Cannabis Business Application Utility Load Information

The following information is required for Cannabis Business License Applications for the following license types:

Cultivation * Manufacturing
Laboratory/Testing

Commercial Cannabis Business Application Type(s):

- ☐ Cultivation – All Forms Required
- ☐ Distribution and Transportation – Not Required
- ☐ Manufacturing – All Forms Required
- ☐ Retail Sales – Not Required
- ☐ Testing Labs – Wastewater Form Only

Please complete all the following documents, if sections are not applicable please just write N/A.

____ Water Utility Load Information
____ Industrial Wastewater Discharge Permit Application

___ Electric Utility Load Information
____ Electric Project Information Form Commercial and Industrial

____ Wastewater Utility Load Information
_____ Cannabis Business Standard Requirements – Sampling Stations
_____ Industrial Wastewater Discharge Permit Application

Please submit all documents with your application package:

City of Shasta Lake

4477 Main Street

Shasta Lake, CA 96019

(call 275-7430, for appointment)

Contact Information:

If you have questions concerning permits please contact Development Services (275-7430), permit@cityofshastalake.org

If you have questions about the information concerning water or wastewater, please call the Public Works Department (275-7423).

City of Shasta Lake
P.O. Box 777 1650 Stanton Drive
Shasta Lake, CA 96019
Phone: 530-275-7400
Fax: 530-275-7419
Website: www.cityofshastalake.org

February 12, 2018

TO EXISTING AND PROPOSED CANNABIS PERMIT HOLDERS:

Thank you for your interest in operating a commercial cannabis business in the City of Shasta Lake. We have had overwhelming interest from the cannabis community to locate a business here in the City.

In order to ensure that the utilities provided by the City will be sufficient for all users within the City, we will now require utility information from each applicant (and approved applicants) related to their specific project's daily, peak and annual usage demands in order to accurately assess each project.

Attached are utility usage sheets to submit your anticipated water, wastewater, and electric demands. Your usage figures must be supported using a methodology acceptable by the City's Public Works, Wastewater, and Electric Departments (Your engineer will be able to provide you with this information). Your information showing utility demands must be accurate, thorough, and professionally prepared. Any license or permit that may eventually be issued may contain conditions restricting the use of City services to the demands set forth in the data you present.

The City is now accepting and approving Commercial Cannabis Applications on a case by case basis. A determination with the above requested information will be required to assess each proposed project/business based on location within the City in relation to potential energy, water, wastewater use as well as other factors.

Upon receipt of the above requested utility information, City Departments will complete a review. You may be asked for additional or clarifying information by the City after review. The more complete, accurate, and timely the information you provide, the better it will be for the City to make a determination for approval of your project.

The sooner the information is provided for those that have recently submitted applications or projects, the more timely the City can move forward with our review. To that end we request that you submit your information per the attached sheets by February 27, 2018. We look forward to accurate responses.

Sincerely,

John N. Duckett, Jr.
City Manager

Cc: City Council
Planning Commission

CITY OF SHASTA LAKE

INDUSTRIAL WATER DEMAND

APPLICATION

Provide sheets with your engineer's calculations and summary data for each item listed below for water and wastewater (show your work). Please provide the information listed below, along with a copy of your calculations and any relevant backup data. The information package shall be signed and dated by the Preparer.

Project Description: Provide description of all operations to be conducted on each parcel number. List each operation separately and provide answers for each item below by use type (I.e. nursery, lab, dispensary, manufacturing, transport, cultivation).

NOTE: These descriptions must match exactly your descriptions in both your cannabis permits as well as any discretionary permits (Subdivision Maps, Use Permits, etc) you have or are seeking.

Water Capacity Information:

Anticipated Average Day Demand (ADD)	
Anticipated Maximum Day Demand (MDD)	
Anticipated Peak Hour Demand (PHD)	
Proposed building square footage and building type (per California Fire Code, to determine site fire flow requirements)	
Growth Phasing Plan?	

