

<u>mcdpod@mendocinocounty.gov</u> www.https://www.mendocinocounty.org/departments/ cannabis-department

AIR QUALITY CLEARANCE CHECKLIST

Mendocino County Code Section 10A.17.070 requires the following: CCBL Holders shall obtain as may be required all approvals and permits required by the Mendocino County Air Quality Management District (MCAQMD) pursuant to state and federal laws, MCAQMD regulations, adopted air quality plans, MCAQMD policies and other applicable statutes. Mendocino County Cannabis Staff have reviewed the following information provided by the applicant and have either provided clearance or provided the applicant information that they will need to contact MCAQMD if any further action is needed.

APPLICANT INFORMATION

Applicant Name(s): Must match existing application			
Phone Number:	Email:		
Mailing Address:			
City:	State:	Zip Code:	
CULTIVATION SITE INFORMATION	N		
AG #:	APN:		
CCBL Type:			
Site Address:			
City:	State:	Zip Code:	

CANNABIS PLANNING STAFF USE ONLY

Staff Directions: Complete the section below. If the applicant selected "no" to all of the criteria listed above in the questionnaire, and the cultivation site is not located in a Naturally Occurring Asbestos (NOA) area, this form is the applicant's clearance, and no further action is required from MCAQMD.

If the applicant is in a Naturally Occurring Asbestos (NOA) area and/or selected "yes" to any of the criteria above, MCD staff will provide this form to the applicant to obtain all approvals and permits from MCAQMD.

Cannabis Planner Name: Review Date: NOA Known Area: Yes No AQMD Clearance Required: Yes No Cannabis Staff Signature:

AIR QUALITY QUESTIONNAIRE (COMPLETED BY APPLICANT)

Instructions: Please check all the appropriate boxes and fill-in information below that applies to your commercial cannabis cultivation and operations on site.

	Yes	No
Diesel Engines 50 Hp or greater, or multiple engines that total 90 Hp or greater (Does not apply to Motor Vehicles)		
Non Diesel Engines – 250 Hp or greater (Does not apply to Motor Vehicles)		
Generator (if yes, type and Hp):		
Water Pump (if yes, size of pump and power source):		
Drying Equipment with exhaust stack: Type		
Gasoline Fuel Storage Tank (500 gallons or more)		
Boiler/Water Heating Equipment (Individually or cumulatively greater than 500,000 Btu/hr)		
Grading Large Area (greater than 1 acre of soil disturbance) or road construction/maintenance (1 mile of road or more)		
Process that may generate fumes, dust, smoke, or strong odors (Includes: manufacturing, processing, production, testing, dispensing facilities)		
Open Storage, processing and or mixing of soil or soil amendments (More than 500 square feet)		
Approximate size of pile:		
Composting On-site		
Approximate size of pile:sq. ft.		
Open Outdoor Burning	_	_
*Burning cannabis vegetation is not permitted. Burning is allowed for vegetation grown on property, but requires a burn permit. See specific permit types below:		
 Single or two family dwelling and yard cleaning: for the disposal of brush, pruning, and other non-cannabis related vegetative matter on the property where grown. Fire Hazard Reduction: for the disposal of standing brush, grass, brush clearance, and tree trimmings removed to reduce fire hazard on property where grown. 		

APPLICANT/LICENSE HOLDER AFFIDAVIT

Should any of the information supplied in this Air Quality Checklist be determined by the County to be false or misleading, the County may issue a CCBL Application Denial per Mendocino County Code Section 10A.17.100(D)(3) and/or a Notice to Terminate CCBL pursuant to Mendocino County Code Section 10A.17.140 (C).

I/We declare under penalty of perjury, under the laws of the State of California, that the information provided on this application is true and correct and that I am authorized to sign as the applicant/license holder of this Cannabis Cultivation Site.

Applicant Signature:_____

Applicant Signature:_____

Date: _____



Mendocino County Air Quality Management District

405 Observatory Ave. Ukiah, California 95482 (707) 463-4354 Fax: 463-5707 mcaqmd@mendocinocounty.org www.mendoair.org

APPLICANT TO COMPLETE THIS SECTION

Applicant Name(s): Must match existing application			
Application/Permit Number:	AG_	APN(s):	
Cultivation Site Address:			
City:	S [.]	ate:	Zip Code:
This completed form by MCAG	MD is your clearance.		
MCAQMD STAFF USE ONLY:			
AQMD Staff Name:			
Review Date:			
AQMD Staff Signature:			
MCAQMD Certifies that Canno	abis Cultivation Applicc	nt listed above:	
\square Requires the following	AQMD Permit(s):		

Does not require a MCAQMD issued permit(s)