

**Monterey County Board of Supervisors**  
**Referral Submittal Form**

**To be completed by referring Board office and returned to CAO no later than noon on Thursday before next Board meeting:**

Referral Title: <b>Ag Wells Advisory Committee</b>	
Referral Purpose: <b>Solicit input from the ag community on the regulations for permitting of ag wells and incorporate recommendations into the implementation of the 2010 General Plan.</b>	
1) Board of Supervisors appoints a five-member ad hoc Ag Wells Advisory Committee from the farmers and ranchers of the Salinas Valley; and, 2) Directs the staff to convene a series of meetings with the Ag Wells Advisory Committee to review all new requirements, clarify the current draft language, and follow the full intent of the water policies of the Monterey County 2010 General Plan; and, 3) Incorporate the recommendations of the Ag Wells Advisory Committee into the implementation ordinances of the 2010 General Plan, including the interim well ordinance.	
Attach additional sheet as required	
<b>Classification – Implication</b>	<b>Mode of Response</b>
<input type="checkbox"/> Ministerial / Minor <input checked="" type="checkbox"/> <b>Land Use Policy</b> <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation
	<b>Requested Response Timeline</b>
	<input checked="" type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: __ Specific Date:
Date: <b>9/18/2012</b>	Submitted By: <b>Supervisor Lou Calcagno</b> District # : <b>2</b>

**To be completed by CAO and copied to referring Board office:**

Assigned Department: <b>RMA</b>	Referral Lead: <b>Carl Holm</b>
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**To be completed by Department:**

Department analysis of resources required/impact on existing department priorities to complete referral:	
Referral Completed By: _____  Completion Date: _____	<b>Recommended Response Timeline</b> <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____

**To be completed by Clerk of the Board:**

Referral Completion Date: _____
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