

Brewery/Winery/Cidery/Distilled Spirits Survey



Hendersonville Water and Sewer Department, North Carolina
City Operations
305 Williams Street
Hendersonville, North Carolina 28792
(828) 697-3057

1. **BUSINESS NAME:** _____
Site Location: _____ Phone : __ (____) _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

2. **CHIEF EXECUTIVE OFFICER:**
Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

3. **PERSON ON SITE (Authorized to Represent this Firm in Official Dealings with HWS)**
Name: _____ Title: _____
Phone : __ (____) _____ email: _____

4. **Type of Alcohol Produced**

- Craft Beer
- Hard Cider
- Sake
- Distilled Spirits – Specify Type(s) and base used _____
- Wine

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

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

- Brewing/Distilling Yes No
Bottling Yes No
Canning Yes No
Kegging Yes No
Equipment sanitizing Yes No
Production area sanitizing Yes No
Other (specify): _____

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

- Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other

Specify other disposal: _____

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

8. Which best describes the size of your operation?

- Greater than 20,000 barrels per year
 Between 15,000-20,000 barrels per year
 Between 5,000- 15,000 barrels per year
 Between 2,000-5,000 barrels per year
 Between 1,000-2,000 barrels per year
 Between 500-1,000 barrels per year
 Less than 500 barrels per year

9. How many barrels can your system brew at a time? _____

10. How many runs/brews per day/week? _____

11. What is your current production to wastewater ratio? _____

12. What is the maximum gallons of wastewater that will be produced?

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

- Yes No _____

14. Which Treatment processes are present at your facility to treat waste streams that are then discharged to the sanitary sewer?

- Solids filtration Solids Settling Acid/Base neutralization
 No Treatment Other: _____

15. Do you currently have a slug spill plan?

- Yes, a copy has been attached.
 No

Brewery/Winery/Cidery/Distilled Spirits Survey

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

- | | | | |
|--------------------|---|---|---|
| Spent Grain/Barley | <input type="checkbox"/> Solid Waste (landfill) | <input type="checkbox"/> Compost (farm) | <input type="checkbox"/> Sanitary Sewer |
| | <input type="checkbox"/> Other | | |
| Spent Yeast | <input type="checkbox"/> Solid Waste (landfill) | <input type="checkbox"/> Compost (farm) | <input type="checkbox"/> Sanitary Sewer |
| | <input type="checkbox"/> Other | | |
| Kettle hops/Trub | <input type="checkbox"/> Solid Waste (landfill) | <input type="checkbox"/> Compost (farm) | <input type="checkbox"/> Sanitary Sewer |
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| Fruit Solids | <input type="checkbox"/> Solid Waste (landfill) | <input type="checkbox"/> Compost (farm) | <input type="checkbox"/> Sanitary Sewer |
| | <input type="checkbox"/> other | | |

List farms which receive compost: _____

Describe other waste disposal methods: _____

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

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

Yeast: _____ Hops: _____
Grain: _____ Waste Beer: _____
DE: _____ Other: _____

19. Is your company currently permitted with a Food Waste Survey Permit? No Yes

Permit Signature Date _____

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

*If your company has more than one facility in the area serviced by HWS, please copy and complete a survey for each facility.

EXECUTION OF APPLICATION

Company Name: _____

Authorized Signature: * _____

Title: _____

Date: _____

** Authorized signature must correspond to Item 2 or 3 from Page 1 of this Application.*

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Bottling Yes No
Canning Yes No
Kegging Yes No
Equipment sanitizing Yes No
Production area sanitizing Yes No
Other (specify): _____

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

- Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other
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Specify other disposal: _____

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- Yes, a copy has been attached.
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19. Is your company currently permitted with a Food Waste Survey Permit? No Yes

Permit Signature Date _____

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

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Bottling Yes No
Canning Yes No
Kegging Yes No
Equipment sanitizing Yes No
Production area sanitizing Yes No
Other (specify): _____

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

- Yes No N/A Other
 Yes No N/A Other
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 No Treatment Other: _____

15. Do you currently have a slug spill plan?

- Yes, a copy has been attached.
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19. Is your company currently permitted with a Food Waste Survey Permit? No Yes

Permit Signature Date _____

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

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Company Name: _____

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- Craft Beer
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6. Are the following processes or activities performed at your facility?

