CITY OF LOVELAND
Industrial Pretreatment Program
Alcohol Beverage Manufacturing Survey

Section I – General Information

Local business name: _______________________________________________________
Doing business as (if different than above): ____________________________________
Loveland address: __________________________________________________________ Unit: _____ Zip: ______
Mailing Address (if different): ______________________________________________
Contact person: ___________________________________________________________
Phone number: ______________ e-mail: _______________________________________
Website: __________________________________________________________________
Starting date for your business at this site: ________________________________
Is the business located in a complex where multiple tenants share utilities? □Yes □No
How does this business measure the water used for producing alcohol? □Dedicated meter □Shared meter □Do not measure water use

Property Owner (if different than above)

Name: ___________________________________________________________________
Mailing Address: ___________________________________________________________ Zip: ______

Section II – Business Operations

☐ Brewery  Beer types: ☐ Ale ☐ Lager ☐ Stout  Other: _____________________________
☐ Distillery, Spirit type(s) and base used: _______________________________________
☐ Winery  ☐ Hard Cidery  Other: _______________________________________________

Hours of operation: ___________________________________________ Number of Shifts: ______
How many pounds of raw material (grain, grapes, etc.) are used per run? ________________
How many barrels can your system produce per run? _________________________
Number of runs per: day _________ week _________
How is alcohol distributed: ☐ Tap ☐ Bottle ☐ Can ☐ Keg ☐ Barrel
Keg size(s), gallons: _______________ Barrel size(s), gallons: _______________
Will Kegs or Barrels be washed? □ Yes □ No

Will food be served to customers? □ Yes □ No
If yes, list type of food(s): _____________________________________________________
Section III – Equipment & Wastes

List all equipment (such as: Hoses, Malting, Milling, Mash tun, Lauter tun, Kettle, Fermenter, Hop Back/Whirlpool, Hot Liquor, Filter/Clarify, Distiller, Brite tank, Packaging, Washing) and provide a response to the corresponding information requested.

<table>
<thead>
<tr>
<th>Equipment</th>
<th># of each</th>
<th>Size of each</th>
<th>Specify the amount of waste produced (X gallons, pounds) and the frequency</th>
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Is there a chiller? ☐ Yes ☐ No
Is there a heat exchanger? ☐ Yes ☐ No
How is overflow from tanks managed?

________________________________________________________________________

Section IV – Chemicals

Does any equipment require acid cleaning? ☐ Yes ☐ No
  If yes, how often: ____________  Gallons of waste: _________________
  Chemical(s) used: ______________________________________________________
Could any chemical be accidentally discharged to the sanitary sewer? ☐ Yes ☐ No
Do you have a spill plan? ☐ Yes ☐ No

Section V – Waste Storage, Treatment, and Disposal

How is wastewater collected and held until treatment & disposal? __________________________

How is solid waste collected and stored? ______________________________________________
Identify the type(s) of treatment in place:

- ☐ Acid/Base neutralization
- ☐ Screen(s)
- ☐ Filter(s)
- ☐ Filter press
- ☐ Settling tank
- ☐ Strainer(s)
- ☐ Centrifuge
- ☐ Other: ____________________________
- ☐ No Treatment

List the types of wastes generated (ex: grains, stems, trub, yeast, undesirable/unusable product, filters, wastewater, etc.), frequency of disposal, and who receives the waste.

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<tr>
<th>Waste</th>
<th>Disposal frequency</th>
<th>Provide the name and location of the establishment(s) receiving the waste</th>
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Section VI – Survey Certification

This survey must be signed as follows:
- if a Corporation: by a principal executive officer of at least the level of vice-president.
- if a Partnership: by a general partner.
- if Sole proprietorship: by the proprietor.

I have personally examined and am familiar with the information submitted in this document and any attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

_________________________________________  ______________________________________
Signature                                                                 Title

_________________________________________  ________________________________
Printed Name                                                              Date