



**SANTA CRUZ COUNTY SANITATION DISTRICT WASTEWATER SURVEY
AND APPLICATION FOR WASTEWATER DISCHARGE PERMIT**

BREWERY SURVEY

SECTION A - GENERAL INFORMATION

A.1. Company name, address of production or manufacturing facility, and telephone number:

<hr/>	
<hr/>	APN:
<hr/>	
Telephone No.	

A.2. Mailing address and telephone number: (If same as above, check [])

<hr/>	
<hr/>	Telephone No.

A.3. Person authorized to represent this firm in official dealings with the Sewer Authority and /or County:

Name:	Title:	Tel. No.
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A.4. Alternate person to contact concerning information provided herein

Name:	Title:	Tel. No.
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A.5

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.

Date Signature of Official
(Seal if applicable)

A.6. Provide a brief narrative of the manufacturing, production, or service activities your business conducts.

A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

2082

A.8. This facility generates the following types of wastewater (check all that apply):

		<u>Average gallons</u> <u>per day</u>				
1.	<input type="checkbox"/> Domestic wastewater (Restrooms, employee showers, etc.)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
2.	<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
3.	<input type="checkbox"/> Boiler/Tower blowdown	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
4.	<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
5.	<input type="checkbox"/> Process	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
6.	<input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
7.	<input type="checkbox"/> Rinse water (bottle/keg line, brew vessel cleaning etc.)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
8.	<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
9.	<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
Total A.8.1 - A.8.9		_____				

A.9. Wastewaters are discharged to (check all that apply)

Average gallons

per day

<input type="checkbox"/>	Sanitary sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Storm sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Surface water	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Ground water	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Waste haulers	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Evaporation	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Other (describe)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured

If waste haulers are used, provide name, address, description of waste hauled, volume and frequency

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes no

Note: If your facility did not check any of the items listed in A.8.4 through A.8.9 above, then you do not need to complete any further sections in this survey/application. If any items A.8.4 through A.8.9 were checked, complete the remainder of this survey/application.

SECTION B - FACILITY OPERATION CHARACTERISTICS

B.1 Number of employee shifts worked per 24-hour day is ____ .

Average number of employees per shift is _____.

B.2 Starting times of each shift: 1st _____ 2nd _____ 3rd _____

Note: The following information in this section must be completed for each product line.

Principal product produced: _____

B.4 Raw materials and process additives used:

B.5 Production process is:

Batch Continuous Both _____ % batch _____ % continuous

Average number of batches per 24-hour day _____ .

B.6 Hours of operation: _____ a.m. to _____ p.m. continuous

B.7 Is production subject to seasonal variation? yes no
if yes, briefly describe seasonal production cycle.

B.8 Are any process changes or expansions planned during the next three years? yes no
If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

SECTION C - WASTEWATER INFORMATION

C.1 Identify individual processes generating wastewater. Include mash tun/kettle cleaning, fermenter cleaning, rinsing discharge from bottle/keg line and fermenting discharges.

<u>Description</u>	<u>Discharge Volume (gpd)</u>

C.2 Indicate the types and quantities of constituents present in wastewater:

<u>Constituent</u>	<u>Amount (gallon/day)</u>	<u>Constituent</u>	<u>Amount (gallon/day)</u>
Acids (low pH)	_____	Wastes high in organic content	_____
Caustics (high pH)	_____	Surfactants (degreasers)	_____

C.3 Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate)

- Air floatation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type _____, size _____
- Grease trap/interceptor type _____, size _____
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type _____.
- Rainwater diversion or storage _____.
- Other chemical treatment, type _____.
- Other physical treatment, type _____.
- Other, type _____.
- No pretreatment provided

C.4 Is food prepared at the facility? Yes No

If yes please fill out the following section.

Do you have your own grease trap or interceptor? Yes No

Grease trap/interceptor size: **Location of trap/interceptor** Inside Outside

Select all that apply to your business

	Yes	No		Yes	No
Dishwasher			Fryer		
3 tub sink			Wok Range		
Grill hood cleaning			Soup Vat		
Ovens			Industrial food mill or mixers		
Range			Catered by outside vendor?		

How many of the following will your location contain?

Vegetable Sink(s)	Pot Sink(s)	Mop Sink(s)	Hand Sink(s)	Bar/cocktail lounge sink(s)

SECTION D - OTHER WASTES

D.1 Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

yes no

If "no" skip remainder of Section D.

If "yes" complete items 2 and 3.

D.2 These wastes may best be described as:

Estimated Gallons or Pounds/Year

<input type="checkbox"/> Acids and Alkalies	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes	_____

<input type="checkbox"/> Other wastes (specify)	_____

D.3 For the above checked wastes, does your company practice:

- on-site storage
- off-site storage
- on-site disposal
- off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

E.1 If any chemical analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis and location(s) from which sample(s) were taken (attach sketches, plans, etc. as necessary).