

Appendix B

2020 County Cannabis Questionnaire



TRINITY COUNTY PLANNING DEPARTMENT

P.O. BOX 2819 ♦ 61 AIRPORT ROAD
WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1351 ♦ FAX (530) 623-1353

Director: Kim Hunter

March 18, 2020

David Colbeck
Trinity County
P.O. box 2490
31301 State Highway 3
Weaverville, CA 96093
dcolbeck@trinitycounty.org

RE: TRINITY COUNTY COMMERCIAL CANNABIS
CANNABIS CULTIVATION APPLICANT/LICENSEE EIR QUESTIONNAIRE

Dear Applicant/Licensee:

Your participation will aid in the development of the Final EIR.

Please complete the following questionnaire regarding existing cannabis cultivation operations in Trinity County. This information may be used in the preparation of the Final Programmatic Environmental Impact Report for the County Cannabis Program.

Best data available should be used to be as accurate as practical. Cultivator, consultant or other representative may be used to complete the form but should be indicated. Endnotes are provided for reference for specific columns.

Only one questionnaire per APN may be used. If the APN is left blank, the information provided will not be considered. The County reserves the right to not include this information in any Environmental Determination. Questionnaires received late may not be included.

Please complete and submit by April 3, 2020.

Questionnaires can be returned to the address above or to the following email addresses:

David Colbeck: dcolbeck@trinitycounty.org

Mary Beth Brinkley: mbrinkley@trinitycounty.org

Respectfully,

A handwritten signature in black ink, appearing to read "D Colbeck".

David Colbeck
Environmental Compliance Specialist
Trinity County

Trinity County Cannabis Ordinance EIR Cultivation Questionnaire

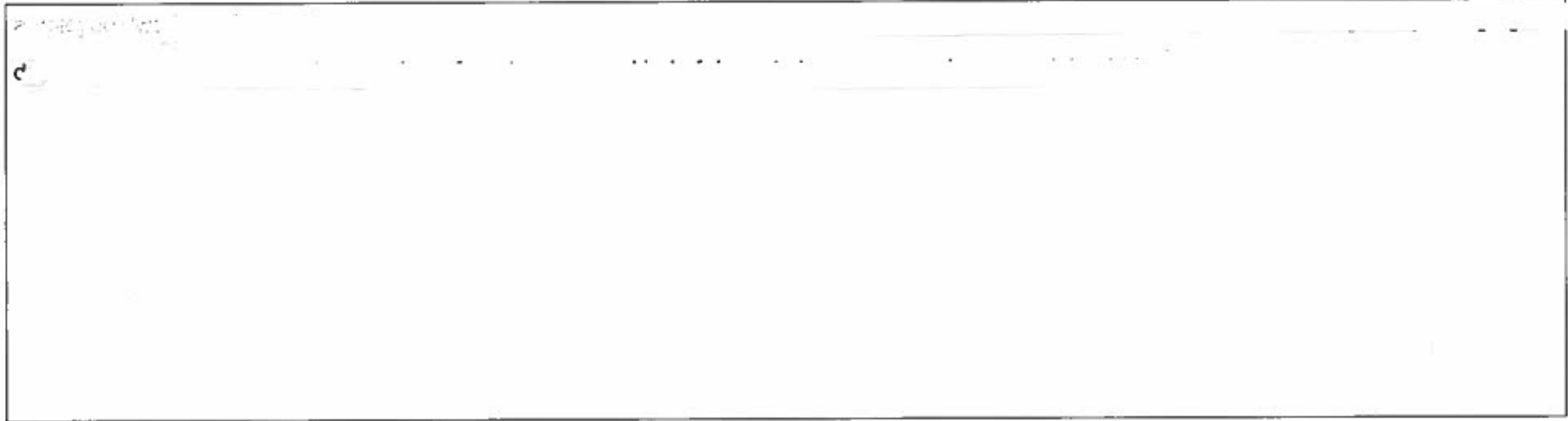
If handwritten, please make all responses legible. If using a word processor, do not adjust any formatting or column headings. Illegible/altered information may not be used.

Name:				Phone:						
Location:				Email:						
APN:										
Date:	Form completed by: matthew jefferson-owner	Cultivator <input type="checkbox"/>	Representative name:				Consultant name:			
County Permitted Activity (Check all that apply)	<input type="checkbox"/>	Size		# Employees/workers ¹			# Daily vehicle trips ² (indicate if daily or weekly)			# Total Annual Service Trips ³
		Building ⁴ ft ²	Cultivation ft ²	Full-time (including licensee) #	Seasonal		Regular ⁵ #	Seasonal		
					set-up period ⁶ #	Harvest period ⁷ #		set-up period ⁸ #	Harvest period ⁹ #	
Cultivation	Outdoor									
	Indoor									
	Mixed-Light									
	Light Dep									
	Greenhouse									

Continued for same site(s) listed above...

County Permitted Activity (same sites as above)	<input type="checkbox"/>	# of harvests annually	Annual Heavy Machinery Use ¹⁰ Days	Annual water Demand ¹¹ (per square foot of cannabis cultivation) Gal/ft ² /year	Water source (Check all that apply)		Dwelling size ¹² (Include all dwellings) ft ²	Date built ¹³ (for each dwelling listed)	Access Approximate Length ¹⁴ (include all that apply) Miles (m) or feet (ft)		
					Well(s) #	Surface (creek, pond)			Shared Private road	Public road only	Private Road / Driveway
Cultivation	Outdoor										
	Indoor										
	Mixed-Light										
	Light Dep										
	Greenhouse										

Comments to clarify answers:



¹ Refers to total number of individuals working on the operation, including licensee, for any period of time. Estimate the number of employees or workers for each category.

² Refers to commuting roundtrip by applicant and employees. Also includes trips made for supplies, materials, equipment related to cannabis operation (including food, material for employees). If trips are infrequent, estimate per week trips rather than per day and notate with a "W" along with number of trips.

³ Includes Propane deliver, soil deliver, materials delivery, cannabis waste removal, septic, product distribution

⁴ Refers to indoor, greenhouse or hoop house cultivation area as well as buildings supporting the cultivation (onsite nurseries, storage, and onsite processing)

⁵ Refers to average daily trips made to/from site for any cannabis related activity. Provide weekly numbers if more appropriate and indicate with "W".

⁶ Refers to employees for the weeks/months of time required to prepare site for cultivation season. Leave blank if not applicable.

⁷ Refers to employees for the weeks/months of time required for onsite harvesting, drying, trimming, packaging, distribution, etc.

⁸ Refers to number of trips required to prepare site for cultivation season. Leave blank if not applicable. Provide weekly numbers if more appropriate and indicate with "W".

⁹ Refers to number of trips required for onsite harvesting, drying, trimming, packaging, distribution, etc. Provide weekly numbers if more appropriate and indicate with "W".

¹⁰ Includes any heavy equipment (e.g. backhoe, skidsteer, dump truck) used to move soil, grade dirt, move material (equipment, fencing, pots, fabric). Does not include a pickup truck.

¹¹ Provide most accurate estimate

¹² Leave blank if unknown. Please attempt to complete. Include clarification in comments if necessary.

¹³ Leave blank if unknown. Please attempt to complete. Include clarification in comments if necessary.

¹⁴ Refers to means of gaining vehicle access to operation site from nearest public (i.e. USFS, County) roadway.