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| A close up of a logo  Description automatically generated | | | 5750 Almaden Expressway  San Jose, CA 95118  (408) 265-2600 | | | | | **WELL REACTIVATION NOTICE**  FC 1236 (01-27-20)  Page 1 of 2 | | | | | | |
| ▶Please complete both sides of this form. | | | | | | | | | | | | | | |
| Property Owner: | | | | | | | Well Owner (if different): | | | | | | Name of Business/Residence at Well Site: | |
| Property Owner Address: | | | | | | | Well Owner Address: | | | | | | Address of Well Site: | |
| City, State, Zip: | | | | | | | City, State, Zip: | | | | | | City, State, Zip: | |
| Telephone No.: | | | | | | | Telephone No.: | | | | | | Telephone No.: | |
| Assessor’s Parcel No. of Well Site: | | | | | | | Well Registration No.: | | | | | | Date of Reactivation: | |
| Book |  | Page |  | Parcel | |  |  | | | | | |  | |
| **This Section To Be Completed for Monitoring/Extraction Wells Only** | | | | | | | | | | | | | | |
| Consultant’s Company Name (if any): | | | | | | | | | | Address: | | | | |
| Telephone No.: | | | | | | | | | | City, State, Zip: | | | | |
| Owner’s/Consultant’s Well No.: | | | | | | | | | | Original Permit No.: | | | | |
| **Well Description**: | | | | | | | | | | | | | | |
| Vertical Well  Dewatering Well  Elevator Shaft  Multiple Casing  Horizontal Well  Pit Well | | | | | | | | | | | | | | |
| **Well Type**, check all that apply: | | | | | | | | | | | | | | |
| Water Producing (supply or extraction):  Contamination Cleanup  Agricultural  Domestic  Municipal & Industrial | | | | | | | | | | | | | | |
| Vapor Extraction | | | | | | | | | | | | | | |
| Monitoring:  Inclinometer  Groundwater  Vadose  Piezometer  Interface  Suction Lysimeter  Seismic | | | | | | | | | | | | | | |
| Injection/Infiltration:  Contamination Cleanup  Reclaimed Water  Air Sparging | | | | | | | | | | | | | | |
| Cathodic Protection | | | | | | | | | | | | | | |
| Has an Inactive/Standby Well Permit been issued for the period of time the well was not in use?  Yes  No | | | | | | | | | | | | | | |
| If yes, please give the most recent Inactive/Standby Well Permit No.: | | | | | | | | | | |  | | | (Go to page 2) |
| If no, please complete the following section and page 2. | | | | | | | | | | | | | | |
| **Consultant/Driller/Pump Contractor’s Certification Statement** | | | | | | | | | | | | | | |
| 1. Certify that the well head has no defects which may impair the quality water in the well or in the water-bearing formations penetrated; | | | | | | | | | | | | | | |
| 2. The well head is appropriately protected to prevent injury or accidental entry by persons or animals; | | | | | | | | | | | | | | |
| 3. The well head is watertight and appropriately protected to prevent the entrance of undesirable water or foreign matter; | | | | | | | | | | | | | | |
| 4. The well head is watertight and appropriately protected to prevent the uncontrolled flow of water from the well; | | | | | | | | | | | | | | |
| 5. The well is marked so that it can be clearly seen; | | | | | | | | | | | | | | |
| 6. The area around the well is free of brush and debris; | | | | | | | | | | | | | | |
| 7. The well is capable of being used for its intended purpose. | | | | | | | | | | | | | | |
| Company Name: | | | | | | | | | | Address: | | | | |
| License No.: | | | | | Telephone No.:  (     ) | | | | | City, State, Zip: | | | | |
| Signature of Driller/Pump Contractor/Consultant: | | | | | | | | | | Print Name: | | | | Date: |
| **If you have any questions, contact the Valley Water’s Well Ordinance Program at (408) 630-2660.** | | | | | | | | | | | | | | |
| I agree to properly maintain the well described in the permit so that: | | | | | | | | | | | | | | |
| 1. The well head has no defects which may impair quality of water in the well or in the water-bearing formation penetrated; | | | | | | | | | | | | | | |
| 2. The well head is appropriately protected to prevent injury or accidental entry by persons or animals; | | | | | | | | | | | | | | |
| 3. The well head is watertight and appropriately protected to prevent the entrance of undesirable water or foreign matter; | | | | | | | | | | | | | | |
| 4. The well head is watertight and appropriately protected to prevent the uncontrolled flow of water from the well; | | | | | | | | | | | | | | |
| 5. The well is marked so that it can be clearly seen; | | | | | | | | | | | | | | |
| 6. The area surrounding the well is kept clear of brush or debris. | | | | | | | | | | | | | | |
| Signature of Well Owner: | | | | | | | | | | Print Name: | | | | Date: |
| **Site Plan** | | | | | | | | | | | | | | |
| **Well Location**  (Draw accurately; recommend using assessor’s map)  1. Sketch well location to scale, show dimensions to nearest foot.  2. Show a minimum of two dimensions at right angles. Dimensions shall be from the centerline of the closest named streets, roads, or highways. | | | | | | | | |  | | |  | | |
| Sketch well location as described above: | | | | | | | | | | | | | | |

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