

3433 Roberto Court San Luis Obispo, CA 93401 805-781-5912 805-781-1002 (FAX) www.slocleanair.org permitapplications@slocleanair.org

CANNABIS CULTIVATION AND/OR MANUFACTURING PROCESS

Total operating hours/day: Total operating days/week:	Organization Name:				
Indoor Cultivation	1. TYPE OF OPERATION				
Type P: Packaging/repackaging		Cultivation (check all that a	apply)		
□ Type P: Packaging/repackaging □ Type N: Edibles, topicals, infusions and other non-extraction products □ Type P: Volatile Extraction State License Number (CDPH or BCC for manufacturing, CalCannabis for Cultivation): 2. GENERAL OPERATIONS INFORMATION Total operating hours/day: □ Total operating days/week: □ Please attach Safety Data Sheets (SDS) for all solvents used for extraction. Mechanical □ Chemical: Non-volatile □ Cresses □ Vater □ Carbon Dioxide (CO₂) □ Animal fat □ Butane □ Isopropyl alcohol □ Presses □ Vater □ Vegetable oil □ Other* * If marked, please specify below with a detailed description of the extraction method as required by the manufacturing license application in 17 CCR 40220.b. Please also attach the Department approval of the extraction method specified. Schematic of extraction units: □ If multiple, will operation be simultaneous? □ Yes □ No Manufacturer □ Model Solvent used per extraction □ Solvent loss per extraction □ Solvent loss per extraction operation: □ Attached □ Duration of extraction cleanout process □ hours Extraction cycles/day □ Extraction days/week □ Total number of extraction cleanout process □ hours Cleanout after each extraction cycle? □ Yes □ No	☐ Indoor Cultivation		☐ Outd	oor Cultivation	
State License Number (CDPH or BCC for manufacturing, CalCannabis for Cultivation): Common		Manufacturing (check all tha	t apply)		
Presses Water Food-grade glycerin Butane Sopropyl alcohol Propane Wegetable glycerin Butanol Other* Wegetable glycerin Department approval of the extraction method specified. **If marked, please attach equipment specification data sheets. Total number of extraction units: If multiple, will operation be simultaneous? Yes No Manufacturer Model Model		other non-extraction product			
Total operating hours/day: Total operating days/week: Straction Method And Schedulte (if Type N, Type P or cultivation, skip to Section 5) Please attach Safety Data Sheets (SDS) for all solvents used for extraction.	State License Number (CDPH or BCC for n	nanufacturing, CalCannabis fo	or Cultivation):		
8. EXTRACTION METHOD AND SCHEDULE (if Type N, Type P or cultivation, skip to Section 5) Please attach Safety Data Sheets (SDS) for all solvents used for extraction. Mechanical	2. GENERAL OPERATIONS INFORMATION	ON			
Please attach Safety Data Sheets (SDS) for all solvents used for extraction. Mechanical	Total operating hours/day:	Total oper	rating days/week	с:	
Please attach Safety Data Sheets (SDS) for all solvents used for extraction. Mechanical					
Screens Carbon Dioxide (CO2) Animal fat Butane Isopropyl alcohol Presses Water Food-grade glycerin Hexane Other* Vegetable glycerin Ethanol Propane Vegetable oil Other* Vegetable oil Vegetable oil Other* Vegetable oil Vegetable oil Vegetable oil Other* Vegetable oil V			-	Section 5)	
□ Presses □ Water □ Food-grade glycerin □ Hexane □ Other* □ Other* □ Vegetable glycerin □ Ethanol □ Propane □ Vegetable oil □ Other* * If marked, please specify below with a detailed description of the extraction method as required by the manufacturing license application in 17 CCR 40220.b. Please also attach the Department approval of the extraction method specified. Extraction system(s): Please attach equipment specification data sheets. Total number of extraction units: □ If multiple, will operation be simultaneous? □ Yes □ No Manufacturer Model Solvent used per extraction □ Ib/gallon Solvent loss per extraction □ % Solvent loss estimation method (describe) □ Schematic of extraction operation: □ Attached Duration of one (1) extraction cycle □ hours Extraction cycles/day □ Extraction days/week □ No Duration of extraction cleanout process □ hours Cleanout after each extraction cycle? □ Yes □ No					
