

**City of Colusa**Jesse Cain, *City Manager*

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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):		b. Federal tax ID #:	
c. Mailing/billing address (include city, state, and zip code):			
d. Facility or business license name (a separate form must be completed for each facility):			
e. Facility Address:			
f. contact name:	g. Title:	h. Phone:	
i. email:			
j. Type of organization (check one):			

**Section 2: Nature of operation**

<input type="checkbox"/> New Operation    Anticipated startup date:	<input type="checkbox"/> Existing Operation    Startup date:
Is this a change to a previously submitted plan?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, attach an explanation outlining reasons for change)	
Nature of operation (check all that apply):	
<input type="checkbox"/> Cultivation	<input type="checkbox"/> Mechanical extraction
<input type="checkbox"/> Non-volatile chemical extraction	<input type="checkbox"/> Distribution
<input type="checkbox"/> Post-extraction refinement/purification	<input type="checkbox"/> Other:
Total square footage of facility (sq. ft.):	
Total square footage of canopy (sq. ft.) at max (nursery & cultivation only):	

### Section 3: Operation 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

Equipment manufacturer	Equipment model	Used in what process(es) *1

Note 1: Extraction, distillation, refinement/purification, winterization, packagin, etc.

### Section 4: Odor control equipment information

#### ODOR CONTROL SYSTEM 1

Type of devise: ☐ Fixed regen. bed ☐ Fixed carbon bed ☐ Concentrator  
☐ Fluidized adsorber ☐ Rechargeable carbon canister ☐ Replaceable carbon canister ☐ Misting System

Quantity:	Manufacturer:	Model:
Name of Sorbent:	Sorbent weight per unit, in lbs:	
Vessel height, in inches:	Vessel diameter OR vessel wxl, in inches:	
Sorbent depth, in inches:	Sorbent capacity in lbs of vapor captured per lb. sorbent:	
Mister spray rate, in gal/hr:	VOC content of misting solution (as sprayed), in lbs./gal:	
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:

#### ODOR CONTROL SYSTEM 2

Type of devise: ☐ Fixed regen. bed ☐ Fixed carbon bed ☐ Concentrator  
☐ Fluidized adsorber ☐ Rechargeable carbon canister ☐ Replaceable carbon canister ☐ Misting System

Quantity:	Manufacturer:	Model:
Name of Sorbent:	Sorbent weight per unit, in lbs:	
Vessel height, in inches:	Vessel diameter OR vessel wxl, in inches:	
Sorbent depth, in inches:	Sorbent capacity in lbs of vapor captured per lb. sorbent:	
Mister spray rate, in gal/hr:	VOC content of misting solution (as sprayed), in lbs./gal:	
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:

ODOR CONTROL SYSTEM 3			
Type of device: <input type="checkbox"/> Fixed regen. 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			
Quantity:		Manufacturer:	Model:
Name of Sorbent:		Sorbent weight per unit, in lbs:	
Vessel height, in inches:		Vessel diameter OR vessel wxl, in inches:	
Sorbent depth, in inches:		Sorbent capacity in lbs of vapor captured per lb. sorbent:	
Mister spray rate, in gal/hr:		VOC content of misting solution (as sprayed), in lbs./gal:	
Exhaust fan rating, in hp:		Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:
<b>Section 5: Certification</b>			
I hereby certify that all information contained herein is true and correct.			
Name of official.	Official title	Signature of official	Date signed
Phone:		Email:	





