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|  |  | Department of Public HealthDivision of Environmental Health Services | [www.sbcounty.gov/dph/dehs](http://www.sbcounty.gov/dph/dehs)Phone: (800) 442-2283 |
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| **APPLICATION FOR WELL REUSE AFTER NATURAL DISASTER** |
| THIS SECTION TO BE COMPLETED BY APPLICANT  |
| **1 – PROPERTY INFORMATION** |
| Property Owner      | Phone Number      |
| Site Address      | City      | State   | Zip      |
| Assessor’s Parcel Number      | Email      |
| Property Owner’s Mailing Address (if different from site address)      | 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:1. Is the well watertight?

[ ]  Yes [ ]  No |
| 1. Does the well have a check valve?

[ ]  Yes [ ]  No1. 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 Services385 N Arrowhead Ave., Second FloorSan Bernardino, CA 92415Via Email: sbcwater123@gmail.comVia Text: 909-841-6806 |
| **12 – AGREEMENT 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.  |
| Property Owner’s Signature  | X | Date       |
| For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only  |
| Approval/Comments |  |  |  |  |  |
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