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Kegging Yes No
Equipment sanitizing Yes No
Production area sanitizing Yes No
Other (specify): _____

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

- Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other
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Specify other disposal: _____

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

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15. Do you currently have a slug spill plan?

- Yes, a copy has been attached.
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6. Are the following processes or activities performed at your facility?

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Equipment sanitizing Yes No
Production area sanitizing Yes No
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Is wastewater generated as a result of this process or activity discharged to the sanitary sewer system?

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Hendersonville, North Carolina 28792
(828) 697-3057**

Brewery/Winery/Cidery/Distilled Spirits Survey



Hendersonville Water and Sewer Department, North Carolina
City Operations
305 Williams Street
Hendersonville, North Carolina 28792
(828) 697-3057

1. **BUSINESS NAME:** _____
Site Location: _____ Phone : __ (____) _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

2. **CHIEF EXECUTIVE OFFICER:**
Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

3. **PERSON ON SITE (Authorized to Represent this Firm in Official Dealings with HWS)**
Name: _____ Title: _____
Phone : __ (____) _____ email: _____

4. **Type of Alcohol Produced**

- Craft Beer
- Hard Cider
- Sake
- Distilled Spirits – Specify Type(s) and base used _____
- Wine

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

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

- Brewing/Distilling Yes No
Bottling Yes No
Canning Yes No
Kegging Yes No
Equipment sanitizing Yes No
Production area sanitizing Yes No
Other (specify): _____

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

- Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other
 Yes No N/A Other

Specify other disposal: _____

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

8. Which best describes the size of your operation?

- Greater than 20,000 barrels per year
 Between 15,000-20,000 barrels per year
 Between 5,000- 15,000 barrels per year
 Between 2,000-5,000 barrels per year
 Between 1,000-2,000 barrels per year
 Between 500-1,000 barrels per year
 Less than 500 barrels per year

9. How many barrels can your system brew at a time? _____

10. How many runs/brews per day/week? _____

11. What is your current production to wastewater ratio? _____

12. What is the maximum gallons of wastewater that will be produced?

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

- Yes No _____

14. Which Treatment processes are present at your facility to treat waste streams that are then discharged to the sanitary sewer?

- Solids filtration Solids Settling Acid/Base neutralization
 No Treatment Other: _____

15. Do you currently have a slug spill plan?

- Yes, a copy has been attached.
 No

Brewery/Winery/Cidery/Distilled Spirits Survey

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

- | | | | |
|--------------------|---|---|---|
| Spent Grain/Barley | <input type="checkbox"/> Solid Waste (landfill) | <input type="checkbox"/> Compost (farm) | <input type="checkbox"/> Sanitary Sewer |
| | <input type="checkbox"/> Other | | |
| Spent Yeast | <input type="checkbox"/> Solid Waste (landfill) | <input type="checkbox"/> Compost (farm) | <input type="checkbox"/> Sanitary Sewer |
| | <input type="checkbox"/> Other | | |
| Kettle hops/Trub | <input type="checkbox"/> Solid Waste (landfill) | <input type="checkbox"/> Compost (farm) | <input type="checkbox"/> Sanitary Sewer |
| | <input type="checkbox"/> Other | | |
| Fruit Solids | <input type="checkbox"/> Solid Waste (landfill) | <input type="checkbox"/> Compost (farm) | <input type="checkbox"/> Sanitary Sewer |
| | <input type="checkbox"/> other | | |

List farms which receive compost: _____

Describe other waste disposal methods: _____

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

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

Yeast: _____ Hops: _____
Grain: _____ Waste Beer: _____
DE: _____ Other: _____

19. Is your company currently permitted with a Food Waste Survey Permit? No Yes

Permit Signature Date _____

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

*If your company has more than one facility in the area serviced by HWS, please copy and complete a survey for each facility.

EXECUTION OF APPLICATION

Company Name: _____

Authorized Signature: * _____

Title: _____

Date: _____

** Authorized signature must correspond to Item 2 or 3 from Page 1 of this Application.*

Brewery/Winery/Cidery/Distilled Spirits Survey

Surveys must be completed and returned to HWS within 15 days of receipt. Please return the survey to the address listed below. If you have any questions, please feel free to contact Amy Huffman at ahuffman@hvlnc.gov or at (828)697-3057.

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