

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 Street
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 Nurse Call System

Project Description: Replace/Upgrade the following systems – Nurse Call, PBX/Code Blue, Real Time Locating, Patient Information Boards, Delayed Egress Control at select doors.

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 Street
San Bernardino, CA 92415-0184
REPRESENTATIVE

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

State Clearinghouse Number: N/A
Project Number: 10.10.0949

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:
Existing Facilities, Section 15301 (a), Class 1 Replacement
- Statutory Exemptions.

CLERK OF THE
BOARD OF SUPERVISORS
2025 JUL -9 PM 1:38
SAN BERNARDINO COUNTY
CALIFORNIA

Reasons why the Project is exempt:

The Project involves replacing and upgrading existing hospital communication and safety systems with no expansion of use. It qualifies for exemption under CEQA Guidelines Sections 15301(a), Class 1 for Existing Facilities.


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: 36-07092025-492



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 — 492
 STATE CLEARINGHOUSE NUMBER (If applicable)
 N/A

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

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

PROJECT TITLE

ARMC Nurse Call System

PROJECT APPLICANT NAME San Bernardino County-PFMD	PROJECT APPLICANT EMAIL -	PHONE NUMBER (909) 387-5000
PROJECT APPLICANT ADDRESS 620 South E Street	CITY STATE San Bernardino CA	ZIP CODE 92415-0184

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 |

- Exempt from fee
 Notice of Exemption (attach)
 CDFW No Effect Determination (attach)
 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 X	AGENCY OF FILING PRINTED NAME AND TITLE Alicia Meza, Deputy Clerk
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