***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **5 Min.** | **Meeting Date:** | **October 15, 2024** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Matt Parker** | **Phone:** | **842-8019** |
| **Address:** | **Natural Resources** |
| **Person Appearing/Title:** | **Matt Parker/Elizabeth Nielsen** |
| **Subject/Summary of Issue:** |
| On October 16th, the State Water Resources Control Board (SWRCB) has an agendized item to discuss and potentially take action on the continuation of the current Emergency Regulations in the Scott Valley and Shasta Valley watersheds. SWRCB will also discuss and potentially taken action directing SWRCB staff to initiate a process to develop permanent flow requirements for the watersheds. Siskiyou County staff and Board members will be in attendance to participate on a discussion panel and provide comments regarding this SWRCB items. Therefore, it is being requested that the Board of Supervisors approve Chair Kobseff and Supervisor Haupt to participate on the panels and provide comment in their official capacities.Comments will focus on the irrigation district’s willingness and commitment to collaborate with Tribes, Environmental interests and the community as a whole to implement projects seeking to both improve the watersheds and fisheries, while keeping Agriculture whole.  |
| **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:** |
| It is requested that the Board approve Chair Kobseff and Supervisor Haupt to participate on the panels in their official capacities. |
| **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