



# BENTON CLEAN AIR AGENCY

## PROOF OF NOTIFICATION FORM FOR MARIJUANA OPERATIONS FOR INSTALLATION / MODIFICATION OF MARIJUANA FACILITIES

### MARIJUANA OPERATIONS

*For Agency Use Only*

Date Received: \_\_\_\_\_

#### 1. General Information

Owner / Operator: _____ Business Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____	<b>Marijuana Operation Location</b> <i>(If different from business address)</i> Address: _____ City: _____ State: _____ Zip Code: _____ Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____
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#### 2. Facility Information

Is this an expansion of an existing marijuana operation or a new operation?  
Expansion / New (circle one)

Type of Operation: Production Facility / Processing Facility (circle one or both)  
Current size of facility: \_\_\_\_\_ Sq. Ft. (production area footprint/processing area footprint)

Type of expansion: Production Facility / Processing Facility (circle one or both)  
Size of expansion: \_\_\_\_\_ Sq. Ft. (production area footprint/processing area footprint)

Proximity to nearest residence: \_\_\_\_\_ (ft. / miles)

### 3. Pollution Control Equipment

Description of pollution control equipment that will be utilized other than the building itself: (i.e. carbon filtration, vent louvers, etc.)

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### 4. Other Information

- BCAA Regulation 1, Article 3.04 F states that pollution controls and operating practices to prevent or minimize odors must be used to the greatest degree practicable.
- *If your current pollution control equipment cannot keep odors from the operation confined to the property boundary, enforcement action may be taken.*
- Please attach any manufacturer and/or vendor information on process and air pollution control equipment being installed or modified (IF AVAILABLE)

### 5. Owner, Operator, or Responsible Agent Signature

I hereby certify that the information contained in this application, including any attached supplemental information, is to the best of my knowledge complete and correct.

_____ Signature	_____ Date
_____ Printed Name	_____ Phone Number

Please make a copy of this form for your records and send the original form with any/all attachments to:

Benton Clean Air Agency                      Email to:  
526 S. Steptoe St.                      or                      contact@bentoncleanair.org  
Kennewick, WA 99336