SAN BERNARDINO COUNTY
Public Health
Environmental Health Services

385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA. 92415
Email: EHS.CustomerService@dph.sbcounty.gov
Chat & Website: wp.sbcounty.gov/dph/ehs
Phone: 800.442.2283
Fax: 909.387.4323

APPLICATION FOR WELL REUSE AFTER NATURAL DISASTER

THIS SECTION TO BE COMPLETED BY APPLICANT

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:

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?

☐ 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

APPLICATION SUBMITTAL

Submit application along with pictures of required features to Environmental Health Services (EHS). This may be done one of the following ways:

At EHS Front Counter or via Mail: Environmental Health Services
385 N. Arrowhead Ave., 2nd floor
San Bernardino, CA 92415

Via Email: EHS.CustomerService@dph.sbcounty.gov

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.

☐ Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.	Date:
Property Owner's Signature:	
Print Property Owner's Name:	

For Office Use Only

Approval/Comments: