



GENERAL CONTACT INFORMATION

Company Name:							
Facility Name:							
Facility Address:		City:		, OR	Zip:		
Mailing Address (if different):		City:		,	Zip:		
If multiple facilities the Portland metro area, list addresses below:							
Facility 2 Address:		City:		, OR	Zip:		
Facility 3 Address:		City:		, OR	Zip:		
Facility Contact Information							
Contact Name:		Telephone No.:					
Contact Title:		Email:					

BUSINESS INFORMATION

1. Check all operations performed at your facility:	Beverage Manufacturing	Sales	Restaurant/Pub	None
	Bottling/Kegging	Wholesales	Other, describe:	
2. Check all productions produced at your facility:	Beer	Cider	Distilled spirits	None
	Kombucha	Wine	Other, list:	
3. Days of operation:	M-F	M-Su	Sat & Sun	Other:
4. Number of hours per day of operation:	8-10	11-16	17-24	Other:
5. Number of employees:	1-5	6-10	11-20	Other:

WATER ACCOUNT

1. Does this facility receive water or sewer billing statements from the City of Portland?		Yes		No
a. If Yes, list the water account number(s):				
Account No.:		Account No.:		
b. If No, who pays for the water bill?				
2. What is the average daily water use (gallons per day, gpd)?				



FACILITY INFORMATION

1. Does your facility use City of Portland water? If no, who is your water provider:			Yes	No
2. What wastewater types are generated and discharged to the City sewer system?	Domestic (sinks, toilets, showers)		Boiler and/or makeup tower water	
	Process wastewater	Other:		
3. Do you have floor drains in manufacturing or storage areas?			Yes	No
4. Do you store waste or chemicals at your facility?			Yes	No
8a. If Yes, indoors or outdoors?			Yes	No
8b. Are the materials in secondary containment?			Yes	No
5. Do you have a spill plan in place for spill prevention, response, cleanup of waste or chemicals entering the sewer system?			Yes	No
<p>6. Businesses regulated by the Craft Fermented Beverage Discharge Program will be required to monitor process water discharges to the sanitary sewer system to ensure compliance with City pH limits (5.5 – 11.5 standard units (SU)).</p> <p>List the process wastewaters associated with beverage production that this facility is or will be discharging to the sanitary sewer:</p> <hr/> <hr/> <hr/> <hr/>				
<p>Describe the location where your facility will be measuring the pH of the combined discharge of all process wastewaters:</p> <hr/> <hr/> <hr/>				



Craft Fermented Beverage Discharge Authorization required best management practices:

- Establish and implement procedures for neutralizing process wastewater when it is outside of the acceptable pH range of 5.0 to 11.5 standard units (SU).
- Maintain a pH log detailing the method of analysis, date of pH reading, results of the analysis, and action taken if the pH is outside the acceptable range (Section E.2.).
- Install and maintain screens with openings no greater than ¼ inch on all floor drains and sinks.
- Monitor the pH of process water discharges to the sewer weekly to ensure compliance with the City of Portland’s pH discharge limitations, within the range of 5.0 to 11.5 SU.
- Store all materials in secondary containment.
- The Discharger must maintain a sampling manhole or other suitable monitoring access to allow observation, sampling, and measurement of all industrial wastes being discharged into the City’s sewer system, in accordance with PCC 17.34.080 and Administrative Rules for Monitoring Access Structures ENB-4.35. If the Discharger does not have a monitoring access structure meeting the requirements of ENB-4.35, the facility may propose an alternative monitoring structure that allows for representative sampling of all process wastewater.

For more information, visit: www.portlandoregon.gov/bes/craftbrewing

You have completed the *Craft Fermented Beverage Manufacturer Discharge Application*
Sign and return this questionnaire using the enclosed free return envelope or
email to: brewingenvironmental@portlandoregon.gov.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name

Title

Signature

Date