



## CANNABIS CULTIVATION AND OPERATIONS PLAN

### GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

AG#: \_\_\_\_\_ Permit Type: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NOTE:** If this document is used and additional space is needed in any section, reference and attach additional pages as necessary.

### WATER SOURCE(S) & USE(S)

**Water Source:** Please list all water sources used on the parcel, and the use purpose in the table below. Water sources may include: on-site wells(s), horizontal wells, spring(s), pond(s), municipal/county water, irrigation district, rainwater catchment, river/creek, other (please specify).

**Use:** Please list the use, or uses, for each water source. Water uses may include: irrigation (commercial purposes including cannabis), domestic, fire, supplemental, other (please specific). If you utilize more water sources than the table allows for below, please attach additional sheets with the information.

Water Source	Water Use

**Is water stored on site?**

Yes  No

**If water is stored onsite, how is the water stored?** (List each water storage tank, vessel, and pond. Include the individual size for each.)

Water Storage Vessel	Size/Volume of Storage

**Are all water sources and storage vessels shown on the accompanying site plan?**

Yes  No

**What is the anticipated yearly water use?** \_\_\_\_\_

## IRRIGATION SYSTEM(S)

Type of irrigation system (check all that apply):

- Drip
- Flood
- Micro-spray
- Hand Watering

Other (specify): \_\_\_\_\_  
\_\_\_\_\_

How is irrigation water monitored?

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Are inputs and/or cleaning products applied through the irrigation system?

- Yes, if so please list all inputs/cleaning products on the Inputs Table (page 9)
- No

If inputs and/or cleaning products are applied through the irrigation system, please explain how you prevent these products from discharging into the environment?

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## ENERGY USE & POWER SOURCES

What are the on-site power sources? (Check all that apply)

- Grid
- Solar
- Pelton Wheel

Generator  
 Other (specify): \_\_\_\_\_

What is the PRIMARY power source for cultivation activities?

- Grid
- Solar
- Pelton Wheel
- Generator

Other (specify): \_\_\_\_\_  
\_\_\_\_\_

If a generator is used, please answer all of the following:

List the make, model, horsepower, and type of use associated with each generator used on-site.

Make	Model	Horsepower / kW	Use(s)	Type of Fuel

Do you have a containment structure around your generator? If so, please describe the containment structure for each generator listed in the table above.

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Do you store fuel on-site?

Yes

No

If yes, please describe the method and/or containment structure used to ensure that fuel cannot leak into the environment.

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What measures are taken to suppress the sound?

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How are leaks and spills managed?

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If the generator is the PRIMARY source of power, has an alternative source been installed?

Yes

No

Are the Owner's Manual and/or Operation Manual for any generators used on-site kept on-site and available for review?

Yes

No

How are spent oil, used oil filters, exposed batteries, and other hazardous materials generated from the operation of the generator(s) managed and disposed of?

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## EQUIPMENT

**Will any of the following equipment be used on the property?** (Check all that apply.)

- Generators
- Odor control devices
- Drying equipment with exhaust stacks
- Non-diesel engines – 250 horsepower or greater
- Diesel engines – 50 horsepower or greater, or multiple engines that total 90 horsepower or greater
- Gasoline fuel storage and/or dispensing equipment
- Diesel fuel storage and/or dispensing equipment
- Boiler or water heating equipment that individually or cumulatively produces more than 500,000 btu/hour

If gasoline and/or diesel fuel is stored on the property, describe how these fuel products will be stored.

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## SECURITY PLAN

**Do you have, or plan on having, security lighting?**

Yes

No

If yes, are lights downcast and shielded?

Yes

No

**Will buildings and structures where cannabis is propagated, cultivated, processed, and/or stored be locked when staff is not immediately present?**

Yes

No

**Do you have, or plan on having, security cameras?**

Yes

No

If yes, will there be video storage of the footage?

Yes

No

**Do you have, or will you have, security alarms?**

Yes

No

If yes, will the alarms be monitored?

Yes

No

**What methods are used to prevent unauthorized individuals from accessing the site?**

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**Will there be contracted security on-site?**

Yes

No

If yes, when will contracted security be on-site?

Sunday	From: _____	To: _____
Monday	From: _____	To: _____
Tuesday	From: _____	To: _____
Wednesday	From: _____	To: _____
Thursday	From: _____	To: _____
Friday	From: _____	To: _____
Saturday	From: _____	To: _____

**Will a guard dog be present on-site?**

Yes

No

If yes, will the guard dog be restrained during site inspections?

