***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **20 min.** | **Meeting Date:** | **November 14, 2023** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Rick Dean CDD**  | **Phone:** | **841-2113** |
| **Address:** | **806 South Main Street** |
| **Person Appearing/Title:** | **Rick Dean Community Development Director.** |
| **Subject/Summary of Issue:** |
| The Community Development Department Director respectfully requests the Siskiyou County Board of Supervisors audience for a presentation by Dr. Foglia-Larry Walker and Associates. Staff is consulting with Dr. Foglia – Larry Walker and Associates to develop a Groundwater Permit Decision Support Tool (GPDST). Dr. Foglia will be presenting her progress and explaining how it can be utilized countywide to address production well permitting parameters for both adjacent wells (Governor’s Order N-7-22/N-3-23) and public trust doctrine consideration. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*       |
| **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: |       |
|       |
| **Recommended Motion:** |
| I move to take the following actions:Direct staff to continue to work with Dr Foglia to further develop and implement a permit decision permitting support tool for the purpose of establishing groundwater production well parameters to address the Governor’s order and Public Trust Doctrine consideration.  |
| **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 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021