

# **Blue Cut Fire Recovery Electricity to Water Well Process**

#### **NOVEMBER 1, 2016**

Residents impacted by the Blue Cut Fire have inquired about the process for reestablishing electrical power to water well pumps. Once a permitted permanent or temporary source of power has been established, the County's process to energize a water well can be completed in two simple steps as follows:

#### **STEP 1. WELL CERTIFICATION**

- Submit a completed "Well Reuse after Natural Disaster" application along with pictures of the well to the County's Environmental Health Services Division using one of the following methods:
  - Email to sbcwater123@gmail.com
  - Text message to 909-841-6806
  - U.S. Mail to County of San Bernardino, Environmental Health Services, 385 N. Arrowhead Ave., 2<sup>nd</sup> Floor, San Bernardino, CA 92415
  - In person delivery to Environmental Health Services, 385 N. Arrowhead Ave., 2nd Floor, San Bernardino, CA
- There is no fee for this application.
- Well Reuse applications are typically approved within 48 hours based on review of the application and photos. If a site inspection is required, approval is typically provided within 24 hours of the inspection, unless repairs to the well are needed.
- For additional information, contact County Environmental Health Services at (800) 442-2283.

#### **STEP 2. BUILDING PERMIT**

- Submit a completed Building Permit application, along with a copy of the approved "Well Reuse after Natural Disaster" application from Environmental Health Services, to the County of San Bernardino Building & Safety Division at one of the following locations:
  - Jerry Lewis High Desert Government Center, 15900 Smoke Tree St., Suite 131 in Hesperia
  - o County Government Center, 385 N. Arrowhead Ave., 1st Floor in San Bernardino
- Submit the permit fee of \$184.00.
- Permits are typically issued immediately over the counter and the well inspection will be scheduled for the following day.
- For additional information, including the process to establish a permitted power source, contact County Building & Safety at (909) 387-8311.

#### **Attachments:**

- Well Reuse after Natural Disaster application
- Building Permit application



## **블루 컷 화재 복원** 용수장전력 공급 절차

#### 2016년 11월 1일

블루 컷 화재로 인하여 극심한 피해를 입으신 주민들께서 용수 공급에 필요한 전력 공급절차를 문의하셨습니다. 영구적, 혹은 일시적인 전력 공급원이 지정되면, 다음과 같은 간단한 두 단계로, 카운티의 용수장 활성화 진행이 이루어집니다:

#### 1 단계: 용수장 품질 승인

"자연 재해 후 용수장 재사용" 신청서를 작성하여, 용수장 사진과 함께, 카운티의 환경 보건 사업부에 다음의 방법으로 제출하여 주십시오:

- o 이메일 접수처: <u>sbcwater123@gmail.com</u>
- 문자 전송 접수처: 909-841-6806
- o 미 우정국 우편 접수처: County of San Bernardino, Environmental Health Services, 385 N. Arrowhead Ave., 2<sup>nd</sup> Floor, San Bernardino, CA 92415
- o 방문 접수처: 환경 보건 사업부, 385 N. Arrowhead Ave., 2<sup>nd</sup> Floor, San Bernardino, CA
- 신청서 접수비는 없습니다.
- 용수장 재사용 신청서는 보통, 신청서 검토와 접수된 사진을 근거로 48 시간 이내에 승인여부가 결정됩니다. 용수장 현장 조사 필요 시 승인 여부는, 용수장 수리가 필요하지 않은 경우, 현장 조사실시 후 24 시간 내에 결정됩니다.
- 보다 자세한 정보는, 카운티 환경 보건 사업부 전화 (800) 442-2283 로 문의하여 주시기 바랍니다.

#### 2 단계: 건축물 허가

건축물 허가 신청서를 작성하여, 환경 보건 사업부가 승인한 "자연 재해 후 용수장 재사용" 신청서와 함께, 샌 버나디노 카운티 건축물 & 안전 사업부에 제출하여 주십시오. 위치는 다음과 같습니다:

- o 제리 루이스 하이 데저트 정부청사, 15900 Smoke Tree St., Suite 131, Hesperia
- ⊙ 카운티 정부 종합 청사, 385 N. Arrowhead Ave.. 1<sup>st</sup> Floor, San Bernardino
- 신청 접수비는 \$184.00 입니다.
- 허가서 발급은 신청 접수처에서 즉시 이루어지며, 용수장 검사는 보통 다음날 실행됩니다.
- 보다 자세한 정소는, 전력공급처 지정을 포함하여,카운티 건축물 & 안전 사업부 전화 (909) 387-8311 로 문의하여 주시기 바랍니다.

