



San Joaquin Valley Air Pollution Control District Supplemental Application Form



Cannabis Growing/Harvesting Cultivation

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.vallevair.org/busind/pto/ptoforms/1ptoformidx.htm>

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

FACILITY DESCRIPTION

Growing Outdoors: <input type="checkbox"/> Yes <input type="checkbox"/> No Size: _____ acres	Number of Plants: _____
Growing Indoors: Greenhouse: <input type="checkbox"/> Yes <input type="checkbox"/> No Size of building: _____ sq. ft. Enclosed Building: <input type="checkbox"/> Yes <input type="checkbox"/> No Size of building: _____ sq. ft.	Number of Plants: _____
Other Permitted Equipment: Will this operation have engines greater than 50 bhp (emergency, prime, firewater)? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this operation have any gasoline storage tanks greater than or equal to 250 gallons? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" to any question above, please complete the appropriate supplemental application form which can be found here: https://www.vallevair.org/busind/pto/ptoforms/1ptoformidx.htm	

ODOR CONTROL EQUIPMENT DESCRIPTION

Scrubber Details	<input type="checkbox"/> Dry Scrubber		<input type="checkbox"/> Other type of scrubber (please provide details): _____	
	<input type="checkbox"/> Wet Scrubber (Select Type(s) of Wet Scrubber)	<input type="checkbox"/> Packed Bed	<input type="checkbox"/> Orifice	<input type="checkbox"/> Condensation Scrubbing
	<input type="checkbox"/> Other type of scrubber (please provide details): _____		<input type="checkbox"/> Tray/Plate	<input type="checkbox"/> Spray Chamber
	<input type="checkbox"/> Venturi		Manufacturer's guaranteed control efficiency: _____ %	
	Please provide additional details per manufacturer's recommendations to ensure control efficiency.			
Adsorption Details	Manufacturer: _____		Model: _____	
	Weight of primary canister(s): _____ lbs (each)		Weight of final canister: _____ lbs	
	Type of Adsorbent: <input type="checkbox"/> Granulated activated carbon <input type="checkbox"/> Synthetic adsorbent <input type="checkbox"/> 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 breakthrough.				
Odor Neutralizer Details	Manufacturer: _____		Mister Application rate: _____ gal/hr	
	Name of Sorbent: _____		Sorbent Weight Per Unit: _____ lbs	
	Exhaust Fan Rating: _____ hp		Exhaust Fan Capacity: _____ scfm	
	Please provide the MSDS of the misting sorbent and any other additional details:			
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	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
	Direction of Flow	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____° from vert. or _____° from horiz.	
Exhaust Data	Flowrate: _____ scfm	Temperature: _____ °F	
Facility Location	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> 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.		