

## 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. R1-2026-0001 (Order) is applicable to the proposed discharge.

## 1. PROCESSING FACILITY INFORMATION

Facility Name:

### Facility Address:

## 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:**

## 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)**

### 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.

New WBF Processing Facility (no operations to date)

### Planned Operations Start Date:

Planned date of first Discharge:

### Existing WBF Processing Facility

Currently (check one):  In operation or  Not in operation

Current or historical discharge authorization (check all applicable boxes):

Issues Facility Specific Waste Discharge Requirements (WDR)

WDR Order No.:

Enrolled under General Winery WDR Order R1-2002-0012

Issues Small Winery Waiver Letter

Other:

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):

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

**9. WASTEWATER TO WINE RATIO (IF APPLICABLE)**  Additional information attached

Only wineries producing between 1,501gpd to 3,000 gpd of process wastewater are required to provide information for this section of the TIF.

Annual volume of process wastewater:      gallons

Annual volume of wine produced at the facility: \_\_\_\_\_ gallons (Includes tons of grapes processed, wine received, and juice received at the facility)

Waste water to wine ratio:

**10. 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

- Solids Separation Method
- pH Neutralization Method

## **TREATMENT/STORAGE**

### Detention Time (days):

Equipped with Effluent Filter?  
Yes  No

Detention Time (days):

Equipped with Effluent Filter?  
Yes  No

Pond      Total Volume (gallons):       Facultative       Aerobic

with Aerators Yes  No

Detention Time (days): number of aerators:

Number of Ponds: Pond Lining? Yes  No

Type of Liner:

Constructed Wetland Detention Time:

### **DISPOSAL**

#### **Treated or Untreated Wastewater**

Aboveground Disposal

Use:  Irrigation  Frost Protection

Disposal Area Size (acres):

Irrigation Method: Drip  Overhead

Other Irrigation Method:

Subsurface Disposal and At Grade Disposal:

Type:  Conventional Leach field;  Special Design System;

Subsurface Drip;  Other:

Inspection Ports: Yes  No  100% Replacement Area: Yes  No

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:

Other Treatment and/or Disposal Methods:

### **11. 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.

**12. WASTEWATER FLOWS AND DESIGN FLOWS**  Additional information attached

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

**13. GROUNDWATER PROTECTION**

Additional information attached

Information Provided:

Water Balance  Engineering Plans  Soil Borings  
 Significant Separation to Groundwater (include date of determination)  
 Percolation Test  Monitoring Wells  Other:

Explain how above cited information demonstrates protection:

**14. 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?  
 Yes  No      If yes, date:

Has a "Notice of Non Applicability" been issued for this facility?  
 Yes  No      If yes, date:

Has a "Notice of Termination" been issued for this facility?

Yes  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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