



ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

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APPLICATION FOR CANNABIS CULTIVATION, EXTRACTION, AND REFINEMENT/PURIFICATION ONLY

Section 1: Owner Information

Please see Rule 301 for Application Fee

a. Permit To Be Issued To (Company Name):		b. Federal Tax ID #:	c. NAICS #:
d. Mailing/Billing Address (for above company name) <i>include city, state, and zip code</i> :			
e. Facility or Business License Name (for equipment location):			
f. Facility Address - Location of Equipment (if same as for company, enter "Same"):		g. Equip. Coordinates (lat/long):	
h. Contact Name:	i. Title:	j. Email Address:	k. Phone:
l. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Other: _____			
m. Nature of Business (check all that apply): <input type="checkbox"/> Cultivation <input type="checkbox"/> Mechanical Extraction <input type="checkbox"/> Non-Volatile Chemical Extraction <input type="checkbox"/> Volatile Chemical Extraction <input type="checkbox"/> Winterization <input type="checkbox"/> Post-Extraction Refinement/Purification <input type="checkbox"/> Packaging / Repackaging <input type="checkbox"/> Edible Goods Manufacturing <input type="checkbox"/> Other _____			

Section 2: Nature of Application

Application is for what type of permit: <input type="checkbox"/> New Construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of Owner	For Modification or Change of Owner: Current Permit Number: _____
Do you claim Confidentiality of Data? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach explanation: Specify which information provided is confidential)	

Section 3: Equipment Information

a. The following information is REQUIRED for each piece of equipment that either uses a volatile solvent or has the potential to release Volatile Organic Compounds into the air (Use additional sheets if necessary):

Equipment Manufacturer	Equipment Model	Used in what Process(es) ¹	Monthly throughput ²	Name(s) of Solvent used ³	Monthly Solvent Loss ⁴

Note 1: Extraction, distillation, refinement/purification, winterization, packaging, etc.
 Note 2: Include units such as pounds of cannabis feed material, grams of oil, etc: Indicate the *Maximum* possible throughput.
 Note 3: n-butane, propane, hexane, ethanol, isopropanol, etc.
 Note 4: Include units such as pounds or gallons.

-For District Use only-

Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:
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b. List your <i>Extraction equipment</i> that does <i>not</i> use solvents, such as mechanical screens and presses or non-volatile chemical extraction such as carbon dioxide (CO ₂), glycerin, vegetable oil, etc. These will not likely require a permit:			
Manufacturer:	Model:	Type of non-volatile process:	Maximum monthly throughput

Section 4: Odor Control Devices

a. Please provide the following information for EACH different type, make, model, style, etc. of odor control devices you will be operating (Use additional sheets if necessary – Each building will require a separate permit):

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, in lbs:		
Vessel Height, in inches:	Vessel Diameter OR Vessel Width x Length, in inches:		
Sorbent Depth, in inches:	Sorbent Capacity, in lbs of Vapor Captured per lb Sorbent:		
Mister spray rate, in gal/hour:	VOC Content of misting solution (as sprayed), in lbs/gallon:		
Exhaust Fan Rating, in hp:	Exhaust Fan Capacity, in CFM:	Exhaust Stack Diameter, in inches:	
Does <i>any</i> exhaust stack from <i>any</i> 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, in lbs:		
Vessel Height, in inches:	Vessel Diameter OR Vessel Width x Length, in inches:		
Sorbent Depth, in inches:	Sorbent Capacity, in lbs of Vapor Captured per lb Sorbent:		
Mister spray rate, in gal/hour:	VOC Content of misting solution (as sprayed), in lbs/gallon:		
Exhaust Fan Rating, in hp:	Exhaust Fan Capacity, in CFM:	Exhaust Stack Diameter, in inches:	
Does <i>any</i> exhaust stack from <i>any</i> of the above units vent to the exterior of the building? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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, in lbs:		
Vessel Height, in inches:	Vessel Diameter OR Vessel Width x Length, in inches:		
Sorbent Depth, in inches:	Sorbent Capacity, in lbs of Vapor Captured per lb Sorbent:		
Mister spray rate, in gal/hour:	VOC Content of misting solution (as sprayed), in lbs/gallon:		
Exhaust Fan Rating, in hp:	Exhaust Fan Capacity, in CFM:	Exhaust Stack Diameter, in inches:	
Does <i>any</i> exhaust stack from <i>any</i> of the above units vent to the exterior of the building? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Section 5: Miscellaneous Sources of Air Contaminants

Are there any other sources of possible emissions to the atmosphere such as an internal combustion engine with a maximum rated output of 50 bhp or greater to provide either primary or emergency backup electrical power to your facility or additional solvents used to clean equipment at your facility that are not listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please describe the equipment and processes below:

Section 6: Operation Information

Facility Annual Throughput by Quarters (in percent): <input type="checkbox"/> Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec	Expected Extraction and Post-Extraction Processing Operating Hours: _____ Hours/Day _____ Days/Week _____ Weeks/Year _____ Total Annual Hours
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Section 7: Receptor Information

Distance (Feet) and direction to the property line of closest Residence: Distance: _____ Direction: _____
Distance (Feet) and direction to the property line of closest Business: Distance: _____ Direction: _____
Distance (Feet) and direction to the property line of closest K-12 School: Distance: _____ Direction: _____
Name of Closest School (K-12) _____
<i>If the proposed facility operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)</i>

Section 8: Certification

I hereby certify that all information contained herein is true and correct.			
_____	_____	_____	_____
Name of Responsible Official	Official Title	Signature of Responsible Official	Date Signed
Phone: _____	Email: _____		

*Please note: District Staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

If any odor control devices exhaust to the exterior of any building, additional Air Pollution Control Device (APCD) permit fees may be incurred.

If needed, internal combustion engine application forms can be found on our website at:
<https://avaqmd.ca.gov/files/395cff1c1/16AVICEPermitApp.pdf>