TOWN OF WELLINGTON

Public Works Department

Brewery/Distilling/Winemaking Survey Form

Please complete this industry specific questionnaire and attach it to your completed survey.

General Information

Facility Contact: _____ Position Title: _____
Facility Name: _____ Phone Number: _____
Facility Address: _____

Process Information

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

Brewing:	☐ Yes	☐ No
Distilling:	☐ Yes	☐ No
Winemaking:	☐ Yes	☐ No
Bottling:	☐ Yes	☐ No
Kegging:	☐ Yes	☐ No
Equipment sanitizing:	☐ Yes	☐ No
Production area sanitizing:	☐ Yes	☐ No

Others (specify):

_____

_____

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

Brewing:	☐ Yes	☐ No	☐ N/A
Distilling:	☐ Yes	☐ No	☐ N/A
Winemaking:	☐ Yes	☐ No	☐ N/A
Bottling:	☐ Yes	☐ No	☐ N/A
Kegging:	☐ Yes	☐ No	☐ N/A
Equipment sanitizing:	☐ Yes	☐ No	☐ N/A
Production area sanitizing:	☐ Yes	☐ No	☐ N/A

Specify other disposal:

_____

_____

3. Production rate of your operation?
   Monthly total of Barrels, Kegs, or gallons: _____
   Yearly total of Barrels, Kegs, or total gallons: _____
   Seasonal averages of Barrels, Kegs, or gallons: Spring: _____
   Summer: _____ Fall: _____ Winter: _____

4. On average, how many bad/unconsumable batches are produced each year?
   _____

   Describe how your bad/unconsumable batches are disposed of:
   _____
   _____
   _____
   _____

5. Describe how you dispose of spent grains, yeast, or fermented fruit:
   _____
   _____
   _____
   _____
   _____

6. Do you have documentation of proper grain, yeast, or fermented fruit disposal? (You may be asked to present documentation)
   ☐ Yes ☐ No

7. Does this facility currently treat the non-domestic waste streams before discharging to the sanitary sewer system?
   ☐ Yes ☐ No

   If yes, please describe the process:
   _____
   _____
   _____
   _____
   _____

8. Does this facility have plans for future expansions of the brewing, distilling, or fermenting processes?
   ☐ Yes ☐ No

   If yes, please describe:

   _____
   _____
   _____
   _____
   _____

9. Is there food service at your location that discharges to the sanitary service?
   ☐ Yes ☐ No

   If yes, please explain:

   _____
   _____
   _____
   _____

10. Is your company currently permitted with Federal, State or Municipal Authorities?
    ☐ Yes ☐ No

    If yes, specify which one and No.: _____

Certificate of Information

The undersigned is a principle or managerial agent for the survey respondent with authority concerning requirements for wastewater discharge from the facility.

I hereby certify, under penalty of law, that this document and all of its attachments were prepared under my direction or supervision according to a process designed to ensure that qualified personnel properly gather and evaluate the information submitted. The information is, to the best of my knowledge and belief, true, accurate, and complete.

Name: _____ Title: _____

Signature: _____ Date: _____