

APPENDIX B – TECHNICAL INFORMATION FORM (TIF)

Complete all applicable sections of this form and attach the required maps, diagrams, laboratory data, etc. A Notice of Coverage letter will not be issued unless the Report of Waste Discharge is complete and demonstrates that Order No. R1-2016-0002 (Order) is applicable to the proposed discharge.

1. PROCESSING FACILITY INFORMATION

Facility Name (as provided on Form 200):
Facility Address (as provided on Form 200):

2. LOCATION MAP

Provide a map or accurately scaled and labeled drawing showing the location of the Wine, Beverage, or Food (WBF) processing facility in the context of the general vicinity.

3. FACILITY SITE PLAN OR MAP

Provide a map or an accurately scaled and labeled drawing showing a plan view of the WBF processing facility showing all relevant site features and locations of the WBF process wastewater system, including storage structures, and discharge location(s). Also include on the map the location of the process solids storage area, on-site wells, on-site drainage courses and nearby surface waters.

4. OTHER MAPS OR PLANS (Optional)

Provide other maps, plans, or sketches, as desired, to illustrate the WBF processing wastewater treatment and disposal system location or design features.

5. FACILITY TYPE AND PRODUCTION CAPACITY Additional information attached

Type of Processing facility:			
<input type="checkbox"/> Winery	<input type="checkbox"/> Brewery	<input type="checkbox"/> Cider House	<input type="checkbox"/> Distillery
<input type="checkbox"/> Olive Oil	<input type="checkbox"/> Cannery	<input type="checkbox"/> Fruit or Vegetable Processing	
<input type="checkbox"/> Cut & Wrap Meat Packaging		<input type="checkbox"/> Dairy product	
<input type="checkbox"/> Other beverage _____		<input type="checkbox"/> Other food _____	

6. PRODUCTION INFORMATION

Additional information attached

Processing Season: (include start and end dates)
Annual Processing Volume of Produce or Commodity: (e.g. grapes, malt, olives, milk) Weight (tons): _____ or Volume (gallons): _____
Annual Production Volume: Cases of Wine: _____ Gallons of other Liquid: (e.g. beer, olive oil, etc.) _____ Pounds of Product: (e.g. meat, cheese, potatoes, etc.) _____

7. REGIONAL WATER BOARD DISCHARGE COVERAGE

Additional information attached

Identify whether the WBF processing facility is new or existing. For existing facilities identify the current Regional Water Board permit coverage authorizing the discharge of process wastewater and solids to land in a manner protective of water quality. If the discharge has not been authorized by a Regional Water Board permit or action, check the "No coverage" box.

<input type="checkbox"/> New WBF Processing Facility (no operations to date) Planned Operations Start Date: _____ Planned date of first Discharge: _____
<input type="checkbox"/> Existing WBF Processing Facility Currently (check one): <input type="checkbox"/> In operation Or <input type="checkbox"/> Not in operation Current or historical discharge authorization: (check all applicable boxes) <input type="checkbox"/> Issued Facility Specific Waste Discharge Requirements (WDR) WDR Order No.: _____ <input type="checkbox"/> Enrolled under General Winery WDR Order R1-2002-0012 <input type="checkbox"/> Issued Small Winery Waiver Letter <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Coverage

8. EXISTING PERMITS - OTHER AGENCIES

Additional information attached

Identify the following for all permits issued by other agencies for the facility and/or the facility wastewater system (e.g. conditional use permit, building permit, grading permit):

Permit Type or Subject	Permit Agency	Permit Number	Date of Issue
1.			
2.			
3.			
4.			

9. TREATMENT, DISPOSAL and/or REUSE

Additional information attached

Check all that apply. In addition, provide a detailed description of processes and practices for treatment, disposal, and/or reuse of solid and liquid waste streams. Include engineering design information.

Initial Treatment	<input type="checkbox"/> Solids Separation Method:	<input type="checkbox"/> pH Neutralization Method:
Treatment/Storage	<input type="checkbox"/> Septic Tank Tank Volume (gallons): _____ Detention Time (days): _____	Equipped with Effluent Filter? Yes <input type="checkbox"/> No <input type="checkbox"/> Equipped with Septic Tank Riser? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Pond Total Volume (gallons): _____ <input type="checkbox"/> Facultative <input type="checkbox"/> Aerobic Detention Time (days): _____ Number of Ponds: _____ Pond Lining? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of liner: _____	with Aerators Yes <input type="checkbox"/> No <input type="checkbox"/> number of aerators: _____
	<input type="checkbox"/> Constructed Wetland Detention Time: _____	

Disposal	Treated or Untreated Wastewater	<input type="checkbox"/> Aboveground Disposal Use: <input type="checkbox"/> Irrigation Water <input type="checkbox"/> Frost Protection Disposal Area Size (acres): _____ Irrigation Method: Drip <input type="checkbox"/> Spray <input type="checkbox"/> Other Irrigation Method: _____
		<input type="checkbox"/> Subsurface Disposal and At Grade Disposal: Type: <input type="checkbox"/> Conventional Leach field; <input type="checkbox"/> Spreading Basin; <input type="checkbox"/> Subsurface Drip; <input type="checkbox"/> Other: _____ Inspection Ports: Yes <input type="checkbox"/> No <input type="checkbox"/> 100% Replacement Area: Yes <input type="checkbox"/> No <input type="checkbox"/> Total Leachline Length: _____ Depth of trench: _____ Depth to groundwater (feet below ground surface): _____ Number of spreading basins: _____ Total basin acreage: _____
		Method and Location of Processing Solids Disposal:
<input type="checkbox"/> Other Treatment and/or Disposal Methods:		

10. FLOW DIAGRAM

Provide a flow chart or schematic diagram showing the WBF process wastewater system components and the path of process wastewater flow throughout the system, from source water to final disposal.

11. WASTEWATER FLOWS and DESIGN FLOWS Additional information attached

	Average Daily Flow (gallons per day)	Maximum Daily Flow (gallons per day)
Wastewater Flow, Peak Production Period		
Wastewater Flow, Non-Peak Production Period		
Treatment System Design Flow		
Disposal System Design Flow		

14. INDUSTRIAL STORM WATER PERMIT COVERAGE Additional information attached
 For facilities currently regulated under the statewide Industrial Storm Water Permit, identify the following:

WDID No.:	Stormwater Program NOI Date:
Has a "No Exposure Certification" been issued for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:
Has a "Notice of Non Applicability" been issued for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:
Has a "Notice of Termination" been issued for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:

15. SIGNATURE and CERTIFICATION

"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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system or those 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."

Signature: _____ Date: _____

Printed Name: _____

Title: _____

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