## City of Colusa

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## **City of Colusa Cannabis Odor Compliance Plan Form**

Each facility must complete a separate plan form

Section 1: Owner information						
a. Permit to be issued to (company name):		ral tax ID #:				
c. Mailing/billing address (include city, state, and zip code):						
d. Facility or buisness license name (a sperate form must be completed for each facility):						
an rueme, or suishess membe name (a sp	crate form mast se co.	Tipleced for each facility).				
5 39 411						
e. Facility Address:						
f. contact name:	g. Title:	h. Phone:				
i. email:		•				
j. Type of organziation (check one):	_					
Section 2: Nature of operation						
Section 2. Nature of operation						
New Operation Anticipated start	up date:	Existing Operation Startup date:				
	1 -1 - 2					
Is this a change to a previously submitted plan?						
No Yes (if yes, attch an explanation outlining reasons for change						
Nature of operation (check all that apply	y):					
Cultivation	Mechanical extraction	Post-extraction refinement/purication				
Non-volatile chemical extraction	Distribution	Other:				
Total square footage of facility (sq. ft.):						
Total among factors of among test to	h	esting author				
Total square footage of canopy (sq. ft.) at max (nursery & cultivation only):						

Section 3: Operation equipment information							
a. The following information is <b>REQUIRED</b> for each piece of equipment that either uses a volatile solvent or							
has the potential to release Volatile Organic Compounds into the air							
Equipment manufacturer	Equipmer	nt model	Used in what process(		s) *1		
Note 1: Extraction, distillati	ion, refinemen	t/purification	, winterizatior	n, packagin, etc.			
Section 4: Odor contro	l equipment	informatio	n				
	(	DOR CONTR	OL SYSTEM 1				
Type of devise: Fixe	d regen. bed	□ Fi	xed carbon bed		Concentra	tor	
<b>—</b> -	_	_					
Fluidized adsober	Rechargeat		Replaceable car	bon	Misting Sy	stem	
	carbon canister	C	anister				
	Carrister						
Out and the second seco	T.	14		In a set of			
Quantity:		Manufaturer:		Model:			
Name of Sorbent:	9	Sorbet weight per ur	nit, in lbs:				
Vessel height, in inches:	V	/essel diameter OR	vesselt wxl, in inches	S:			
Sorbet depth, in inches:	5	Sorbent capacity in I	bs of vapor captured	l per lb. sorbent:			
	,	100 1 1 5 1 11					
Mister spray rate, in gal/hr:	ľ	/OC content of mist	ing solution (as spray	yed), in lbs./gal:			
Exhause fan rating, in hp:	E	Exhast fan capacity,	in CFM:	Exhause stack diameter,	in inches:		
		ODOR CONTR	ROL SYSTEM 2				
Type of devise: Fixe	d regen. bed	Fi	xed carbon bed	d $\square$	Concentra	tor	
<b>Г</b>	<b>-</b>	. 🗕					
Fluidized adsober	Rechargeat carbon		Replaceable car	bon	Misting Sy	stem	
	canister	С	anister				
	ouocc.						
Quantity:	- Ir	Manufaturer:		Model:			
quantity.	1	vianuraturer.		ividuei.			
Name of Sorbent:	9	Sorbet weight per ur	nit, in lbs:				
Vessel height, in inches:	ľ	/essel diameter OR	vesselt wxl, in inches	<del>-</del> 5:			
Sorbet depth, in inches:	9	Sorbent capacity in I	bs of vapor captured	per lb. sorbent:			
Mistage was to the		VOC content of misting solution (as sprayed), in lbs./gal:					
Mister spray rate, in gal/hr:		VUC content of mist	ing solution (as spray	yea), in ibs./gal:			
Exhause fan rating, in hp:	E	Exhast fan capacity,	in CFM:	xhause stack diameter, in inches:			

ODOR CONTROL SYSTEM 3							
Type of devise: Fixed regen.	ped	Fixed carbon be	cd Concentrator				
Fluidized adsober Rech carb canis		Replaceable ca canister	rbon Misting System				
Quantity:	Manufaturer:		Model:				
Name of Sorbent:	Sorbet weight po	Sorbet weight per unit, in lbs:					
Vessel height, in inches:	Vessel diameter	Vessel diameter OR vesselt wxl, in inches:					
Sorbet depth, in inches:	Sorbent capacity	Sorbent capacity in lbs of vapor captured per lb. sorbent:					
Mister spray rate, in gal/hr:	VOC content of	VOC content of misting solution (as sprayed), in lbs./gal:					
Exhause fan rating, in hp:	Exhast fan capac	city, in CFM:	Exhause stack diameter, in inches:				
Section 5: Certification							
I hereby certify that all information contained herein is true and correct.							
Name of offical. Offical title	e Signa	ture of offcial	Date signed				
Phone:		Email:					