



## 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			
<p>Pictures of the well must be provided with the application to show the following requirements are met:</p> <p>a) Is the well watertight?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>b) Does the well have a check valve?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>c) Was the well damaged as a result of the natural disaster?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
3- APPLICATION SUBMITTAL			
<p>Submit application along with pictures of required features to EHS. This may be done one of the following ways:</p> <p>At EHS Front Counter or via Mail:    Environmental Health Services  385 N Arrowhead Ave., Second Floor  San Bernardino, CA 92415</p> <p>Via Email:                                    <a href="mailto:sbcwater123@gmail.com">sbcwater123@gmail.com</a></p> <p>Via Text:                                        909-841-6806</p>			
12 – AGREEMENT AND SIGNATURE			
<p>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.</p>			
Property Owner's Signature <b>X</b>			Date
For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only   For Office Use Only			
Approval/Comments			