



# WASTEWATER DISCHARGE PERMIT FOR CANNABIS MANUFACTURING OR CULTIVATION FACILITIES APPLICATION

## **INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

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**APPLICANT'S BUSINESS NAME:** Enter the name of the business that has the legal responsibility for wastewater discharge, including responsibility for any enforcement actions or penalties imposed by the District.

**ADDRESS OF SITE DISCHARGING WASTEWATER:** Enter the street address of the site discharging the wastewater.

**APPLICATION CONTACT:** Enter the name, email, phone number and fax of the person to be contacted regarding the information reported in this application.

**PERMIT AND CORRESPONDENCE CONTACT(S):** Enter the name and mailing address of the person(s) who should receive a copy of this permit and respective correspondence.

**EMERGENCY CONTACT:** Enter the name and daytime and nighttime phone numbers of the person to be contacted in case of an emergency regarding discharges/spills to the sanitary sewer system.

**AUTHORIZATION:** Enter the name and title of the person authorized to sign all correspondence pertaining to this permit.

**APPLICANTS ADDING NUTRIENTS INTO THEIR WATER SUPPLY FOR IRRIGATING ARE REQUIRED TO HAVE A BACKFLOW PREVENTION DEVICE:**

<https://www.ebmud.com/water/about-your-water/water-quality/backflow-prevention/>

**APPLICANTS MUST ALSO FILE A COMPLETED WATER SERVICE APPLICATION FORM WITH EBMUD'S NEW BUSINESS OFFICE:**

<https://wsa.ebmud.com/>

**RETURN THE SIGNED ORIGINAL APPLICATION TO:**

East Bay Municipal Utility District  
Environmental Services Division, MS 702  
P.O. Box 24055  
Oakland, CA 94623-1055

Questions? Call the Environmental Services Division Hotline at 510-287-1651 or email us at [cleanbay@ebmud.com](mailto:cleanbay@ebmud.com)

## APPLICANT INFORMATION

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APPLICANT BUSINESS NAME

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NUMBER OF EMPLOYEES

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HOURS OF OPERATION

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## ADDRESSES

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ADDRESS FOR SITE DISCHARGING WASTEWATER

STREET

---

CITY

ZIP

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## CONTACTS

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PERSON TO BE CONTACTED REGARDING THIS APPLICATION

NAME

EMAIL

PHONE

FAX

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PERSON(S) TO RECEIVE PERMIT AND CORRESPONDENCE IF DIFFERENT THAN PERSON SIGNING APPLICATION

NAME

---

MAILING ADDRESS

CITY

ZIP

---

NAME

---

MAILING ADDRESS

CITY

ZIP

---

EMERGENCY CONTACT

NAME

DAY PHONE

NIGHT PHONE

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**AUTHORIZATION** (Is authorized to sign reports, documents, and other correspondence required by this Permit)

NAME

TITLE

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## CERTIFICATION

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*I understand that I am legally responsible for discharge of wastewater from the facility and for complying with the Terms and Conditions of this Wastewater Discharge Permit.*

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that the 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 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.*

NAME

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TITLE

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SIGNATURE

DATE

---

ADDRESS

PHONE

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(To be signed by Chief Executive Officer or Duly Authorized Representative)

# CULTIVATION

## APPLICANT BUSINESS NAME

### IS YOUR BUSINESS REQUIRED TO DEVELOP AND MAINTAIN A HAZARDOUS MATERIALS BUSINESS PLAN?

YES  NO  I DON'T KNOW

### CULTIVATION LICENSES CHECK ALL THAT APPLY

*Note: If less than 500 sqft (cottage), based on estimated plant canopy, EBMUD does not require a permit.*

- SPECIALTY INDOOR (>500–5,000 SQFT)
- SPECIALTY COTTAGE MIXED LIGHT (>500–2,500 SQFT)
- SPECIALTY COTTAGE MIXED LIGHT (2,501–5,000 SQFT)
- SMALL MIXED LIGHT (5,001–10,000 SQFT)
- SMALL INDOOR (5,001–10,000 SQFT)
- MEDIUM MIXED LIGHT (10,000–22,000 SQFT)
- MEDIUM INDOOR (10,001–22,000 SQFT)
- NURSERIES (>500 SQFT)
- OTHER, PLEASE EXPLAIN \_\_\_\_\_

