Valley Water

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

WELL REACTIVATION NOTICE
FC 1236 (04-23-2025)
Page 1 of 2

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.:

WELL TYPE/USE

☐ **Water Production**	☐ **Monitoring**	☐ **Remediation**	☐ **Dewatering**
☐ Single Domestic/Household Only, No Commercial Agriculture ☐ Single Domestic/Household Only with Commercial Agriculture or Large Irrigation ☐ Agricultural ☐ Industrial ☐ State Small Water System – 5 to 25 persons regularly served ☐ Public Water Supply System – 15 or more connections or 25 or more persons regularly served	☐ GW Level ☐ GW Quality ☐ Inclinometer ☐ Vapor ☐ Other	☐ Air Sparge ☐ GW Extraction ☐ Material Emplacement ☐ Vapor Extraction ☐ Other	☐ Permanent ☐ Temporary

☐ **Heat Exchange**	☐ **Injection**	☐ **Cathodic Protection**	☐ **Other** (Please specify)
☐ Closed Loop ☐ Open Loop	☐ Groundwater Cleanup Reinjection ☐ Stormwater ☐ Water Supply Recharge ☐ Other		

Has a 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.

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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.: ( )	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
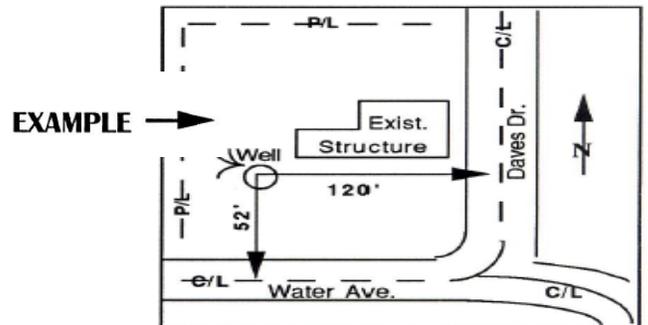
Sketch well location as described above: