



**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.

Equipment	# of each	Size of each	Specify the amount of waste produced (X gallons, pounds) and the frequency

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.

<i>Waste</i>	<i>Disposal frequency</i>	<b>Provide the name and location of the establishment(s) receiving the waste</b>

### 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