



# ANNUAL REPORT LAND APPLICATION

FACILITY NAME: Terramar Brewstillery	CALENDAR YEAR OF REPORT: 2021	PERMIT NUMBER: ST0501319	FACILITY ID:
SITE ADDRESS OR LEGAL DESCRIPTION: <input type="checkbox"/> Check if multiple sites (Attach additional sheets for additional site information.) 5712 Gilkey Ave, Bow, WA 98232	COUNTY: Skagit		
FACILITY CONTACT (name): Chris Barker and Greg Spore	FACILITY PHONE: (Chris) 360-399-6222; (Greg) 907-350-0662		
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different): 360-399-6222	FACILITY CONTACT EMAIL: <a href="mailto:Chris@terramarcraft.com">Chris@terramarcraft.com</a> <a href="mailto:Greg@terramarcraft.com">Greg@terramarcraft.com</a>	

Did you operate in \_\_\_\_2021

☒ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign and date the last page, and submit. This completes your reporting obligations.

When did you stop operations? \_\_\_\_\_

Do you plan to restart? ☐ No ☐ Yes When? \_\_\_\_\_

## IDENTIFY FOR EACH CROP:

Crop	Acreage Used	Type of Waste	Amt of Waste (specify cu yds or tons)	Source of Waste (including county)	Additional lbs. of N/acres/Year				
					Manure	Biosolids	Commercial Fertilizer	Waste Water	Other
Grass	2.5	Mulched Grass clippings						0.214 lb/acres /year	

**IDENTIFY THE TYPE AND AMOUNT OF ANY WASTE REMAINING IN STORAGE AS OF  
DECEMBER 31<sup>ST</sup> OF THE REPORTING YEAR:**

Waste Type	Amount	Specify Method of Storage
	Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	
Brewery Process Water	1500 gallons	On site 30,000-gallon storage tank

Additional information to be attached **if required** (please check is included):

- ☐ Additional waste characterization information **if required** to be obtained as a condition of the permit, and a summary of that data.
- ☐ Environmental monitoring data **if required** to be obtained as a condition of the permit, and a summary report of that data.
- ☐ Additional information **if required** by the jurisdictional health department as a condition of the permit.

During the reporting year, were there any changes in your management practices that would impact your operations?

☒ No    ☐ Yes (specify) \_\_\_\_\_

Are there any new solid waste activities planned at your site for this calendar year?    ☒ No    ☐ Yes (specify) \_\_\_\_\_

Planned start date: \_\_\_\_\_

PREPARED BY:Chris Barker	DATE:01-07-2022	PHONE:360.510.6747
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