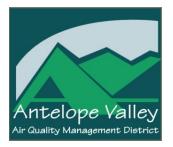


ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

2551 West Ave H, Suite 102 Lancaster, CA 93536 (661) 723-8070 www.avaqmd.ca.gov

CALIFORNIA BUSINESS & PROFESSIONS CODE DIVISION 10 CANNABIS ODOR COMPLIANCE PLAN

Section 1: Owner/Operator Information (PLI	Please refer to R	Please refer to Rule 302 for Plan Fee				
Owner/Operator	Federal Tax ID#	Federal Tax ID#				
Company Name/DBA						
Mailing/Billing Address (for above company name) include	e city, state, and zip code:					
Business License Name (for equipment location):						
Facility Address - Location of Equipment (if same as for co	ompany, enter "Same"):					
Contact Name/Title:	Email Address:	Phone:	Phone:			
Nature of Business (check all that apply): Cultivatio Edible Goods Manufacturing Other	n 🗆 Extraction 🗆 Pac	king/repackaging				
Section 2: Nature of Application						
Plan is for:						
\square New Operation \square Modification \square Change of Owne	er					
Do you claim Confidentiality of Data? No Yes	(Attach explanation: Spec	ify which information prov	vided is confidential)			
Section 3: Cultivation Information						
The following information is REQUIRED : For each	ch area below, provide squ	are footage of area (for all	that apply)			
Canopy Area						
Area outside of canopy-(Immature Plants)						
Flowering Plants						
Pesticide and other chemical storage						
Designated Processing area						
Designated Packaging area						
Designated Composting area						
Designated secured area for waste						
Designated area for harvested Cannabis storage						
Designated area for physically segregating cannabis	or non-manufactured ca	annabis products subject	t			
to hold						
Designated area(s) shared between licenses held by	one licensee					
Common use area (s) including but not limited to: o		throoms, or break room	S			
Total square footage of facility						



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Section 4: Operation Informati	on				
Number of crops per year:					
Facility Annual Throughput by Quarters		Expected Extraction and Post-Extraction Processing Operating Hours:			
☐ Uniform OR % Jan-Mar % Jul-Sep		Hours/Day Days/Week Weeks/Year Total Annual Hours			
Section 5: Odor Control Device	·S				
Please provide the following informati	on for EACH differe	nt type, make	e, model, style, etc. of	f odor control devices you will b	
operating (Use additional sheets if neces	ssary – Each building	will require a	separate permit):		
	ODOR C	ONTROL SYST	EM 1		
Type of device: Fixed Regenerative	ve Bed	Carbon Bed	☐ Concentrator	☐ Fluidized Adsorber	
☐ Rechargeable Carbon Canister [Replaceable Carb	on Canister	☐ Misting System	☐ Other:	
Quantity:	Manufacturer:		Model:		
		ONTROL SYST	EM 2		
Type of device: Fixed Regenerative			☐ Concentrator	☐ Fluidized Adsorber	
_	Replaceable Carb	on Canister	☐ Misting System	Other:	
Quantity:	Manufacturer:		Model:		
	ODOR C	ONTROL SYST	EM 3		
Type of device: Fixed Regenerative	ve Bed 🔲 Fixed	Carbon Bed	☐ Concentrator	☐ Fluidized Adsorber	
☐ Rechargeable Carbon Canister ☐	Replaceable Carb	on Canister	☐ Misting System	Other:	
Quantity:	Manufacturer:		Model:		
Section 6: Certification					
I hereby certify that all information cont	ained herein is true	and correct.			
Print Name of Responsible Official	Title	Signatur	e of Responsible Offici	ial Date Signed	
Phone:		Email:			



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Plan Submittal Instructions

- 1) Submit completed Odor Compliance Plan to plans@avaqmd.ca.gov
- 2) Once the Plan is approved, pay the corresponding Plan fee via check or credit card

Payment by check:

Make check payable to: Antelope Valley AQMD 2551 West Ave H, Suite 102 Lancaster, CA 93536

Payment by credit card:

Pay online at our website: http://www.avaqmd.ca.gov Click "Pay Fees" Click "Other Fees, Fines or Open Invoices" Please note a surcharge applies for all credit card payments.

If payment is made online via credit card, please email the receipt to plans@avaqmd.ca.gov.

Should you have any additional questions, please contact the District at 661-723-8070, or via email at plans@avaqmd.ca.gov