



CANNABIS CULTIVATION AND/OR MANUFACTURING PROCESS

Organization Name: _____

1. TYPE OF OPERATION

Cultivation (check all that apply)	
<input type="checkbox"/> Indoor Cultivation	<input type="checkbox"/> Outdoor Cultivation

Manufacturing (check all that apply)	
<input type="checkbox"/> Type P: Packaging/repackaging	<input type="checkbox"/> Type 6: Non-volatile extraction
<input type="checkbox"/> Type N: Edibles, topicals, infusions and other non-extraction products	<input type="checkbox"/> Type 7: 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: _____

3. 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	Chemical: Non-volatile		Chemical: Volatile	
<input type="checkbox"/> Screens	<input type="checkbox"/> Carbon Dioxide (CO ₂)	<input type="checkbox"/> Animal fat	<input type="checkbox"/> Butane	<input type="checkbox"/> Isopropyl alcohol
<input type="checkbox"/> Presses	<input type="checkbox"/> Water	<input type="checkbox"/> Food-grade glycerin	<input type="checkbox"/> Hexane	<input type="checkbox"/> Other*
<input type="checkbox"/> Other*	<input type="checkbox"/> Vegetable glycerin	<input type="checkbox"/> Ethanol	<input type="checkbox"/> Propane	
	<input type="checkbox"/> Vegetable oil	<input type="checkbox"/> 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 _____ lb/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

(APCD Use Only)

Application No.	_____
-----------------	-------



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	Volume stored (gal)	Throughput (gal/month)	Recovery (%)	SDS Attached?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

6. ODOR CONTROL AND VENTILATION EQUIPMENT

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: <input type="checkbox"/> Fixed regenerative bed <input type="checkbox"/> Fixed carbon bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized adsorber <input type="checkbox"/> Rechargeable carbon canister <input type="checkbox"/> Replaceable carbon canister <input type="checkbox"/> Misting system <input type="checkbox"/> 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?			<input type="checkbox"/> No <input type="checkbox"/> Yes

Odor Control System 2			
Type of device: <input type="checkbox"/> Fixed regenerative bed <input type="checkbox"/> Fixed carbon bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized adsorber <input type="checkbox"/> Rechargeable carbon canister <input type="checkbox"/> Replaceable carbon canister <input type="checkbox"/> Misting system <input type="checkbox"/> 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?			<input type="checkbox"/> No <input type="checkbox"/> Yes

(APCD Use Only)

Application No.	
-----------------	--



Odor Control System 3		
Type of device: <input type="checkbox"/> Fixed regenerative bed <input type="checkbox"/> Fixed carbon bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized adsorber <input type="checkbox"/> Rechargeable carbon canister <input type="checkbox"/> Replaceable carbon canister <input type="checkbox"/> Misting system <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes		

7. OTHER EQUIPMENT

Does the facility plan to have an internal combustion engine 50 hp or greater on site? Yes* No

*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? Yes** No

**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.	
-----------------	--