ELECTRIC PROJECT INFORMATION

COMMERCIAL / INDUSTRIAL

PROJECT NAME

Project Name:
Project Location:
Projected Start of Construction:
Date Electric Utility Design Needed:

DEVELOPER/ OWNER INFORMATION

Name(s):		
Name of Company: (of Developer/Owner)		
Address:		
City:	State:	Zip:
Office Phone:	Home Phone:	
Mobile Phone:	Fax:	

CONSULTANT/PROJECT ENGINEER

Engineer's Name:		
Engineering Firm: (Responsible for Project Coordination)		
Address:		
City:	State:	Zip:
Office Phone:	Home Phone:	
Mobile Phone:	Fax:	

PROJECT CONTRACTOR

Name(s):		
Name of Company:		
Address:		
City:	State:	Zip:
Office Phone:	Home Phone:	
Mobile Phone:	Fax:	

PROJECT CONTACTS

PG&E (GAS):
AT&T:
Charter:
Other (Specify):

ELECTRIC LOAD INFORMATION

Complete and submit the applicable sections of the Electric Load Information form, along with one set of Load Calculations, Improvement, Electric and Plot/Site Plans.

All commercial projects must be reviewed by the City of Shasta Lake Electric Department and have an Electric Utility plan established for the project.

DEVELOPMENT

Number of Buildings:
Development Phasing:
Square Footage of Each Building:
Main switchboard size for each building and number of meters for each switchboard: Switchboard Size: Number of Meters: (Use larger of the following: Termination Section Rating, Service Section Rating, or, Main Disconnect Size/Rating)

ATTACH PROJECT PLANS WHEN SUBMITTING THIS FORM

Form Completed by (please print):
Date:

Note:
Panel shall be of a standard industrial size.

ELECTRIC LOAD INFORMATION (COMMERCIAL/INDUSTRIAL)

Project Location:	Construction Start Date:
Project Name:	
Contact Person:	Phone Number:

NON-RESIDENTIAL BUILDING

Estimated Max Demand:

KVA:

Type of Service Desired

Voltage (Check One):

120/240 ☐ 120/208 ☐ 277/480 ☐ Primary ☐

Phase (Check One):

Single Phase ☐ Three Phase ☐

Number of Wires (Check One):

Three Wires ☐ Four Wires ☐

Electric Load			
Water Heating		KW	
Duct Air Heaters		KW	
Unit air Heaters		KW	
Receptacles		KW	
Welders		KW	
1 Phase Air Conditioner		A	@ _____V
3 Phase Air Conditioner		A	@ _____V
1 Phase Heat Pumps		HP	
3 Phase Heat Pumps		HP	
Aux Strip Heaters		KW	
1 Phase Misc Motors		HP	
3 Phase Misc Motors		HP	
Lighting		KW	
Other (list)		HP	
Largest Motor*		HP	VFD Used?

*Additional information may be required on this equipment

Type of building construction if a City transformer is to be located within 10 feet: _____

NOTES:

1. Contact the City of Shasta Lake Electric Department for point of service and available voltages at the proposed service location. The City of Shasta Lake Electric Department will also determine service conductor and conduit size.

2. If more than one of any item listed, indicate quantity.

3. Developer/Owner will be responsible for the installation of all specified substructure, trenching, backfilling, and low voltage conductor per the COSL underground service requirements and per applicable city standards.

TEMPORARY POWER *(MC 13.20.340 Customer required to pay all costs for connection and disconnection, less than 1 yr allowed)*

Temp Power Requested? Check One:	YES ☐	NO ☐
Date Desired:		

v1/18

CITY OF SHASTA LAKE
INDUSTRIAL WASTEWATER DISCHARGE
PERMIT APPLICATION

SECTION A - GENERAL INFORMATION

I. Facility Name: _____
Facility Address: _____,
Shasta Lake, CA 96019

A. Operator(s) Name: _____
Contact Phone Number: _____
Contact Email: _____

B. Is the operator identified in I.a., the owner of the facility? ☐ Yes ☐ No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

SECTION B - BUSINESS ACTIVITY

I. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply):

Industrial Categories (pick one): Cannabis Cannabinoid Extraction

Note: *A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".*

II. Give a brief description of all operations at this facility including primary products or services. (Attach additional sheets if necessary):

III. Indicate applicable Standard Industrial Classification & NAICS for all processes (if more than one applies, list in descending order of importance).

