

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

**Referral No. 2024.10**  
**Assignment Date: 09/10/24**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                                                                                                                                                                                                 |
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| Date: 9/23/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Submitted By: Supervisor Glenn Church | District #: 2                                                                                                                                                                                                                                                   |
| Referral Title: Allow POU/POE Water Treatment for New Construction (Including ADUs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                                                                 |
| <b>Referral Purpose:</b> To allow for Point of Use/Point of Entry water treatment devices to be used for new construction on vacant legal lots of record and for accessory dwelling units (ADUs).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                                                                                                                                                 |
| <b>Brief Referral Description (attach additional sheet as required):</b><br>Point of Use/Point of Entry water treatment devices are an affordable water treatment option for people whose water systems are impacted by contamination. On November 28, 2023, the Board of Supervisors adopted an ordinance amending portions of Chapters 15.04 and adding Chapter 15.06 to the Monterey County Code to allow for POU/POE to be utilized by local small water systems with 2-4 connections and state small water systems with 5-14 connections. However, the ordinance only applies to existing service connections, and not to new construction on legal lots of record or to ADUs. Without the option to use POU/POE, new construction (including ADUs) are then required to use a centralized treatment system, even if the other connections on the water system use POU/POE. Centralized treatment systems are far more expensive than POU/POE. This referral asks staff to begin taking necessary steps to allow for POU/POE to be used for vacant legal lots of record and accessory dwelling units in systems with 2-14 connections where POU/POE is otherwise allowed for the existing connections. |                                       |                                                                                                                                                                                                                                                                 |
| <b>Classification - Implication</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | <b>Mode of Response</b>                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Ministerial / Minor<br><input checked="" type="checkbox"/> Land Use Policy<br><input type="checkbox"/> Social Policy<br><input type="checkbox"/> Budget Policy<br><input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | <input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | <b>Requested Response Timeline</b>                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | <input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks<br><input type="checkbox"/> Status reports until completed<br><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): | Referral Lead: | Board Date: |
|----------------|----------------|-------------|

**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

|                                         |                                    |                       |
|-----------------------------------------|------------------------------------|-----------------------|
| Department(s): <b>Health Department</b> | Referral Lead: <b>Elsa Jimenez</b> | Date: <b>09/10/24</b> |
|-----------------------------------------|------------------------------------|-----------------------|

**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:<br>_____<br><br>Date: _____                                                       | <b>Department's Recommended Response Timeline</b><br><input type="checkbox"/> By requested date<br><input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months<br><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: |
|-------------------------|-----------------|--------------------------|

**Note:** Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.