 Lake
 Creek/River/Stream
 Other: _____

Chemical Name	Lower Bound (pounds/day)	Upper Bound (pounds/day)
Ammonia (NH ₃)		
Hydrogen Sulfide (H ₂ S)		

Ammonia estimate derived using: University of Nebraska Estimator (Koelsch & Stowell)
 Other: _____

Hydrogen Sulfide Estimation method: _____
 No estimation made – no known method for making an estimate.

The hazardous substance release(s) described above are continuous and stable in quantity and rate. I certify all information submitted in this report is based upon good faith estimates of air emissions using currently available data.

Name: _____ Date: _____

Signature _____


