

Rogers Water Utilities

Fermented Beverages Survey

Clearly print or type the information requested. Any missing or incomplete information may result in delays in processing this application. Please write N/A if the information being requested does not apply. The City will not process incomplete Permit Applications.

Applicant shall be the owner of the proposed Operation or the presiding officer of the legal entity owning the proposed Operation.

Documentation required by this application shall be submitted with this application.

Any section that requires additional space or documentation shall be included as an attachment and labeled to identify the appropriate section.

Section 1 – General Information

1. Company Name: _____ Store # _____

Telephone Number: _____ Website: _____

Doing Business As Name: _____ Mark box if same as above

If different from above: _____

2. Operation Physical Address (DO NOT USE P.O. BOX): _____ Suite # _____

City: _____ State: AR County: Benton Zip: _____

Business Mailing Address: Mark box if same as above

If different from above: Street / PO Box: _____ Suite # _____

City: _____ State: _____ Zip: _____

3. Owner of Premises (Lessor):

Type of Ownership: Individual Partnership LLC Corporation Non-Profit Organization

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

4. Designated signatory authority of the facility: Mark box if same as above If different from above:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

5. Designated facility contact: Mark box if same as above If different from above:

Name: _____ Title: _____

Telephone Number: _____ E-mail Address: _____

Section 2 – Facility Operational Characteristics

1. Type of beverage(s) produced: _____

2. Do you currently have or anticipate having Food Service at your facility?

On-Site Kitchen Food Truck Other _____

3. Do you currently utilize or plan on using Best Management Practices for high-strength pollutant waste/wastewater? Such as trub, yeast, solids and/or reducing water consumption? If so, please describe or attach standard operating procedures:

4. Are the following processes or activities preformed at your facility? Is wastewater generated as a result of this process and discharged to the sanitary sewer?

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):	_____				

5. Barrel (bbl) Size 31 gallons 55 gallons Other (specify) _____

Which best describes the size of your operation?

Greater than 20,000 bbl/ yr Between 10,000-19,999 bbl/ yr Between 5,000- 9,999 bbl/ yr
Between 1,001-4,999 bbl/yr Less than 1,000 bbls/yr

What is your 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

If Yes, which company calibrates it? _____

6. Is alcohol produced at this facility available for purchase & consumption off site? Yes No

7. Do you currently have any pretreatment processes at your facility that treat the 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):
Type of Ownership: Individual Partnership LLC Corporation Non-Profit Organization
Name: _____
Business Mailing Address: Mark box if same as above If different from above:
Street/ PO Box: _____ Suite _____ City: _____
State: _____ Zip: _____
Designated signatory authority of the facility: 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.

I certify under penalty of law this document and all attachments were prepared under my direction and/or supervision in accordance with a system designed to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the data submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of Authorized Representative

Date