FOX CANYON GROUNDWATER MANAGEMENT AGENCY

800 S. Victoria Avenue Ventura, CA 93009-1610

Tel: (805) 654-2014 Fax: (805) 654-3350 fcgma@ventura.org



Application for Correction, Transfer, or Variance New Extraction Allocation for the Oxnard & Pleasant Valley Basins

The Fox Canyon Groundwater Management Agency Board of Directors adopted an Ordinance to Establish an Allocation System for the Oxnard and Pleasant Valley Groundwater Basins on October 23, 2019. The new allocations take effect October 1, 2020. Notification of New Extraction Allocation letters were sent to all owners and operators currently registered with the Agency with wells in the basins providing notification of the new initial extraction allocation assigned to each well. Use this form to submit a request for modification of the initial extraction allocation assigned to a well, transfer of allocation to a well, or correct information associated with the well.

Use a separate fo	rm for each well.			
State Well Numbe	er:NW	Comb	Code:	
•	one form for each chadditional pages	•	WN). Check all i	tems that apply below, and
	ctions, etc.).	fication of New Extracti	ion Allocation is	incorrect (e.g., APN, contact
☐ Allocations <i>Go to Sect</i>		d to be transferred to a	another well (e.g	., a replaced well).
	fees and penalties	•	al extraction peri	ods into compliance. Unpaid
	ariance request in a	es or exceptional chara accordance with Article	• •	able to this well and I wish to nce.
☐ I did not re	eceive a Notification	of New Extraction Allo	cation letter for	this SWN.
		(For Office Use Or	nly)	
Application No.		Approval Authority		FCGMA Records Adjustment
	Executive Of Approved Denied		f Directors Date:	FCGMA Data Entry Stamp

State Well Number:	N	W	Page 2 of 4

Section A – Incorrect Information on the Notification of New Extraction Allocations

Account Information

Enter requested corrections. Use the appropriate Agency form to register changes in Owner, Operator, Usage, or Well Status if not previously submitted.

Account Detail	Requested Correction
Owner	
Operator	
CombCode	
Usage Code	
DWR Groundwater Basin	
APN	
Well Status	

Reported Extractions

Identify any discrepancies you believe exist in the Agency's records of extraction reporting for which you have a copy(ies) of submitted Semi-Annual Extraction Statement(s).

Reporting Period	Requested Correction
2005-1	
2005-2	
2006-1	
2006-2	
2007-1	
2007-2	
2008-1	
2008-2	
2009-1	
2009-2	
2010-1	
2010-2	
2011-1	
2011-2	
2012-1	
2012-2	
2013-1	
2013-2	
2014-1	
2014-2	

SWN:N	_W D	ate Replaced:	
oction C — Unrono	arted Extractions		
_	orted Extractions		
=		not reported in accordance wit esire to bring into compliance. P	
traction fees will be		compliance. I	charties and a
	Reporting Period	Request Compliance	1
	2005-1		
	2005-2		-
_	2006-1		_
			-
	2006-2		<u> </u>
	2007-1		=
	2007-2		
	2008-1		
	2008-2		
	2009-1		
	2009-2		
	2010-1		
	2010-2		1
	2011-1		-
	2011-2		-
	2012-1		-
	2012-2		-
	2013-1		-
	2013-2		-
	2014-1		-
			_
	2014-2		

Use this section to identify a well(s) with reported extraction during the base period which was (were) replaced by the well identified on page 1 and subsequently destroyed. Attach supporting documentation.

Date Replaced: _____

State Well Number: ___N___W____

SWN: ___N__W____

Section B – Allocation Transfer for Replacement Well

Page 3 of 4

State Well Number:NW	Page 4 of 4
Section D – Variance Request	
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Provide a summary of the special circumstances or exceptional characteristics applicable to this well for which you wish to request a variance request in accordance with Article 9 of the Ordinance. Additional information and documentation may be required.

Certification

I declare under penalty of perjury under the laws of the State of California that I am the owner of the well identified on page 1 and the information contained in this application is true and correct. Must be signed by well owner.

Well Owner	Well Operator
Business Name	Business Name (Enter "Same" if same as owner)
Print Name / Title	Print Name / Title
Signature Dat	Signature Signature
Address	Address
City / State / Zip	City / State / Zip
Phone	Phone
Email	Email

Date