□ Other* □ Vegetable glycerin □ Ethanol □ Other* * If marked, please specify below with a detailed description of the extraction method as required by the manufacturing license application in 17 CCR 40220.b. Please also attach the Department approval of the extraction method specified. Extraction system(s): Please attach equipment specification data sheets. Total number of extraction units: □ If multiple, will operation be simultaneous? □ Yes □ No Manufacturer □ Model Solvent used per extraction □ Ib/gallon Solvent loss per extraction □ W Solvent loss estimation method (describe) □ Schematic of extraction operation: □ Attached Duration of one (1) extraction cycle □ hours Extraction cycles/day □ Extraction days/week □ No Duration of extraction cleanout process □ hours Cleanout after each extraction cycle? □ Yes □ No					
* If marked, please specify below with a detailed description of the extraction method as required by the manufacturing license application in 17 CCR 40220.b. Please also attach the Department approval of the extraction method specified. Extraction system(s): Please attach equipment specification data sheets. Total number of extraction units:	☐ Other* ☐ Vegetable glycerin	☐ Ethanol		⊔ Other*	
Total number of extraction units: If multiple, will operation be simultaneous?	* If marked, please specify below with a deta			-	ng license
Total number of extraction units: If multiple, will operation be simultaneous?					
Total number of extraction units: If multiple, will operation be simultaneous? Yes No Manufacturer Model Solvent used per extraction Ib/gallon Solvent loss per extraction % Solvent loss estimation method (describe) Schematic of extraction operation: Attached Duration of one (1) extraction cycle hours Extraction cycles/day Extraction days/week Duration of extraction cleanout process hours Cleanout after each extraction cycle? Yes No					
Total number of extraction units: If multiple, will operation be simultaneous? Yes No Manufacturer Model Solvent used per extraction Ib/gallon Solvent loss per extraction % Solvent loss estimation method (describe) Schematic of extraction operation: Attached Duration of one (1) extraction cycle hours Extraction cycles/day Extraction days/week Duration of extraction cleanout process hours Cleanout after each extraction cycle? Yes No					
Total number of extraction units:					
Manufacturer Solvent used per extraction Ib/gallon Solvent loss per extraction % Solvent loss estimation method (describe) Schematic of extraction operation:	Extraction system(s): Please attach equipme	nt specification data sheets.			
Manufacturer Solvent used per extraction Ib/gallon Solvent loss per extraction % Solvent loss estimation method (describe) Schematic of extraction operation:	Total number of extraction units:	If multiple, wil	l operation be si	multaneous? Yes	□ No
Solvent used per extraction Ib/gallon Solvent loss per extraction % Solvent loss estimation method (describe) Schematic of extraction operation:	Manufacturer		•		
Schematic of extraction operation: Duration of one (1) extraction cycle Duration of extraction cleanout process hours Extraction cycles/day Extraction days/week hours Cleanout after each extraction cycle? Yes No					
Duration of one (1) extraction cycle hours Extraction cycles/day Extraction days/week Duration of extraction cleanout process hours Cleanout after each extraction cycle? □ Yes □ No	· — —		nethod (describe))	
Duration of extraction cleanout process hours Cleanout after each extraction cycle? Yes No	Schematic of extraction operation: \Box	Attached			
(APCD Use Only)				-	□ No
		(APCD Use Only)			
Application No.	Г				



