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| A close up of a logo  Description automatically generated | 5750 Almaden ExpresswaySan 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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