Yes

No

Please describe any additional security protocols you have, or plan to put into place below:

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## EMPLOYEES

**Will you have employees on-site at any time over the course of the year?**

Yes

No

If yes, please answer the following:

How many employees will you have on a daily basis? \_\_\_\_\_

How many employees will you have during peak staffing times (such as planting, harvest, and/or processing)? \_\_\_\_\_

**What are your hours of operation?**

Sunday From: \_\_\_\_\_ To: \_\_\_\_\_

Monday From: \_\_\_\_\_ To: \_\_\_\_\_

Tuesday From: \_\_\_\_\_ To: \_\_\_\_\_

Wednesday From: \_\_\_\_\_ To: \_\_\_\_\_

Thursday From: \_\_\_\_\_ To: \_\_\_\_\_

Friday From: \_\_\_\_\_ To: \_\_\_\_\_

Saturday From: \_\_\_\_\_ To: \_\_\_\_\_

## SEWAGE DISPOSAL

**How is sewage currently disposed of?**

Permitted existing septic

Municipal sewer

Unpermitted existing septic

Other (please specify): \_\_\_\_\_

**If a septic system is used, have primary and secondary leach fields been identified?**

Yes

No

**If you do not currently have a septic system, have plans for a proposed sewage disposal system been developed?**

Yes

No

If yes, have primary and secondary leach fields been identified?

Yes

No

**Are all sewage disposal systems (existing and proposed) accurately shown on the accompanying site plan?**

Yes

No

## ENVIRONMENT

**Are any slopes greater than 30 percent within 15 feet of your cultivation area?**

Yes

No

**Describe how you will mitigate erosion on this parcel?**

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**Will you be engaging in any of the following activities as part of the cannabis cultivation?**

- Yes  No

If yes, please check all that apply.

- Open-air outdoor storage and processing of cannabis
- Open-air outdoor mixing of soil, medium, and/or amendments
- Grading, large area soil disturbance (such as tillage), or road construction/maintenance
- Processes that may generate fumes, dust, smoke, or strong odors (Includes: Manufacturing, processing, production, testing, dispensing facilities)
- Open outdoor burning
- Aggregate and/or wood processing activities

**SITE HISTORY**

**Provide narrative description and the approximate dates of all cultivation activities occurring on this parcel prior to May 4, 2017.**

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**PROCESSING**

**Which of the following processing activities will occur on-site?**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Drying   | <input type="checkbox"/> Rolling   |
| <input type="checkbox"/> Curing   | <input type="checkbox"/> Storage   |
| <input type="checkbox"/> Trimming | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Grading  | <input type="checkbox"/> Labeling  |

*If processing occurs on-site, please include and label the structures where processing will occur on the Site Plan and Structures List.*

**PROPAGATION**

**Are clones cut and/or grown on-site?**

- Yes  No

If yes, describe the infrastructure of the clone room(s) and mom room(s) (if applicable). Be sure to include the use of each room identified, the size of the room, wattage and spacing of supplemental lighting, and watering system detail.

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**Are seeds produced and/or started on-site?**

- Yes  No

If yes, describe the infrastructure of the seed production area(s) and/or seed propagation area(s). Be sure to include the use of each area identified, the size of the area, wattage and spacing of supplemental lighting (if applicable), and watering system detail.

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**Do you purchase clones, cuttings, or other types of propagated cannabis plant material from off-site sources?**

Yes

No

If yes, how is propagated plant material quarantined on-site?

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## **MATERIALS AND INPUTS**

**Do you import soil and/or other types of growing medium(s) for propagation and/or cultivation purposes?**

Yes

No

If yes, describe how soil and/or growing medium will be stored on the property.

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If yes, please list all imported soil and/or medium products on the Inputs Table on page 8.

**Is perlite present in the soil or medium used for propagation and/or cultivation?**

Yes

No

If yes, how will you prevent the perlite from entering waterways as runoff during rain events?

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**How will used, or spent, soils and medium disposed of?**

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**How are fertilizers and/or amendments stored on the property?**

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**How are pesticides, including herbicides, fungicides, and biocides, stored on the property?**

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## INPUT(S) TABLE

Name and Formulation	Brand Name/Source	Reason for Use



## OPERATIONS CALENDAR

Please describe all cultivation activities with approximate dates in the table below.

<b>January</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>February</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>March</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>April</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>May</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>June</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>July</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>August</b>	
<b>Activity</b>	<b>Approximate Date</b>

<b>September</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>October</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>November</b>	
<b>Activity</b>	<b>Approximate Date</b>
<b>December</b>	
<b>Activity</b>	<b>Approximate Date</b>