



NAMPA WASTEWATER DIVISION

340 West Railroad Street • Nampa, Idaho 83687
Office: (208) 468-5840 • Fax: (208) 467-9194

FACILITY OPERATIONAL CHARACTERISTICS FOR BREWERY/WINERY/CIDERY/DISTILLED SPIRITS

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 <https://cityofnampa.us/1222/Pretreatment>

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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Other |
| Bottling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Other |
| Canning | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Other |
| Kegging | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Other |
| Equipment sanitizing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Other |
| Production area sanitizing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> 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:

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	<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:

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 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 or e-mail listed below:

Nampa Wastewater Department
Mailing Address: 340 W Railroad St. Nampa, ID 86387
Email: knutzenr@cityofnampa.us