



5750 Almaden Expressway
San Jose, CA 95118
(408) 265-2600

WELL REACTIVATION NOTICE

FC 1236 (12-06-22)

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TO BE COMPLETED BY OWNER AND WELL DRILLER

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:

Consultant (Company):	Drilling Company:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Telephone No.:	Telephone No.:	C-57 License No.:
<input type="checkbox"/> Check if address or phone number has changed	<input type="checkbox"/> Check if address or phone number has changed	

WELL TYPE/USE	<input type="checkbox"/> Water Production	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Remediation	<input type="checkbox"/> Dewatering
	<input type="checkbox"/> Agricultural <input type="checkbox"/> Single Domestic/Household Only, No Commercial Agriculture <input type="checkbox"/> Single Domestic/Household Only with Commercial Agriculture or Large Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Public/Community Drinking Water Supply System – 25 or more persons regularly served, or 15 or more connections <input type="checkbox"/> Small Drinking Water Supply System – more than one household but less than 25 persons regularly served or fewer than 15 connections	<input type="checkbox"/> GW Level <input type="checkbox"/> GW Quality <input type="checkbox"/> Inclinator <input type="checkbox"/> Vapor <input type="checkbox"/> Other	<input type="checkbox"/> Air Sparge <input type="checkbox"/> GW Extraction <input type="checkbox"/> Material Emplacement <input type="checkbox"/> Vapor Extraction <input type="checkbox"/> Other	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
	<input type="checkbox"/> Heat Exchange <input type="checkbox"/> Closed Loop <input type="checkbox"/> Open Loop	<input type="checkbox"/> Injection <input type="checkbox"/> Groundwater Cleanup Reinjection <input type="checkbox"/> Stormwater <input type="checkbox"/> Water Supply Recharge <input type="checkbox"/> Other	<input type="checkbox"/> Cathodic Protection	<input type="checkbox"/> Other (Please specify)

Has a Standby Well Permit been issued for the period of time the well was not in use? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
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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.:

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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:

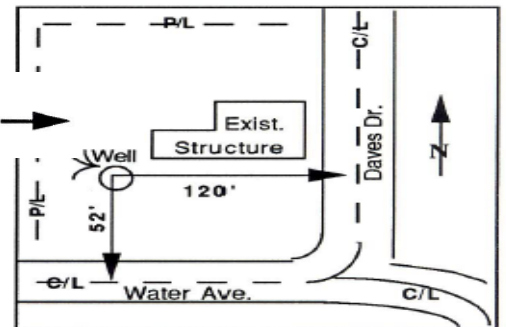
Site Plan

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.

EXAMPLE →



Sketch well location as described above: