

**ATTACHMENT C – TECHNICAL INFORMATION FORM (TIF)
FOR DISCHARGES FROM EXISTING ONSITE WASTEWATER TREATMENT SYSTEMS FROM SMALL WINE,
BEVERAGE, AND FOOD PROCESSING FACILITIES WITH COMBINED DOMESTIC WASTEWATER AND
PROCESS WASTEWATER TREATMENT AND DISPOSAL SYSTEMS**

Complete all applicable sections of this form and attach the required maps, diagrams, laboratory data, etc., as necessary, for coverage under Conditional Waiver of Waste Discharge Requirements for Specific Categories of Low Threat Discharge in the North Coast Region (Order No. R1-2017-0039).

1. PROCESSING FACILITY INFORMATION

Facility Name (as provided on NOI):
Facility Address (as provided on NOI):

2. LOCATION MAP

Provide a map or accurately scaled and labeled drawing showing the location of the winery 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 winery showing all relevant site features and locations of the winery domestic and 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 winery wastewater treatment and disposal system location or design features.

5. PRODUCTION INFORMATION

Additional information attached

Processing Season: (include start and end dates)
Annual Processing Volume:
Cases of Wine: _____
Weight (tons): _____ or Volume (gallons): _____

6. 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):

<u>Permit Type or Subject</u>	<u>Permit Agency</u>	<u>Permit Number</u>	<u>Date of Issue</u>
1.			

2.			
3.			

7. TREATMENT AND DISPOSAL

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.

Treatment	<input type="checkbox"/> Solids Separation Method: <input type="checkbox"/> pH Neutralization Method: <input type="checkbox"/> Septic Tank Tank Volume (gallons): _____ Detention Time (days): _____ <input type="checkbox"/> Supplemental Treatment Components Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>
Disposal	Type: <input type="checkbox"/> Conventional Leach field; <input type="checkbox"/> At-Grade or Mound Dispersal; <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): _____ <input type="checkbox"/> Mitigation Measures for Depth to Groundwater less than five feet Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Method and Location of Process Solids Disposal:	

8. FLOW DIAGRAM

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

9. 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		

10. ADDITIONAL INFORMATION

Additional information attached.

Information Provided:

Water Balance Engineering Plans Soil Borings

Significant Separation to Groundwater (include date of determination)

Percolation Test Monitoring Wells

Other: _____

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

WDID No.:	Storm water 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:

12. 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: _____