

BREWERY SURVEY FORM

Please complete this industry specific questionnaire and attach it to your completed survey.

Facility Contact: _____ Position Title: _____

Facility name: _____ Phone Number: _____

Facility Address: _____

1. Are the following processes or activities performed at your facility?

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Brewing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bottling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kegging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equipment sanitizing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Production area sanitizing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Others (specify): _____ | | |

2. Is wastewater generated as a result of this process or activity discharged to the sanitary sewer system?

- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Specify other disposal: _____

3. What is the production rate of your operation?

- _____ gallons kegs barrels
Frequency: per week per month per year

4. Are beers produced at this facility available for purchase & consumption off site?

- Yes No if yes where: _____

5. Which treatment processes are present at your facility to treat waste streams that are then discharged into the sanitary sewer?

- Solids filtration Solids settling Acid/base neutralization NA – No treatment
 Others (specify): _____

6. How do you dispose of the following waste streams?

- | | | | | |
|---------------------------|---|---------------------------------------|---|--------------------------------|
| <u>Spent Grain/Barley</u> | <input type="checkbox"/> Solid waste (landfill) | <input type="checkbox"/> Compost/farm | <input type="checkbox"/> Sanitary sewer | <input type="checkbox"/> Other |
| <u>Spent yeast</u> | <input type="checkbox"/> Solid waste (landfill) | <input type="checkbox"/> Compost/farm | <input type="checkbox"/> Sanitary sewer | <input type="checkbox"/> Other |
| <u>Kettle hops/Trub</u> | <input type="checkbox"/> Solid waste (landfill) | <input type="checkbox"/> Compost/farm | <input type="checkbox"/> Sanitary sewer | <input type="checkbox"/> Other |

Describe other wastes disposal methods: _____

7. Is your company currently permitted with Federal, State or Municipal Authorities?

- No Yes *Specify No:* _____

8. Does your company have more than one local facility? * No Yes

* If your company has more than one facility in the area serviced by the Post Falls Water Reclamation Facility, please copy and complete a survey form for each facility

Certification Statement

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of wastewater discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Official

Date

Print Name

Official Title

Please Return to:

Post Falls Water Reclamation Facility
Attn: Pretreatment Program
408 N. Spokane St
Post Falls, ID 83854
(208) 773-1438
pretreatment@postfalls.gov