San Joaquin Valley Air Pollution Control District
Supplemental Application Form

Cannabis Manufacturing/Processing

This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form.
The Authority to Construct/Permit to Operate Application form as well as other supplemental forms can be found here:
https://www.valleyair.org/busind/pto/ptoforms/1ptoformidx.htm

PERMIT TO BE ISSUED TO:
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

PROCESS DESCRIPTION

Manufacturing License Classification	☐ Type P: Packaging/repackaging ☐ Type N: Edibles, infusions and other non-extraction products ☐ Type 6: Non-volatile extraction ☐ Type 7: Volatile extraction
	Please provide a process flow diagram, a description of the manufacturing/processing operation, and detailed list of all equipment used on site.
Extraction Method	**Mechanical Extraction** ☐ Screens ☐ Presses ☐ Other*: _____
	Chemical Extraction: Non-Volatile ☐ Carbon Dioxide (CO_2) ☐ Water ☐ Vegetable Glycerin ☐ Vegetable Oil ☐ Animal Fat ☐ Food-Grade Glycerin ☐ Other*: _____
	Chemical Extraction: Volatile ☐ Butane ☐ Hexane ☐ Propane ☐ Isopropyl Alcohol ☐ 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.
	Max quantity of extract solvent used per extraction cycle: _____gallons/day _____gallons/year
	Max number of extraction cycles: _____cycles/day _____cycles/year
Post Extraction Refinement/ Purification	Please provide a detailed process description of any post extraction refinement/purification processes:
	Type of solvent(s) used: _____
	Max quantity of processing solvents used: _____gallons/day _____gallons/year
Cleaning Solvents	☐ Ethanol ☐ Isopropyl Alcohol ☐ Acetone ☐ Other: _____(Note: Provide details)
	Max quantity of cleaning solvents used: _____gallons/day _____gallons/year

VOC/ODOR CONTROL EQUIPMENT DESCRIPTION

Scrubber Details	Operations that this control equipment serves:
	☐ Dry Scrubber ☐ Other type of scrubber (please provide details):_____
	☐ Wet Scrubber (Select Type(s) of Wet Scrubber) ☐ Packed Bed ☐ Orifice ☐ Condensation Scrubbing ☐ Tray/Plate ☐ Spray Chamber ☐ Venturi
	☐ Other type of scrubber (please provide details):_____
	Manufacturer's guaranteed control efficiency:_____%
	Please provide additional details per manufacturer's recommendations to ensure control efficiency.
Adsorption Details	Operations that this control equipment serves:
	Manufacturer: Model:
	Weight of primary canister(s): _____ lb (each) Weight of final canister: _____ lb
	Type of Adsorbent: ☐ Granulated activated carbon ☐ Synthetic adsorbent ☐ Other: _____ (Note: Provide details)
	Adsorbent capacity: _____ (lb vapor/lb adsorbent)
	Number of canisters: _____ Manufacturer's guaranteed control efficiency:_____%
	Note: Prior to the last canister, the system must be able to withstand 7 days of operation without VOC
Thermal/ Catalytic Oxidizer Details	Operations that this control equipment serves:
	Manufacturer: Model:
	Supplemental Heat: [ ] Natural Gas _____ MMBtu/hr, [ ] LPG _____ MMBtu/hr, [ ] Electric
	Oxidizer temperature: _____ ºF (Note: Thermal oxidizer temperature must be at least 1,400 °F, catalytic oxidizer temperature must be at least of 600 °F)
	Is a continuous exhaust temperature-recording device present? [ ] Yes [ ] No (Note: A continuous temperature-recording device or an automatic shutdown system is required.)
	Oxidizer retention time: _____ sec (Note: The retention time must be at least 0.5 seconds.)
Other	Describe (provide additional sheets as necessary):

HEALTH RISK ASSESSMENT DATA

Operating Hours	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
Receptor Data	Distance to nearest Residence	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
	Direction to nearest Residence	_____	Direction from the stack to the receptor, e.g. Northeast or South.
	Distance to nearest Business	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
	Direction to nearest Business	_____	Direction from the stack to the receptor, e.g. North or Southwest.
Stack Parameters	Release Height	_____ feet above grade	
	Stack Diameter	_____ inches at point of release	
	Rain Cap	☐ Flapper-type ☐ Fixed-type ☐ None ☐ Other: _____	
	Direction of Flow	☐ Vertically Upward ☐ Horizontal ☐ Other: _____° from vert. or _____° from horiz.	
Exhaust Data	Flowrate: _____ scfm	Temperature: _____ °F	
Facility Location	☐ Urban (area of dense population) ☐ Rural (area of sparse population)		
	Include a facility plot plan showing the location of the stack. Please indicate North on the plot plan. For public notice projects, indicate on plot plan the facility boundaries or fence line and distance(s) from stack to boundaries.		