



**Division of Environmental Health**

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**Attachment for Commercial Medical Marijuana (CMM) Clearances/Permits**

Applications for CMM Clearances and/or Permits are reviewed by the Division of Environmental Health (DEH) for compliance with regulations intended to protect public health and the environment. Individuals preparing a CMM Permit Application are encouraged to provide information addressing the items listed below, as applicable, to assist DEH with a timely review. If the requested information is already provided in a complete operations manual submitted to the Planning Division, provide the page and section numbers where it is located.

Name of Business: \_\_\_\_\_ Primary Contact Person: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
APN: \_\_\_\_\_ Email: \_\_\_\_\_

General Project Description (cultivation, processing, manufacturing; seasonal vs year round etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wastewater** (page\_\_\_\_ section\_\_\_\_)

- Connected to public sewer\_\_\_\_\_ Onsite waste water system\_\_\_\_\_
- Number of Employees: average\_\_\_\_\_peak operations:\_\_\_\_\_
- Hours of Operation/shifts per day: average\_\_\_\_\_peak operations:\_\_\_\_\_
- Additional flow from processing:\_\_\_\_\_GPD. Description of effluent \_\_\_\_\_
- Describe the proposed and existing wastewater generating structures and method(s) of effluent disposal.

**Water Source** (page\_\_\_\_ section\_\_\_\_)

- Describe and show the water source(s) available on the property and what they serve.
 

<input type="checkbox"/> Public Water System	<input type="checkbox"/> Approved Surface
<input type="checkbox"/> Well Permit Number(s): _____	Water/Description_____
<input type="checkbox"/> Unpermitted Well	<input type="checkbox"/> Unapproved Surface
<input type="checkbox"/> No Existing Water Source	Water/Description_____
<input type="checkbox"/> Spring	<input type="checkbox"/> Other:_____
- Describe the approximate daily water demand for the current and projected uses on the property and method used to calculate demand: \_\_\_\_\_

**Consumer Protection** (page\_\_\_\_ section\_\_\_\_)

- List/Describe any food production or service: \_\_\_\_\_
- Describe and show on site plan, any existing or proposed kitchen infrastructure: \_\_\_\_\_

Note: DEH does not currently regulate edible cannabis products. Any other food production may require a Plan Check and permitting.

**Hazardous Materials** (page\_\_\_\_ section\_\_\_\_)

- List/describe production/cultivation machinery (e.g. generator, tractor, OHV, trimmer, heaters etc.): \_\_\_\_\_  
\_\_\_\_\_
- Equipment Maintenance/Service (e.g., changing oil, antifreeze, etc.): Onsite or Offsite
- List/describe fuel/oil(s) used or produced onsite (e.g. gasoline, diesel, propane, other?); Provide amounts and storage method(s): \_\_\_\_\_  
\_\_\_\_\_
- List/describe all compressed gases, cleaners, solvents and sanitizers (including, but not limited to, household chemicals, bleach and alcohol). Provide amounts and storage method(s):  
\_\_\_\_\_  
\_\_\_\_\_
- List/describe fertilizers, soil amendments and biocides (including organic ones). Provide amounts and storage method/area(s): \_\_\_\_\_  
\_\_\_\_\_ \*Attach Safety Data Sheets (SDS)

**Solid Waste/Recycling** (page\_\_\_\_ section\_\_\_\_)

- List/describe the different anticipated solid waste/recycling, composting products and anticipated amounts: \_\_\_\_\_  
\_\_\_\_\_
- Describe, and show on the site plan, the designated area for storage of recycling and solid waste (containers stored outside must be covered): \_\_\_\_\_  
\_\_\_\_\_
- Describe waste removal plan including frequency and destination
  - Garbage (1x/week) \_\_\_\_\_
  - Recycling(x/month) \_\_\_\_\_ (avoid nuisances including odors and vermin.)
  - Hauling via Garbage/Recycling Service: \_\_\_\_\_ or Self Haul \_\_\_\_\_
- Preferred permitted solid waste/recycling facility: \_\_\_\_\_

Note: Spent growth medium with no further agricultural use is considered solid waste. It must be stored under cover until it can be hauled to a waste facility.