

*For IWPP Use Only*

Facility ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_

Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 North Robert Street

St. Paul, MN 55101-1805

# Wastewater Discharge Survey For Breweries and Brewpubs

If there are questions regarding completion of this survey, please contact the Industrial Waste & Pollution Prevention (IWPP) Office at 651- 602-8114.

1. Complete company general information:

| **Company Name:** |  | | |
| --- | --- | --- | --- |
|  | | | |
| **Facility Address:** |  | **Mailing Address:** |  |
| (if applicable, include suite or unit #) |  | (if different from the facility address) |  |
|  |  |  |  |

1. Describe the specific nature of brew operations at this address, as well as other business activities conducted at the site (i.e. restaurant operations or sales/distribution)
2. Startup date at present address:       /       (month/year)
3. Number of employees at this address:
4. Hours of operation:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mon: |  | Tue: |  | Wed: |  | Thu: |  | Fri: |  | |
| Sat: |  | Sun: |  |  |  |  |  |  | |  |

1. Is this a multi-tenant facility (more than one company in the same building)?  No  Yes  
    If yes, please indicate the suite or unit number in facility address above.
2. Does this company have additional facilities/addresses in the Twin Cities metropolitan area?  No  Yes

If yes, list facility name(s) and address(es):

1. Indicate the general types of business functions at this facility by checking all appropriate boxes:

Brewing  Packaging/Bottling  Distribution

Fermentation  Restaurant  Home Brew Supplier

1. Enter production details in the tables below:

| **a.** | **NAICS Code** | **Description of Operation** | **Primary?** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| b. | Principal Raw Materials | Annual Quantity | Units |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| c. | Principal Products | Annual Quantity | Units |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. What volume of product is brewed at this facility per year?

Gallons  Barrels (31 gallons/barrel)  Bottles  Other

1. How many batches are produced each week?
2. Facility discharges wastewater to:  city sanitary sewer  septic tank  Other:
3. Use city water utility billing or water meter information to answer the following questions.

If this information is not obtainable, please estimate the facility’s water usage and volumes.  
a. Incoming water volume (city and well) per year, in gallons:        
b. Incoming water determination method:  water bill(s)  water meter readings  estimate  
c. Does this total include water for lawn irrigation?  No  Yes, Estimated Volume:

1. Indicate all types of discharges to the sanitary sewer and their respective volumes:

|  | **Sanitary waste from employees** (e.g., restroom waste) (estimated at 20gal/employee/day) | Volume (gallons/year) |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Non-contact cooling water** (used for cooling, no contact with raw materials, parts, or products)    Once-through  Re-circulated/Reused | Volume (gallons/year) |  |
|  |  |  |  |
|  | **Any other discharge to the sewer –** Describe the sources and their respective volumes in the spaces below. This includes, but is not limited to, floor & equipment washing, vehicle washing, general sanitizing, contact cooling water, manufacturing/processing, food preparation, any product/chemical disposal, etc. | | |

|  | **Description of Discharge** | **Volume (gallons/year)** | **Volume Determination** |
| --- | --- | --- | --- |
| Ex1: Floor scrubber water from production area | 5,200 | 50 gal, 2x week, 52 weeks/ yr |
| Ex2: Process equipment | 117,000 | 5 gal/min, 90min/day |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

1. Are bulk chemicals received or stored at this facility?  No  Yes

If yes, please list these chemicals:

1. Are there floor drains/sumps in work areas or chemical storage areas?  No  Yes
2. Is any wastewater pretreated prior to discharging (solids/oil/metals removal, pH adjustments, etc.)?  No  Yes
3. Does this facility haul any wastewater off site for disposal?  No  Yes If yes:

|  |  |
| --- | --- |
| What hauler transports the waste? |  |
| Where is the waste hauled to? |  |
| What is the estimated volume of waste hauled? |  |

1. Are there any specific issues/circumstances regarding your facility that you would like to explain?
2. Contact information for person completing this survey

| Name (print): |  | Title: |  |
| --- | --- | --- | --- |
| Email: |  | Phone: |  |
| Signature: |  | Date: |  |

**Return this completed survey using one of the following methods:**

**Mail: Metropolitan Council Environmental Services**

**IWPP**

**390 Robert Street North**

**St. Paul, MN 55101-1805**

**Email:** [**iwpp@metc.state.mn.us**](mailto:iwpp@metc.state.mn.us)

**Fax: (651) 602-4730**

*(You may wish to retain a copy for your records)*