#### 첨부자료:

- 자연 재해 후 용수장 재사용 신청서
- 건축물 허가 신청서

www.SBCounty.gov



# **Land Use Services Department Building & Safety Division**

## **Building Permit Application**

http://cms.sbcounty.gov/lus/BuildingSafety/Applications.aspx

Permit is valid for only 180 days after permit issuance and will expire unless you begin work and receive an inspection within the 180-day period.

| To Be Completed By Applicant                         |       |               |              |                   |              |            |           |  |                           |                         |                               |           |          |    |             |          |                   |  |
|--|-------|---------------|--------------|-------------------|--------------|------------|-----------|--|---------------------------|-------------------------|-------------------------------|-----------|----------|----|-------------|----------|-------------------|--|
| Job Site Add   | ress: |               |              |                   |              |            |           |  | Assessor's Parcel Number: |                         |                               |           |          |    |             |          |                   |  |
|  | Name  | э:            |              |                   |              |            |           |  |                           |                         | Phone N                       | 0.        |          | -  | Cell No.    |          |                   |  |
| Property<br>Owner                                    | Addre | Address:      |              |                   |              |            |           |  |                           |                         | Unit Number                   |           |          |    | Zip Code    |          |                   |  |
| O William  | Email | l Address     | 3:           |                   |              |            |           |  |                           |                         |                               |           |          |    |             |          |                   |  |
|  | Name  | Name:         |              |                   |              |            |           |  |                           |                         | Phone No.                     |           |          |    | Cell No.    |          |                   |  |
| Applicant  | Addre | ddress:       |              |                   |              |            |           |  |                           |                         | Unit Number                   |           |          |    | Zip Code    |          |                   |  |
|  | Email | mail Address: |              |                   |              |            |           |  |                           |                         |                               |           |          |    |             |          |                   |  |
|  | Name  | Name:         |              |                   |              |            |           |  |                           |                         |                               | Phone No. |          |    |             | Cell No. |                   |  |
| Contractor   | Addre | Address:      |              |                   |              |            |           |  |                           | City                    | State                         |           |          |    | Zip Code    |          |                   |  |
|  | Emai  | l Address     | S:           |                   |              |            |           |  | l                         |                         |                               |           | <u> </u> |    |             |          |                   |  |
|  | Contr | actor's S     | state o      | f California Lice | ense         | No.        |           | Cla  | ssification:              |                         | Lic. Exp. Date:               |           |          |    |             |          |                   |  |
| Description of Work:                                 |       |               |              |                   |              |            |           |  |                           |                         |                               |           |          |    |             |          |                   |  |
|  |       |               |              |                   |              |            |           |  |                           |                         |                               |           |          |    |             |          |                   |  |
|  |       |               |              |                   |              |            |           |  |                           |                         |                               |           |          |    |             |          |                   |  |
|  |       |               |              |                   |              |            |           |  |                           |                         |                               |           |          |    |             |          |                   |  |
| Applicant's Signature                                |       |               |              |                   |              |            | Date:     |  |                           |                         |                               |           |          |    |             |          |                   |  |
|  |       |               |              |                   |              | To Be      | Con       | pl   | eted By C                 | ounty                   | / Staff                       |           |          |    |             |          |                   |  |
| Indicate<br>Work<br>Type:                            |       | Combo         |              | Grading           |              | Alteration |           | Miscellaneous/F<br>(Plumb. Mech. Ele<br>& Rwall) |                           | h. Elec<br>wall)        | c. Solar,                     | EC.       | PCIR     |    | MH          |          | Prof. Rpts        |  |
|  | А     | Addition Dem  |              | Demolition        | Retrofit*    |            |           | Revision to E                                    |                           | Existing Permit Po      |                               | Poo       | ol/Spa   |    | Re-<br>Roof |          | Land/Temp<br>Uses |  |
| Proposed Building Use(s):  Existing Building Use(s): |       |               |              |                   |              |            |           |  |                           |                         |                               |           |          |    |             |          |                   |  |
| Occupancy<br>Group:                                  |       | # Buildi      | # Units: # S |                   | Stories: # I |            | Bedrooms: |  | Perm                      | Permit Renewal YES or N |                               |           |          | VO |             |          |                   |  |
| Отоир.   |       |               |              |                   |              |            |           |  |                           | Expire                  | xpired Permit #:              |           |          |    |             |          |                   |  |
| Construction<br>Type:                                |       | Wo            |              |                   |              |            |           |  |                           |                         | rk without a permit YES or NO |           |          |    |             |          |                   |  |
| Please note:   |       | Cor           |              |                   |              |            |           |  |                           | Code                    | de Enforcement case #:        |           |          |    |             |          |                   |  |