### CULTIVATION TECHNIQUE CHECK ALL THAT APPLY

- HAND WATERING
- DRIP
- EBB/FLOW
- DEEP WATER CULTURE (DWC)
- AEROPONIC
- NUTRIENT FILM TECHNIQUE (NFT)
- OTHER, PLEASE EXPLAIN \_\_\_\_\_

### PLANNED GROW MEDIUM/SUBSTRATE CHECK ALL THAT APPLY

- SOIL
- COCO COIR
- CLAY PELLETS
- ROCKWOOL
- OTHER, PLEASE EXPLAIN \_\_\_\_\_

### METHOD FOR WASTEWATER DISPOSAL

COMMUNITY SEWER  HAULED WASTE, LIST PROVIDER/DISPOSAL SITE \_\_\_\_\_

*Note: If community sewer, please show on facility layout (Appendix A) the location of planned discharge point.*

### WATER EFFICIENCY PRACTICES

**Provide a brief summary of any water efficiency techniques implemented or planned for the grow operation(s)**  
(i.e. condensate recapture/reuse).

**Provide estimations for these items.**

WATER CONSUMPTION (GALLONS PER DAY) \_\_\_\_\_

WASTEWATER DISCHARGE (GALLONS PER DAY) \_\_\_\_\_

### CANNABIS CULTIVATION CHEMICAL USE

➤ **Provide a list of all chemicals, including fertilizers and pesticides, and their representative safety data sheets used in your cultivation operation.**

Please submit copies of the SDS information electronically to [cleanbay@ebmud.com](mailto:cleanbay@ebmud.com) (please include business site address in email subject).

➤ **Please include a facility layout** (Appendix A, example attached).

➤ **Please include a schematic flow** (Appendix B, example attached). **Only required if plant canopy ≥ 10,000 sqft.**

# MANUFACTURING

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## APPLICANT BUSINESS NAME

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### IS YOUR BUSINESS REQUIRED TO DEVELOP AND MAINTAIN A HAZARDOUS MATERIALS BUSINESS PLAN?

YES     NO     I DON'T KNOW

## MANUFACTURING LICENSES CHECK ALL THAT APPLY

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LICENSE TYPE 6 (NON-VOLATILE EXTRACTION)

LICENSE TYPE 7 (VOLATILE EXTRACTION)

LICENSE TYPE P (PACKAGING)

LICENSE TYPE N (EDIBLE/TOPICAL PRODUCTS)

OTHER, PLEASE EXPLAIN \_\_\_\_\_

MICROBUSINESS: PLEASE CHECK EACH COMMERCIAL CANNABIS ACTIVITY THE BUSINESS WILL ENGAGE:

CULTIVATION (Note: if planning to cultivate, please complete cultivation specific questions above)

DISTRIBUTION

TYPE 6 (MECHANICAL EXTRACTION)

RETAILER

OTHER, PLEASE EXPLAIN \_\_\_\_\_

## MANUFACTURING – CANNABINOID EXTRACTION METHOD CHECK ALL THAT APPLY

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ETHANOL

BUTANE

PROPANE

HEXANE

CO2

ICE WATER HASH

NONE, I DO NOT PLAN TO DO CANNABINOID EXTRACTION

OTHER, PLEASE EXPLAIN \_\_\_\_\_

➤ **Provide a list of all chemicals and their representative safety data sheets used for extraction.**

Please submit them electronically to [cleanbay@ebmud.com](mailto:cleanbay@ebmud.com) (please include business site address in email subject).

## MANUFACTURING – EDIBLES

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➤ **Include proposed grease control device and representative product specification sheet.**

Please submit them electronically to [cleanbay@ebmud.com](mailto:cleanbay@ebmud.com) (please include business site address in email subject).

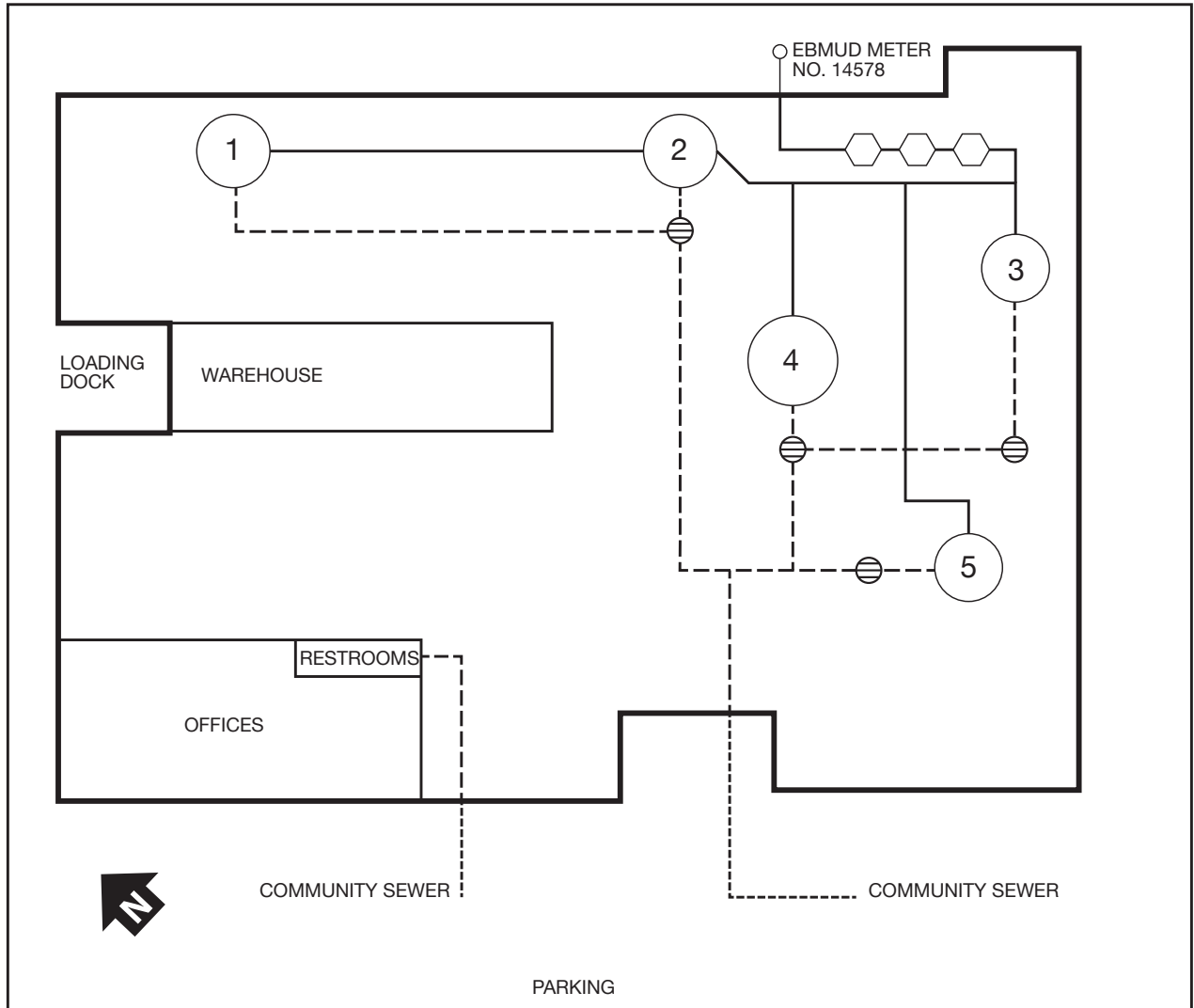
➤ **Please include a facility layout** (Appendix A, example attached).

# APPENDIX A – FACILITY LAYOUT EXAMPLE







PERMIT NUMBER TO BE COMPLETED BY EBMUD 12345678

FACILITY BUSINESS NAME *Jane Doe's Cannabis Company*

DATE OF DRAWING *January 1, 2019*



## LEGEND

- |                                                                                                     |                                                                                                            |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|  WATER LINE      |  GROW ROOMS             |
|  WASTEWATER LINE |  WATER TREATMENT SYSTEM |
|  COMMUNITY SEWER |  FLOOR DRAIN            |

# APPENDIX B – SCHEMATIC FLOW DIAGRAM EXAMPLE

PERMIT NUMBER TO BE COMPLETED BY EBMUD 12345678

FACILITY BUSINESS NAME *Jane Doe's Cannabis Company*

DATE OF DRAWING *January 1, 2019*