IV. PRODUCT VOLUME (attach additional sheets if necessary):

Product Description	Past Calendar Year Daily Units		This Calendar Year Daily Units (Estimated)	
	Average	Maximum	Average	Maximum

Note: Certain "Categorical Industries" have production based standards and production rates are needed in order to calculate the allowable constituent loadings. These Federal Standards can be found in the applicable section of 40CFR (Code of Federal Regulations).

SECTION C - WATER SUPPLY

I. Water Sources: (check as many as are applicable)

☐ Private Well
☐ Municipal Water Utility
☐ Surface Water
☐ Other (Specify):

II. Name on the water bill: _____
Street: _____ Shasta Lake, CA 96019

III. List water usage on premises (new facilities may estimate) OR☐NOT APPLICABLE

TYPE	AVERAGE WATER USAGE (GPD)	INDICATE ESTIMATE OR MEASURED
Contact cooling water		
Non-contact cooling water		
Boiler feed		
Process		
Sanitary		
Air Pollution Control		
Contained in product		
Plant/Equipment wash down		
Irrigation/lawn watering		
Other		
TOTAL		

SECTION D - SEWER INFORMATION

1. A. For an existing business:

Is the building presently connected to the public sanitary sewer system?

☐ Yes: Sanitary sewer account Number:
☐ No: Have you applied for a sanitary sewer hookup? Yes No

B. For a new business:

(1) If a new facility is to be constructed, have you applied for a building permit? ☐ Yes ☐ No

(2) Will the facility be connected to the public sanitary sewer system? ☐ Yes ☐ No

II. List size, descriptive location, and average flow for each facility sewer lateral that connects to the City's sewer system:

☐ NOT APPLICABLE

Sewer Size	Descriptive location of sewer Connection or Discharge Point	Flow (GPD)

SECTION E - WASTEWATER DISCHARGE INFORMATION

I. Does (or will) this facility discharge any wastewater, other than from restroom, to the city sewer? ☐ Yes ☐ No

II. Provide the following information on wastewater flow rates (new facilities may estimate):

A. List the Hours per Day that the facility will be discharging:

☐ M ☐ T ☐ W ☐ TH ☐ FR ☐ SAT ☐ SUN

B. Actual Hours of Discharge (i.e. 9 a.m. to 5 p.m):

	Hours	
Day(s)	From	To
Mon-Fri		
Sat		
Sun		
Peak hourly flow rate		gallons/day
Maximum daily flow rate		gallons/day
Annual daily average		gallons/day

III. If batch discharges occur or will occur, indicate:

A.	Number of batch discharges	per day
B.	Amount discharged/batch (Average)	gallons/day
C.	Time of batch discharge(s)	day(s) at Hour(s)
D.	Flow rate	gallons/min
E.	Percentage of total discharge	%

IV. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion. Show all unit processes and indicate which processes use water and which generate a wastestream. Include the average daily volume and maximum daily volume of each wastestream. (New facilities may estimate.) If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges. Use these numbers when showing the unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

Attach Document or use space below

Note: Facilities that checked activities in question 1 of Section B are considered Categorical Industries and should skip to question 6.

V. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge [batch (B), continuous (C), intermittent (I), or none (N)] for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.) Attach additional sheets if necessary.

NO	PROCESS DESCRIPTION	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE			
				B	C	I	N
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

VI. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.) Attach additional sheets as necessary.

NO	REGULATED PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE*			
				B	C	I	N
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

NO	UNREGULATED PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE*			
				B	C	I	N
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

NO	UNREGULATED PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE*			
				B	C	I	N
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

* B=BATCH C=CONTINUOUS I=INTERMITTENT N=NONE

VII. For categorical users subject to total toxic organic (TTO) requirements:

☐ Not Applicable

Provide the following (TTO) information.

A. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA? ☐ Yes ☐ No

B. Has a baseline monitoring report (BMR) been submitted which contains TTO information? ☐ Yes ☐ No

C. Has a toxic organics management plan (TOMP) been developed? ☐ Yes ☐ No

VIII. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:
Flow Metering ☐ Yes ☐ No ☐ N/A
Sampling Equipment ☐ Yes ☐ No ☐ N/A

Planned:

Flow Metering	☐ Yes	☐ No	☐ N/A
Sampling Equipment	☐ Yes	☐ No	☐ N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

IX. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

☐ Yes ☐ No, skip question 10

X. Briefly describe these changes and their effects on the wastewater volume and characteristics (attach additional sheets if needed):

XI. Are any materials or water reclamation systems in use or planned?

☐ Yes ☐ No, skip question 12

XII. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process (attach additional sheets if needed):

SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (non regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O) by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Park 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

☐ NOT APPLICABLE

POLLUTANT	DETECTION LEVEL	MAXIMUM DAILY VALUE		AVERAGE OF ANALYSES		NUMBER OF ANALYSES	UNITS
		CONC	MASS	CONC	MASS		CONC

ACENAPHTHENE							
ACROLEIN							
ACRYLONITRILE							
BENZENE							
BENZIDINE							
CARBON TETRACHLORIDE							
CHLOROBENZENE							
1,2,4-TRICHLOROBENZENE							
HEXACHLOROBENZENE							
1,2-DICHLOROETHANE							
1,1,1-TRICHLOROETHANE							
HEXACHLOROETHANE							
1,1-DICHLOROETHANE							
1,1,2-TETRACHLOROETHANE							
CHLOROETHANE							
BIS (2-CHLOROETHYL) ETHER							
17 BIS (CHLORO METHYL)ETHER							
2-CHLOROETHYL VINYL ETHER							
2-CHLOROETHYL VINYL ETHER							
2-CHLORONAPHTHALENE							
2,4,6-TRICHLOROPHENOL							
PARACHLOROMETA CRESOL							
CHLOROFORM							
2-CHLOROPHENOL							
1,2-DICHLOROBENZENE							
1,3-DICHLOROBENZENE							
1,4-DICHLOROBENZENE							
3,3-DICHLOROBENZIDINE							
1,1-DICHLOROETHYLENE							
1,2- TRANS-DICHLOROETHYLENE							
2,4-DICHLOROPHENO							
1,2-DICHLOROPROPANE							
1,2-DICHLOROPROPYLENE							
1,3-DICHLOROPROPYLENE							
2,4-DIMETHYLPHENOL							
2,4-DINITROTOLUENE							
2,6-DINITROTOLUENE							
1,2-DIPHENYLHYDRAZINE							
ETHYLBENZENE							
FLUORANTHENE							
4-CHLOROPHENYL PHENYL ETHER							
4-BROMOPHENYL PHENYL ETHER							
BIS (2-CHLORISOPROPYL) ETHER							
BIS (2-CHLOROETHOXY) METHANE							
METHYLENE CHLORIDE							
METHYL CHLORIDE							

METHYL BROMIDE							
BROMOFORM							
DICHLOROBROMOMETHANE							
CHLORODIBROMOMETHANE							
HEXACHLOROBUTADIENE							
HEXACHLOROCYCLOPENTADIENE							
ISOPHORONE							
NAPHTHALENE							
NITROBENZENE							
NITROPHENOL							
2-NITROPHENOL							
4-NITROPHENOL							
2,4-DINITROPHENOL							
4,6-DINITRO-O-CRESOL							
–NITROSODIMETHYLAMINE							
–NITROSODIPHENYLAMINE							
–NITROSODI-–PROPYLAMINE							
PENTACHLOROPHENOL							
PHENOL							
BIS (2-ETHYLHEXYL) PHTHALATE							
BUTYL BENZYL PHTHALATE							
DI–OCTYL PHTHALATE							
DIETHYL PHTHALATE							
DIMETHYL PHTHALATE							
BENZO (A) ANTHRACENE							
BENZO (A) PYRENE							
3,4-BENZOFLUORANTHENE							
BENZO (K) FLUORANTHANE							
CHRYSENE							
ACENAPHTHYLENE							
ANTHRACENE							
BENZO (GHI) PERYLENE							
FLUORENE							
PHENANTHRENE							
DIBENZO (A,H) ANTHRACENE							
INDENO (1,2,3-CD) PYRENE							
PYRENE							
TETRACHLOROETHYLENE							
TOLUENE							
TRICHLOROETHYLENE							
VINYL CHLORIDE							
ALDRIN							
DIELDRIN							
CHLORDANE							
4,4'-DDT							
4,4'-DDE							
4,4'-DDD							
ALPHA-ENDOSULFAN							

BETA-ENDOSULFAN							
ENDOSULFAN SULFATE							
ENDRIN							
ENDRIN ALDEHYDE							
HEPTACHLOR							
HEPTACHLOR EPOXIDE							
ALPHA-BHC							
BETA-BHC							
GAMMA-BHC							
DELTA-BHC							
PCB-1242							
PCB-1254							
PCB-1221							
PCB-1232							
PCB-1248							
PCB-1260							
PCB-1016							
TOXAPHENE							
TCDD							
ASBESTOS							
ACIDITY							
ALKALINITY							
BACTERIA							
BOD_5							
COD							
CHLORIDE							
CHLORINE							
FLUORIDE							
HARDNESS							
MAGNESIUM							
NH_3-N							
OIL AND GREASE							
TSS							
TOC							
KJELDAHL N							
NITRATE N							
NITRITE N							
ORGANIC N							
ORTHOPHOSPHATE P							
PHOSPHOROUS							
SODIUM							
SPECIFIC CONDUCTIVITY							
SULFATE (SO_4)							
SULFIDE (S)							
SULFITE (SO_3)							
ANTIMONY							
ARSENIC							
BARIUM							

BERYLLIUM							
CADMIUM							
CHROMIUM							
COPPER							
CYANIDE							
LEAD							
MERCURY							
NICKEL							
SELENIUM							
SILVER							
THALLIUM							
ZINC							

Results below Detection Limit (DL), ½ DL is entered ** BRL=Below Reporting Limit

.

SECTION G-TREATMENT

I. Is any form of wastewater treatment (see list below) practiced at this facility?
☐ Yes ☐ No

II. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?
☐ Yes, describe ☐ No

III. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

☐ Air flotation	☐ Ozonation
☐ Centrifuge	☐ Reverse osmosis
☐ Chemical precipitation	☐ Screen
☐ Chlorination	☐ Sedimentation
☐ Cyclone	☐ Septic tank
☐ Filtration	☐ Solvent separation
☐ Flow equalization	☐ Spill protection
☐ Grease or oil separation, type:	☐ Sump
☐ Grease trap	☐ Biological treatment, type:
☐ Grinding filter	☐ Rainwater diversion or storage
☐ Grit removal	☐ Other chemical treatment, type:
☐ Ion exchange	☐ Other physical treatment, type:
☐ Neutralization, pH correction	☐ Other:

IV. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. ☐ Not Applicable

V. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions. ☐ Not Applicable

VI. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates. ☐ Not Applicable

VII. Do you have a treatment operator? ☐ Yes ☐ No
If yes, Name:
Title:
Phone: (530)
Full time: ☐ (specify hours) Part time: ☐ (specify hours)

VIII. Do you have a manual on the correct operation of your treatment equipment?
☐ Yes ☐ No

IX. Do you have a written maintenance schedule for your treatment equipment?
☐ Yes ☐ No

SECTION H-FACILITY OPERATIONAL CHARACTERISTICS

I. Shift Information
Work Days: Shifts per work day:

II. Indicate whether the business activity is:
Continuous through the year, or

III. Indicate whether the facility discharge is:
Continuous through the year, or

IV. Does operation shut down for vacation, maintenance, or other reasons?
☐ Yes, indicate reasons and period when shutdown occurs:
☐ No

V. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

VI. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

VII. Building Layout-Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

☐ Attach Document if Applicable

SECTION I-SPILL PREVENTION

I. Do you have chemical storage containers, bins, or ponds at your facility?

☐ Yes ☐ No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

II. Do you have floor drains in your manufacturing or chemical storage area(s)?

☐ Yes ☐ No

If yes, where do they discharge:

III. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to (check all that apply):

☐ an onsite disposal system
☐ public sanitary sewer system (e.g. through a floor drain)
☐ storm drain
☐ to ground
☐ other, specify:
☐ not applicable, no possible discharge to any of the above routes

IV. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

Yes ☐ No ☐

☐ N/A, not applicable since there are not floor drains and/or the facility discharge(s) only domestic wastes.

V. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence:

SECTION J-NON-DISCHARGE WASTES

I. Are any waste liquids or sludge generated and <u>not</u> disposed of in the sanitary sewer system?

☐ Yes ☐ No, skip the remainder of Section J

Waste Generated
Quantity (per year)
Disposal Method

II. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

III. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

IV. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

Permit No. (if applicable): Permit No. (if applicable):

V. Have you been issued any Federal, State, or local environmental permits?

☐ Yes ☐ No

If yes, please list the permit(s):

SECTION K-AUTHORIZED SIGNATURES

Compliance certification:

I. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

☐ Yes ☐ No

☐ Not yet discharging

II. <u>If no:</u>

A. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

B. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity/Completion Date

Certification

Authorized Representative Statement:
In preparation of this application to discharge industrial wastewater into the City of Shasta Lake's sewer system, I have personally examined and am familiar with all the information submitted. I hereby certify under penalty of law that the attached was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I certify that upon issuance of the permit, that this firm's operation and resultant wastewater discharge will achieve consistent compliance with the City of Shasta Lake's Sewer Ordinance and applicable Federal and State wastewater requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify manufacturing equipment, limit industrial waste discharge, install wastewater pretreatment equipment, or do whatever is necessary to meet discharge requirements.

Name(s)

Title

Signature

Date

Phone

Cannabis Business Standard Requirements

Cultivation and Plant Growing (including nurseries):

In accordance with the City of Shasta Lake's Municipal Code Title 13, Section 28, Article VII- Compliance Monitoring, all cannabis cultivation, manufacturing, testing, and nursery facilities shall install a sampling station where City officials can have access to sample the facility's industrial waste stream. The sampling station shall be constructed in accordance with Page 380.60 of the City of Redding Construction Standards, and shall be installed prior to the industrial waste stream connection with the domestic sanitary sewer (i.e. no domestic sewage shall flow through the sampling station). The sampling station shall be located outside of any structure or fence and be accessible to City staff at all times.

All chemicals shall be stored in areas without access to sanitary/storm sewer drains or shall be located within a secondary containment.

Cannabinoid Extraction:

In accordance with the City of Shasta Lake's Municipal Code Title 13, Section 28, Article VII- Compliance Monitoring, all cannabis cultivation, manufacturing, testing, and nursery facilities shall install a sampling station where City officials can have access to sample the facility's industrial waste stream. The sampling station is to be built in compliance with page 380.60 of the City of Redding Construction Standards and shall be installed prior to the industrial waste stream connection with the domestic sewer (no domestic sewer is to flow through the sampling station. The sampling station shall be located outside of any structure or fence and be accessible to City staff at all times.

All chemicals shall be stored in areas without access to sanitary/storm sewer drains or shall be located within a secondary containment.

Liquid solvents like hexane and alcohols shall not be discharged into the sanitary sewer. If liquid solvents are to be used, the City shall require a "Closed Loop System" be employed. All discharges are subject to Title 13, Sections 28 and 36, and Title 5, Section 5, of the City of Shasta Lake Municipal Code.

Food Production Using Cannabinoid Oils:

In accordance with the City of Shasta Lake's Municipal Code Title 13, Section 28, Article VII- Compliance Monitoring, all cannabis cultivation, manufacturing, testing, and nursery facilities shall install a sampling station where City officials can have access to sample the facility's industrial waste stream. The sampling station shall be built in compliance with page 380.60 of the City of Redding Construction Standards and shall be installed prior to the industrial waste stream connection with the domestic sewer (no domestic sewer is to flow through the sampling station. The sampling station shall be located outside of any structure or fence and be accessible to City staff at all times.

All chemicals shall be stored in areas without access to sanitary/storm sewer drains or shall be located within a secondary containment.

In accordance with the City of Shasta Lake's Municipal Code Title 13, Section 16, Article VII- Fats, Oil, and Grease Control, any cannabis related use that involves the processing of edible products or employs the use of kitchen equipment shall install and maintain a fats, oil and grease interceptor **a**nd adhere to the City's food services establishment discharge prohibitions. Fats, oil and grease interceptors shall be constructed in accordance with Pages 380.10 and 380.40 of the City of Redding Construction Standards.