



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: Book                      Page                      Parcel	Well Registration No.:	Date of Reactivation:

### 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:     Inclinator     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:
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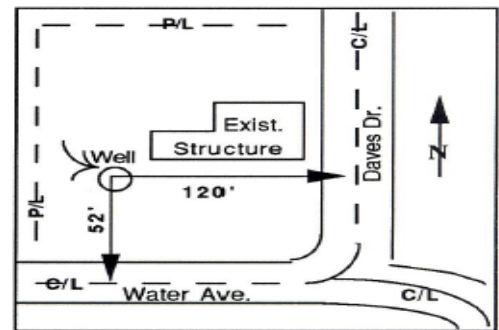
### Site Plan

**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.

**EXAMPLE** →



Sketch well location as described above:

