

# Notice of Exemption

To:  Office of Planning and Research  
State of California  
1400 Tenth Street, Room 121  
Sacramento, CA 95814

From: San Bernardino County  
Project and Facilities Management Department  
620 South E St  
San Bernardino, CA 92415-0184

Clerk of the Board of Supervisors  
San Bernardino County  
385 North Arrowhead Avenue, Second Floor  
San Bernardino, CA 92415-0130

## PROJECT DESCRIPTION

Project Name: ARMC Telemetry Expansion  
Project Description: Upgrading and expanding the existing Telemetry System throughout the hospital. This work includes seismic anchoring, electrical, and low voltage.  
Location: Arrowhead Regional Medical Center  
400 North Pepper Ave.  
Colton, CA 92324  
APN: 0254081180000

## APPLICANT

San Bernardino County  
Project and Facilities Management Department  
Project Management  
620 South E St  
San Bernardino, CA 92415-0184

## REPRESENTATIVE

San Bernardino County  
Project and Facilities Management Department  
Project Management  
620 South E St  
San Bernardino, CA 92415-0184

State Clearinghouse Number: N/A  
Project Number: 10.10.1477

Rob Gilliam  
Lead Agency Contact Person

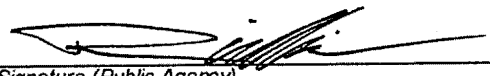
909-387-5000  
Area Code/Telephone Number

Exempt Status: (check one)

- Ministerial [Sec. 21080(b)(1); 15268];
- Declared Emergency [Sec. 21080(b)(3); 15269(a)];
- Emergency Project [Sec. 21080(b)(2); 15269(b)(c)];
- Categorical Exemption:  
Replacement or Reconstruction, Section 15301(a)
- Statutory Exemptions.

Reasons why the Project is exempt:

The project involves the replacement and upgrade of existing telemetry systems, including seismic anchoring, electrical, and low voltage improvements, within an existing hospital facility. It qualifies for exemption under CEQA Guidelines Section 15301(a) – Class 1 as it consists of the replacement of existing utility systems with negligible or no expansion of capacity

  
Signature (Public Agency)

7.7.25  
Date

Chief of PM  
Title

Signed by Lead Agency       Signed by Applicant

Date received for filing at OPR: \_\_\_\_\_

## DATE FILED & POSTED

Posted On: 7.9.25

Removed On: 8.14.25

Receipt No: 36-07092025-494

SAN BERNARDINO COUNTY  
CLERK OF THE BOARD OF SUPERVISORS  
2025 JUL -9 PM 1:50  
CALIFORNIA



State of California - Department of Fish and Wildlife  
**2025 ENVIRONMENTAL DOCUMENT FILING FEE**  
**CASH RECEIPT**  
 DFW 753.5a (REV. 01/01/25) Previously DFG 753.5a

**Print**   **Start Over**   **Save**

RECEIPT NUMBER:  
 36 — 07092025 — 494  
 STATE CLEARINGHOUSE NUMBER (If applicable)  
 N/A

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

LEAD AGENCY <b>San Bernardino County-PFMD</b>	LEAD AGENCY EMAIL -	DATE <b>07092025</b>
COUNTY/STATE AGENCY OF FILING San Bernardino	DOCUMENT NUMBER -	

PROJECT TITLE

**ARMC Telemetry Expansion**

PROJECT APPLICANT NAME <b>San Bernardino County-PFMD</b>	PROJECT APPLICANT EMAIL -	PHONE NUMBER <b>(909) 387-5000</b>
PROJECT APPLICANT ADDRESS <b>620 S E St.</b>	CITY <b>San Bernardino</b>	STATE <b>CA</b>
		ZIP CODE <b>92415-0184</b>

PROJECT APPLICANT (Check appropriate box)

- Local Public Agency  
  School District  
  Other Special District  
  State Agency  
  Private Entity

CHECK APPLICABLE FEES:

- |   |            |    |      |
|---|------------|----|------|
| <input type="checkbox"/> Environmental Impact Report (EIR)  | \$4,123.50 | \$ | 0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)                                   | \$2,968.75 | \$ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,401.75 | \$ | 0.00 |
| <br>  |            |    |      |
| <input checked="" type="checkbox"/> Exempt from fee   |            |    |      |
| <input checked="" type="checkbox"/> Notice of Exemption (attach)                                    |            |    |      |
| <input type="checkbox"/> CDFW No Effect Determination (attach)                                      |            |    |      |
| <input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy)           |            |    |      |

- |   |          |    |       |
|---|----------|----|-------|
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ | 0.00  |
| <input checked="" type="checkbox"/> County documentary handling fee   |          | \$ | 50.00 |
| <input type="checkbox"/> Other  |          | \$ |       |

PAYMENT METHOD:

- Cash  
  Credit  
  Check  
  Other  
 **SAP**

TOTAL RECEIVED \$ 50.00

SIGNATURE <b>X</b>	AGENCY OF FILING PRINTED NAME AND TITLE <b>Alicia Meza, Deputy Clerk</b>
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