

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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Emissions Inventory: Cannabis

PLEASE TYPE OR PRINT

Use this form for reporting emissions inventory from cannabis operations. Indicate which emission year.
Mail and/or email the completed form(s) to **MDAQMD** at the address(es) above.

Emission year: _____

Company Name:	Facility name:
Facility address/location:	
District Permit No(s):	

Cannabis operations

Select all operations that occurred at the facility in this emission year and fill out the associated sections.

1. Cultivation	2. Volatile extraction (butane, propane, alcohols, etc.)	3. Post extraction refinement (winterization, dewax, etc.)
4. General solvent cleaning	5. Stationary and portable fuel combustion (prime power generator, emergency generator, boiler, etc.)	6. Odor control

Operating schedule

Hours/day:	Days/week:	Weeks/year:
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1. Cultivation

Number of plants grown per year: _____

2. Volatile extraction solvent usage

Name of solvent	Solvent used in which extraction process?	Amount of make-up solvent added to extraction process annually?

3. Post extraction refinement and purification solvent usage

Name of solvent	Solvent used in which extraction process?	Amount of make-up solvent added to extraction process annually?

4. General solvent cleaning usage

Name of solvent	Solvent used in which extraction process?	Amount of make-up solvent added to extraction process annually?

5. Stationary and portable internal combustion engine

Permit No.	Engine Size (BHP)	Normal load (%)	Hours operated	Fuel burned		
				Type (1)	Units (2)	Amount

(1) Natural gas, propane, LPG, diesel fuel, gasoline, etc.

(2) Gaseous fuels in 1,000,000 cubic feet (mmcf); liquid fuels in 1,000 gallons (mgal).

6. Odor control

Type of device:		Fixed regenerative bed	Fixed carbon bed	Concentrator	Fluidized adsorber
Rechargeable carbon canister		Replaceable carbon canister	Misting system	Other: _____	
No. of units:	Manufacturer:		Model:		
Name of sorbent:			Sorbent weight per unit, in lbs.:		
Exhaust fan rating, in hp:			Exhaust fan capacity, in CFM:		
Mister spray rate (if applicable), in gal/hour:					
Does any exhaust stack from any of the above units vent to the exterior of the building?				No	Yes

Receptor information

Distance (feet) to property line of nearest offsite worker:	Distance (feet) to property line of nearest residence:
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Certification

I hereby certify that all information contained herein is true and correct.			
Name of responsible official		Official title	Signature of responsible official
			Date signed
Phone:		Email:	