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|  | | | |  | Department of Public Health  Division 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  No   1. 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  385 N Arrowhead Ave., Second Floor  San Bernardino, CA 92415  Via Email: [sbcwater123@gmail.com](mailto:sbcwater123@gmail.com)  Via 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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