***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St. Rm 201, Yreka, CA 96097*

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **5 minutes** | | | | | | **Meeting Date:** | | | | **September 21, 2021** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Rick Dean** | | | | | | | | | | | **Phone:** | | **841-2113** | | |
| **Address:** | | | | | **806 South Main Street** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Community Development, Director** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Public Hearing for discussion and possible direction on implementation of the County’s well permitting program as associated with public trust obligations and the Scott River.* *The Community Development Department Director respectfully requests the Siskiyou County Board of Supervisors continue this public hearing to the October 5, 2021 Board of supervisors meeting. Staff is requesting additional time to prepare for this presentation.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* TBD, minimal direct financial impact changes will likely require additional staff time to manage, may require additional well permit review fees. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | |  | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | |  | | | |  | Description: | | |  | | | Org.: | | |  | | Description: | | | |  | |
| Account: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I move to take the following actions**  *Continue this public hearing to the October 5, 2021 Board of supervisors meeting.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | |  |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | |  | | | | | | | | | |
| CAO | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15