# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **20 minutes** | | | | | | **Meeting Date:** | | | | **June 20, 2023** | | | | |
| ***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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Community Development Department Director respectfully requests the Siskiyou County Board of Supervisors consideration and direction regarding draft groundwater well permitting guidelines. Executive Order N-7-22 was issued by Governor Newsom in response to extreme and expanding drought conditions. This executive order and its successor prohibits the Environmental Health Department from issuing groundwater well construction permits for a new (or replacement) groundwater well or for alteration/modification of an existing groundwater well pursuant to Chapter 8 title 5 of the Siskiyou County Code unless certain requirements are met. The proposed draft guidelines have the purpose of addressing the imposed well permitting restrictions put in place by the Governor’s Executive Order, as well as acting as an informational document to explain the County’s required consideration of the public trust doctrine.  Staff presented the draft groundwater well permitting guidelines to the BOS on February 7, 2023. Staff was directed by the BOS to present the draft guidelines for public comment before each of the groundwater basin GSA’s and report back to the BOS with a summary of comments and concerns received. The purpose of this agenda item is to present the feedback received from the GSA meetings and seek further direction from the BOS regarding the draft guidelines. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* TBD, minimal direct financial impact changes will likely require additional staff time to manage. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I move to take the following actions:**  **Direct staff specifically to include or not include the requirement of an indemnification agreement, refine the draft guidelines pending resolution of current legislation and specify direction regarding pursuit of a program County wide EIR.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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