

Brewery/Winery/Cidery/Distilled Spirits Survey



Manchester Creek Wastewater Treatment Plant
Utilities City of Rock Hill
Mailing Address: P.O. Box 11706 Rock Hill, South Carolina 29731-1706
Office Address: 310 Red River Rd (29730)
Office: 803-329-5613 Fax: 803-329-0095
www.cityofrockhill.com/ipp

Note: Please read the [Municipal Code City of Rock Hill Chapter 29, Article III Wastewater Treatment System](#) prior to completing this application.

Clearly print or type the information requested. Any missing or incomplete information may result in delays in processing this application. Please write N/A if the information being requested does not apply. The City will not process incomplete Permit Applications.

Applicant shall be the owner of the proposed Operation or the presiding officer of the legal entity owning the proposed Operation.

Documentation required by this application shall be submitted with this application.

Any section that requires additional space or documentation shall be included as an attachment and labeled to identify the appropriate section.

DEFINITION- SIGNATORY AUTHORITY

This refers to legal power delegated by an authoritative body (such as a board of directors) to organizational positions (such as president, managing director, manager) appointing them as agents of the organization for general or specific purposes (such as payment authority, revenue authority, spending authority).

Note to Signing Office: 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 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 certify under penalty of law this document and all attachments were prepared under my direction and/or supervision in accordance with a system designed to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the data submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Authorized Representative

Date

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The information collected in this survey will help in determining which control device the City issues to your facility.

SECTION A – GENERAL INFORMATION (PLEASE PRINT LEGIBLY)

1. Company Name: _____ Store # _____ Federal ID # / EIN: _____

Telephone Number: _____ Website: _____

Doing Business As Name: _____ Mark box if same as above

If different from above: _____

2. Operation Physical Address **DO NOT USE P.O. BOX:** _____ Suite _____

City: _____ State: SC County: York Zip: _____

Business Mailing Address: Mark box if same as above If different from above:

Street / PO Box: _____ Suite _____

City: _____ State: _____ Zip: _____

3. Owner of Premises (Lessor): Mark box if same as above If different from above:

Type of Ownership: Individual Partnership LLC Corporation Non-Profit Organization

Name (Mr./ Mrs./ Ms.): _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

4. Designated signatory authority of the facility: Mark box if same as above If different from above:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

5. Designated facility contact: Mark box if same as above

If different from above:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

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SECTION B – FACILITY OPERATIONAL CHARACTERISTICS (PLEASE PRINT LEGIBLY)

1. Type of Alcohol Produced

Craft Beer Hard Cider Sake Wine

Distilled Spirits – Specify Type(s) and base used _____

2. Do you currently have or anticipate having Food Service at your facility? On-Site Kitchen Food Truck

Other _____ If so, please visit www.cityofrockhill.com/fog

3. Do you currently have Best Management Practices in place for side streaming high-strength pollutant waste such as trub and yeast and reducing water consumption? If so, please describe: _____

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

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

Brewing/Distilling Yes No Yes No N/A Other

Bottling Yes No Yes No N/A Other

Canning Yes No Yes No N/A Other

Kegging Yes No Yes No N/A Other

Equipment sanitizing Yes No Yes No N/A Other

Production area sanitizing Yes No Yes No N/A Other

Other (specify): _____ Specify other disposal: _____

5. Barrel Size 31 gallons 55 gallons Other (specify) _____

Which best describes the size of your operation?

Greater than 20,000 barrels/ year Between 10,000-19,999 barrels/ year Between 5,000- 9,999 barrels/ year

Between 1,001-4,999 barrels per year Less than 1,000 barrels per year

What is your current production to wastewater ratio? _____

What is your production average monthly water usage? _____

What is your production average monthly wastewater discharge to sewer? _____

Does your facility have a discharge flow meter? Yes No Which company calibrates it? _____

6. Is alcohol produced at this facility available for purchase & consumption off site?

Yes No _____

7. Which Treatment Processes at your facility treat waste streams that are discharged to the sanitary sewer?

Solids filtration Solids Settling Acid/Base neutralization

No Treatment Other: _____

8. Do you use cartridge filters or diatomaceous earth to filter your product, if so please list disposal method: _____

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9. Please list the volume of the following items used/ disposed of per week:

Yeast: _____ Hops: _____
Grain: _____ Waste Beer: _____
Diatomaceous Earth: _____ Other: _____

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

Spent Grain/Barley ... Solid Waste (landfill) Compost (farm) Sanitary Sewer Other
Spent Yeast Solid Waste (landfill) Compost (farm) Sanitary Sewer Other
Kettle hops/Trub Solid Waste (landfill) Compost (farm) Sanitary Sewer Other
Fruit Solids Solid Waste (landfill) Compost (farm) Sanitary Sewer Other

List farms which receive compost:

Farm Name: _____ Telephone Number: _____

Website: _____

Farm Physical Address DO NOT USE P.O. BOX: _____

City: _____ State: _____ Zip: _____

Owner of Premises (Lessor): Mark box if same as above If different from above:

Type of Ownership: Individual Partnership LLC Corporation Non-Profit Organization

Name (Mr./ Mrs./ Ms.): _____

Business Mailing Address: Mark box if same as above If different from above:

Street/ PO Box: _____ Suite _____ City: _____

State: _____ Zip: _____

Designated signatory authority of the facility: Mark box if same as above If different from above:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

Designated facility contact: Mark box if same as above If different from above:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

If more than one disposal site, attach additional sheets as necessary inclusive of above information.

Describe other waste disposal methods: _____

Please include SAFETY DATA SHEETS for any product used that may be in the wastewater discharged from your facility.

Please include any analytical data collected as a result of sampling the wastewater discharged from this facility.

Please include manuals, procedures or BMP that are used in Pretreatment of the wastewater discharged from this facility.

This Survey must be completed and returned within 30 days of receiving it. Please return the Survey to the address listed below:

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