

Inspection Report

Annual Compliance Monitoring

COUNTY OF LAKE
COMMUNITY DEVELOPMENT
DEPARTMENT
Courthouse - 255 N. Forbes Street
Lakeport, California 95453
Planning Division
707/263-2221 · FAX 707/263-2225

			1011203 2221 1717	1011205 2225			
Section 1: Project Inform	nation			A E PUNCH			
Premises	Information	Authorized Representative					
Permit Number	UP 20-50	First Name	Justin				
License Type(s) (3)	A-Type3; Type 13	Last Name	Quayle				
Maximum Canopy	110,000	Position/Title of Authorized Rep.	TOTAL CONTRACTOR OF THE PARTY O	anager			
Maximum Cultivation	124,270	Verify Identification	Yes Mo				
Address	26102 19NILE Rd	Phone					
	Lake Pillslaury	Email					
2022 Request to Reduce Canopy	J	Cannabis Business Name	Pillsbury				
2022 Opt-Out of Cultivation		Inspection Date/Time	J	3			
		Annual	Follow-up				
Section 2: Summary							
	Follow-1	up required	Compliant	Non- Compliant			
Property							
Premises							
Waste Management							
Pest Management (Cultivati	ion and Nursery only)						
Lighting (Cultivation only)							
Water Source							
Power Source							
Section 3: Inspector							
First Name	Andrew	Other Divisions/Agencies Present:					
Last Name	Ameluna	Code Enf officer: 1	inda Bill				



Page 2

Inspection Report

Annual Compliance Monitoring

COUNTY OF LAKE COMMUNITY DEVELOPMENT DEPARTMENT Courthouse - 255 N. Forbes Street Lakeport, California 95453

Planning Division 707/263-2221 FAX 707/263-2225

Section 4: License Requirements							
Property	Yes	No	NA	Waste Management	Yes	No	NA
License prominently displayed		×		Waste management method (composting, waste pickup, self haul) matches submitted record / meets requirements			
Employee background checks				Waste Management records/receipts	Ø		
Fence				Pest Management	Yes	No	NA
ADA restroom facility				Matches submitted record / meets requirements			B
Metro Track & Trace tags Follow-up required		X		Lighting Diagram	Yes	No	NA
Premises	Yes	No	NA	Total number of lights in the canopy area			
Cultivation Yes 🔀 No				Maximum wattage of each light			
Total canopy square footage within license limit	X			Record calculation (average W/sq. ft)			
Location of canopy matches site plans	X			Light deprivation used on canopy			
Total square footage of canopy matches COA %K		Y		Lights shielded (indoor only)			
Estimated number of plants on-site		50)	Water Source	Yes	No	NA
Opt-Out or Request to Reduce forms received		×		Groundwater well Well Meter			
Hazardous Materials Dual Containment	M			Annual water monitoring 🔀 CDFW LSA/Permit	10		
Soil storage wattus needed	×			Water Rights Diversion From Waterb		<	
Hoop Houses/Temporary Structures on-site			×	Non-Cultivation Water Utility Supplier:/			
Cannabis waste area			K				
Immature plant propagation area (if applicable)	\sim			Water Source records available (non-cultivation only)			
Processing area (if applicable)	×			Water source matches submitted record			
Packaging area (if applicable)			×	Power Source	Yes	No	NA
Manufacturing Yes □ No ☑				Grid Solar			
Type 6				Building permits See notes		X	
				4290 & 4291 Standards			
Pesticide/agricultural chemical storage area				Erosion Control	×		
Cannabis waste area				Security Measures	×		
Processing Yes No				Operator ID obtained from Ag. Dept. Expiration			
Processing area Dryling	Y			Violations Observed		No	NA
Harvest storage area	×			See notes	×		
Cannabis waste area			K				
Packaging area			K				
Section 5: Photo Checklist	1						
☐ Pesticide Storage Area ☐ Harvest Storage Area ☑ Waste ☐ Packaging Area ☐ Seed Production Area (nursery) ☑ An	e Area	ards	(If Sa	d Address⊠ Immature Plant Area ☐Canopy ☐ Well Meter ☐ ADA Compliance ☐ On Site Producte to Photograph) ☐Security ☐ Hoop Houses/ Temp. S	Struct	ures	
Notes: Building permits required for garbage to be disposed of properly not erosion control. Neighmaster registration no Metro enrollment cultivation reduced and/or stowed.	or of	electron te	ctr rd/	ical mechanical systems, trenchino receipts. Nattles required for soil stora like co. Follow-up required; no state 1 1,000 sq. ft. Open & outdoor Shrage to be covered.	be/ icer red	/ nsir	19,