



BREWERIES & DISTILLERIES Compliance Report Survey and Certification

FOR OFFICE USE
Exempt: _____
Follow up: _____
IWS updated: _____
PT Coord Initials: _____

This form must be completed and returned to the CITY OF GREELEY WTRF.

SECTION A – Facility Information

<i>Facility Name:</i>	
<i>Facility Physical Address:</i>	
<i>Facility Mailing Address:</i>	
<i>Facility Contact & Title:</i>	
<i>Facility Contact Phone:</i>	
<i>Facility Contact Email:</i>	

SECTION B – Facility Details

Part A – Brewing / Distilling Schedule

This plant brews/distills 24 hours a day, 7 days a week; or as indicated below:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Shift details:

	Hours of operation <small>(i.e. 8am – 5pm)</small>	No. of Employees
1 st		
2 nd		
3 rd		

2. Months of Operation:

This plant operates year round; or on the months indicated below:

J F M A M J J A S O N D

Part B – Production

1. Please list all products produced by your facility. *(Generic product grouping acceptable, separate brands/product lines not necessary.)*

2. For each of the manufacturing processes identified, list the applicable production rates.

Process	Avg. Day	Max. Day	Avg. Week	Max. Week

Part C – Seasonal changes

Please describe any seasonal changes to production process such as different products/recipes. (i.e. stouts in winter, ales in summer...)

Part D – Water Usage

Please approximate the following:

1. What is your estimated maximum annual production capacity? _____
2. How many gallons of water are used per batch? _____
3. On average, how many batches are produced per week? _____

4. How many gallons of water are discharged to the sewer system per day? _____

5. Will malting operations be conducted on-site?

Yes

No

6. If applicable, describe any flow measuring device(s) [brand/model] used to determine the above flows:

Part E – Future changes

Please describe any planned changes in plant operations that could change present production rates, water use, or wastewater characteristics.

Section C – Pretreatment

Part A – Wastewater Pretreatment

Describe the pretreatment system(s) used by the facility, include both current and planned systems.

Part B – Solids Disposal

Describe the manner by which any residual solids are disposed of, service company, and the frequency of disposal.

Part C – Batch Disposal

Describe the manner by which any bad batches are disposed of.

Part D – Spill Prevention

1. Are chemicals handled or stored outside the facility? Yes No

a. If yes, explain where rainwater from these areas drains to and explain spill control measures.

2. Are chemicals handled or stored near floor drains within the facility? Yes No

a. If yes, explain spill control measures.

Part E – Wastewater Monitoring

1. Does the facility maintain sampling records on site? Yes No N/A

2. Who performs the required sampling and analysis for the facility? _____

3. Which parameters are monitored? (i.e. pH, flow, total solids, BOD, etc.)

4. What types of samples are taken by the facility?

Grab

Grab Composite

Time-Proportioned Composite

Flow-Proportioned Composite

5. How often are wastewaters sampled by the facility?

(i.e. every batch, daily...)

Part F – Additional comments

Please provide any additional information that was not reflected in this document. (i.e. reuse, pollution prevention...)

Empty rectangular box for additional information.

Section D – Record Retention

Please acknowledge the following and initial next to each statement.

1. "As an authorized representative of the above named facility, I acknowledge that this document must be maintained on-site as long as this facility is in operation or until ownership is transferred."

2. "As an authorized representative of the above named facility, I acknowledge that all documentation regarding maintenance and service operations must be maintained on-site for a minimum of three years."

SECTION F – Certification

"I, _____ (duly authorized representative of the above named dental facility), certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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 information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature

Date

Return the completed form to:
Greeley WTRF
Industrial Pretreatment Program
300 East 8th St.
Greeley, CO 80631

Or contact us at:



jennifer.musella@greeleygov.com



(970) 350-9724