Brewery/Winery/Cidery/Distilled Spirits Survey & Permit Application





Metropolitan Sewerage District of Buncombe County, North Carolina	
Industrial & Commercial Waste Division	
2028 Riverside Drive	
Asheville, North Carolina 28804	
(828) 254-9646	

1. <u>COMPANY BUSINESS NAME:</u>

	Site Location:			Phone :()	
	City:					
	Mailing Address:					
	City:	State:	Zip:			
2.	CHIEF EXECUTIV	<u>E OFFICER:</u>				
	Name:		Title:			
	Mailing Address:					
	City:	State:	Zip:			
	PERSON ON SITE Name: Phone :		Title:			
4.	Type of Alcohol Pro	duced				
	□Craft Beer					
	□Hard Cider					
	Distilled Spirits – Specify Type(s) and base used					
	□Wine					
5.	• •	0	-		ning high strength waste such as	

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6. 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	\Box Yes \Box No	\Box Yes \Box No \Box N/A \Box Other				
	Bottling	\Box Yes \Box No	\Box Yes \Box No \Box N/A \Box Other				
	Canning	\Box Yes \Box No	\Box Yes \Box No \Box N/A \Box Other				
	Kegging	\Box Yes \Box No	\Box Yes \Box No \Box N/A \Box Other				
	Equipment sanitizing	\Box Yes \Box No	\Box Yes \Box No \Box N/A \Box Other				
	Production area sanitiz	zing \Box Yes \Box No	\Box Yes \Box No \Box N/A \Box Other				
	Other (specify):		Specify other disposal:				
7.	Barrel Size 31 g	gallons \Box 55 gallons	□Other (specify)				
8.	Which best describe	es the size of your opera	tion?				
	Greater than 20,000	barrels per year					
	□Between 15,000-20,	,000 barrels per year					
	□Between 5,000- 15,0	000 barrels per year					
	□Between 2,000-5,00	0 barrels per year					
	□Between 1,000-2,00	0 barrels per year					
	Between 500-1,000 barrels per year						
	□Less than 500 barrel	ls per year					
9.	How many barrels c	an your system brew at	t a time?				
10	. How many runs/bre	ws per day/week?					
11	. What is your curren	nt production to wastew	ater ratio?				
12	. What is the maximu	m gallons of wastewate	r that will be produced?				
		8					
13	_	-	e for purchase & consumption off site?				
14	the sanitary sewer?		your facility to treat waste streams that are then discharged to				
	\Box Solids filtration	-	□Acid/Base neutralization				
	□No Treatment	□Other:					
15	. Do you currently ha \Box Yes, a copy has be	0 - -					
	\Box No						

16. How do you dispose	e of the following waste strean	ns?	
Spent Grain/Barley	□Solid Waste (landfill)	\Box 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)	\Box Compost (farm)	□Sanitary Sewer
	□other		
List farms which rece	ive compost:		
D 1 1			
Describe other waste	disposal methods:		
method:	ne of the following items used		uct, if so please list disposal
Grain:			
DE:	Other:		
19. Is your company cu	urrently permitted with MSD3	? \Box No \Box Yes Permit #	
20. Is there food served	l at this location? \Box N	lo □Yes	
21. If food is served at	this location, is there a grease	trap or interceptor in place	? No Yes
If yes, what size and	d location?		
Who services the tr	ap/interceptor and at what fr	equency?	
22. Does your company	v have more than one local fac	eility?* □No □Yes	

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

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EXECUTION OF APPLICATION

Company Name:	
Authorized Signature: *	
Title:	
Date:	

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

Surveys must be completed and returned to MSD within 15 days of receipt. Please return the survey to the address listed below. If you have any questions, please feel free to contact Shannon Bergeron at sbergeron@msdbc.org or at (828)225-8230.

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