



MENDOCINO COUNTY BOARD OF SUPERVISORS

ONLINE AGENDA SUMMARY

BOARD AGENDA # 7(a)

-Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
 -Agenda Summaries must be submitted no later than noon Monday, 15 days prior to the meeting date (along with electronic submittals)
 -Send 14 complete sets (original, single-sided+13 copies) – Items must be signed-off by appropriate departments and/or County Counsel
 -Transmittal of electronic Agenda Summaries and associated records must be emailed to: bosagenda@co.mendocino.ca.us
 -Electronic Agenda Transmission Checklist: ☒ Agenda Summary ☐ Records ☐ If applicable, list other online information below
 -Executed records will be returned to the department within one week. Arrangements for expedited processing must be made in advance

TO: Air Quality Management District Board DATE: March 5, 2012
 FROM: Air Quality Management District AGENDA DATE*: March 27, 2012

DEPARTMENT RESOURCE/CONTACT: Chris Brown PHONE: 4354 Present ☒ On Call ☐

Consent Agenda ☐ Regular Agenda ☒ Noticed Public Hearing ☐ Time Allocated for Item: 2 Hours

■ AGENDA TITLE: **Presentation by the California Air Resources Board regarding the state On-Road and Off-Road Diesel Regulations.**

■ PREVIOUS BOARD OR BOARD COMMITTEE ACTIONS:

August, 2010 - Update from District staff on Diesel Risk Reduction Plan and Air Toxic Control Measures.

■ SUMMARY OF REQUEST:

California Air Resources Board Staff will provide an update to the Mendocino County Air Quality Management District Board on the regulatory requirements and implementation of the In-Use On-road and In-Use Off-Road Diesel Air Toxic Control Measures. These regulations were adopted by the Air Resources Board to reduce public exposure to diesel emissions which are classified as an Air Toxic.

■ SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT: <http://www.arb.ca.gov/diesel/diesel.htm>

■ ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE): ☐

FISCAL IMPACT:

Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
Not Applicable	Not Applicable	Not Applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>

■ RECOMMENDED ACTION/MOTION: **No Action Required - Informational Presentation Only.**

■ ALTERNATIVES: **No Action Required.**

■ CEO REVIEW (NAME): _____ PHONE: 463-4441

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Proclamation ☐ Other _____

