

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

**Referral No. 2025.08  
Assignment Date: 08/5/25**

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:**

Date: 7/29/2025	Submitted By: Luis Alejo	District #: 1
<b>Referral Title: <u>Mitigation Monitoring for the Salinas Regional Soccer Complex</u></b>		
Referral Purpose: The purpose of this referral is to have the Monterey County Environmental Health Bureau and/or the County Public Works, Facilities and Parks provide contracted mitigation monitoring services for the Salinas Regional Soccer Complex expansion project.		
Brief Referral Description: The Salinas Regional Soccer Complex, which is located on county property, is currently undergoing an expansion to provide more recreational and wellness opportunities to thousands more local youth and families. The California Department of Toxics and Substances Control (DTSC) has required mitigation on certain limited portions of the project, which will be completed, but will require ongoing monitoring afterwards.		
The Salinas Regional Sports Authority, the nonprofit organization that operates the Soccer Complex, is seeking to have the County of Monterey to provide the long-term mitigation monitoring services for the relevant expansion area, rather than utilizing DTSC services. They believe the cost and administrative work would be lower and better facilitated through the County Environmental Health Bureau and/or the County Public Works, Facilities and Parks.		
Under the approved Operations and Maintenance Plan for the Soccer Complex expansion project, the work involves semi-annual and annual inspections, reporting, public notices, and Arsenic Awareness training, most of which can be conducted by the Soccer Complex staff and a consultant, but with the County primarily providing review and oversight functions. Such a service by the County would streamline the process locally, reduce long-term costs, and allow the Soccer Complex to wrap up the remediation phase and focus on community programming and operations.		
<b>Classification - Implication</b>		<b>Mode of Response</b>
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: <u>Environmental Health/Land Monitoring</u>	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 8 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____	

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO’s Office:**

Department(s): <u>Health Department</u>	Referral Lead: <u>Elsa Jimenez</u>	Board Date: <u>08/05/25</u>
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO’s Office:**

Department(s):	Referral Lead:	Original Date:
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____  Date: _____	<b>Department’s Recommended Response Timeline</b> <input type="checkbox"/> By requested date <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/Specific Date: _____

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**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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