3433 Roberto Court San Luis Obispo, CA 93401 805-781-5912 805-781-1002 (FAX) www.slocleanair.org permitapplications@slocleanair.org

4.	POST-EXTRACTION	PROCESSING
----	-----------------	------------

Please attach Safety Data Sheets (SDS) for all solvents used for post-extraction processing and describe the process below. Be sure to include all equipment and solvents used in the process (i.e. ethanol winterization, hexane crystallization).				
5. SOLVENT STORAGE AND USE Please indicate the total maximum volume of solvent to be stored, used and recovered on site for each solvent used in extraction, post-extraction processing and cleaning. Cleaning solvents are assumed to have 0% recovery.				
Solvent Volu	ıme stored (gal)	Throughput (gal/month)	Recovery (%)	SDS Attached?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
Please provide the following information for each different type, make, model, style, etc. of odor control devices proposed. Use additional sheets as necessary. Odor Control System 1				
Type of device: ☐ Fixed regenerative			Fluidized adsorbe	r
☐ Rechargeable carbon canister ☐ R				
Quantity:	Manufacturer:	Mo	odel:	
Name of sorbent:	Sorbent weigh			
Vessel height (inches):		Vessel diameter OR vessel width x length (inches):		
Sorbent depth (inches):		Sorbent capacity (lbs of vapor captured/ lb sorbent):		
Mister spray rate (gal/hour):	VOC content of misting solution (as sprayed in lb/gal):			
Exhaust fan rating (hp):	Exhaust fan capacity (CFM): Exhaust stack diameter (inche			
Does <i>any</i> exhaust stack from <i>any</i> of the above units vent to the exterior of the building? ☐ No ☐ Yes				
	Odor C	ontrol System 2		
Type of device: ☐ Fixed regenerative ☐ Rechargeable carbon canister ☐ R				r
Quantity:	Manufacturer:	Mo	odel:	
Name of sorbent:	Sorbent weigh	Sorbent weight per unit (lbs):		
Vessel height (inches):	Vessel diameter OR vessel width x length (inches):			
Sorbent depth (inches):	Sorbent capacity (lbs of vapor captured/ lb sorbent):			
Mister spray rate (gal/hour): VOC content of misting solution (as sprayed in lb/gal):				
Exhaust fan rating (hp): Exhaust fan capacity (CFM): Exhaust stack diameter (inches):			ter (inches):	
Does any exhaust stack from any of t	he above units ver	nt to the exterior of the build	ing? □ No □	□ Yes
(APCD Use Only)				

Application No.



3433 Roberto Court San Luis Obispo, CA 93401 805-781-5912 805-781-1002 (FAX) www.slocleanair.org permitapplications@slocleanair.org

Odor Control System 3				
Type of device: ☐ Fixed regenerative bed ☐ Fixed carbon bed ☐ Concentrator ☐ Fluidized adsorber				
☐ Rechargeable carbon canister ☐ Replaceable carbon canister ☐ Misting system ☐ Other:				
Quantity:	Manufacturer:	Model:		
Name of sorbent:	Sorbent weight per unit (lbs):			
Vessel height (inches):	Vessel diameter OR vessel width x length (inches):			
Sorbent depth (inches):	Sorbent capacity (lbs of vapor captured/ lb sorbent):			
Mister spray rate (gal/hour):	VOC content of misting solution (as sprayed in lb/gal):			
Exhaust fan rating (hp):	Exhaust fan capacity (CFM): Exhaust stack diameter (inches):			
Does any exhaust stack from any of the	above units vent to the exterior of the	building? 🛮 🗆 N	lo □ Yes	
Does the facility plan to have an internal combustion engine 50 hp or greater on site? *If "Yes" is marked, please complete the Internal Combustion Engine Process form. For diesel engines, be sure to include the EPA Family Number. Does the facility plan to operate external combustion equipment such as a natural gas boiler? **If "Yes" is marked, please complete the Fuel Combustion Process form.				
8. REQUIRED ATTACHMENTS				
Please attach the following documents if available for permit application submittal:				
☐ Certified Industrial Hygienist (CIH)/Professional Engineer Report OR Standard Operating Procedures (SOP)				
☐ Site Plan				
□ Odor Control Plan				
☐ Equipment Specifications (as applicable)				

(APCD Use Only)

,	,,
Application No.	