Please note:

Copies of identification, credentials and all forms requiring authorization signatures must be reviewed by staff for completeness prior to permit issuance and must be present each time a permit is pulled.



### Department of Public Health Division of Environmental Health Services

www.sbcounty.gov/dph/dehs Phone: (800) 442-2283



### APPLICATION FOR WELL REUSE AFTER NATURAL DISASTER

| THIS SECTION TO BE COMPLETED BY APPLICANT  |   |               |       |              |  |  |  |  |  |
|--|---|---------------|-------|--------------|--|--|--|--|--|
| 1 – PROPERTY INFORMATION   |   |               |       |              |  |  |  |  |  |
| Property Owner   |   |               |       | Phone Number |  |  |  |  |  |
| Site Address   |   | City          | Zip   |              |  |  |  |  |  |
| Assessor's Parcel Number   |   | Email         |       |              |  |  |  |  |  |
| Property Owner's Mailing Address (if different   |   | City          | State | Zip          |  |  |  |  |  |
| 2- REQUIREMENTS TO OBTAIN APPROVAL FOR REUSE   |   |               |       |              |  |  |  |  |  |
| Pictures of the well must be provided with the application to show the following requirements are met:   |   |               |       |              |  |  |  |  |  |
| a) Is the well watertight?   | a) Is the well watertight?  |               |       |              |  |  |  |  |  |
| ☐ Yes ☐ No   |   |               |       |              |  |  |  |  |  |
| b) Does the well have a check valve?   |   |               |       |              |  |  |  |  |  |
| Yes No   |   |               |       |              |  |  |  |  |  |
|  |   |               |       |              |  |  |  |  |  |
| c) Was the well damaged as a result of the natural disaster?   |   |               |       |              |  |  |  |  |  |
| ☐ Yes ☐ No   |   |               |       |              |  |  |  |  |  |
|  |   |               |       |              |  |  |  |  |  |
| 3- APPLICATION SUBMITTAL   |   |               |       |              |  |  |  |  |  |
| Submit application along with pictures of required features to EHS. This may be done one of the following ways:  |   |               |       |              |  |  |  |  |  |
| At EHS Front Counter or via Mail:  | Environmental Health Services<br>385 N Arrowhead Ave., Second<br>San Bernardino, CA 92415 | Floor         |       |              |  |  |  |  |  |
| Via Email:   | sbcwater123@gmail.com   |               |       |              |  |  |  |  |  |
| Via Text:  | 909-841-6806  |               |       |              |  |  |  |  |  |
|  | 12 – AGREEMENT A  | AND SIGNATURE |       |              |  |  |  |  |  |
| I understand this is an application for well reuse and not a well certification to ensure all California Well Standards are met. For more information on these standards please contact EHS. |   |               |       |              |  |  |  |  |  |
|  | X   |               | Date  |              |  |  |  |  |  |
| For Office Use Only For Office Use Only For Office Use Only For Office Use Only  |   |               |       |              |  |  |  |  |  |
| Approval/Comments  |   |               |       |              |  |  |  |  |  |
|  |   |               |       |              |  |  |  |  |  |
|  |   |               |       |              |  |  |  |  |  |
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