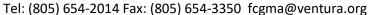
FOX CANYON GROUNDWATER MANAGEMENT AGENCY

800 S. Victoria Avenue Ventura, CA 93009-1610





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 form for each well.					
State Well Numbe	er:NW	Co	ombCode:		
-	one form for each ch additional pages		r (SWN). Check all i	items that apply below, and	
	ctions, etc.).	fication of New Ext	action Allocation is	incorrect (e.g., APN, contact	
☐ Allocations from one well need to be transferred to another well (e.g., a replaced well). Go to Section B.					
	fees and penalties	•	inual extraction per	iods into compliance. Unpaid	
	ariance request in a	ces or exceptional ch accordance with Art		able to this well and I wish to nce.	
☐ I did not re	eceive a Notification	n of New Extraction	Allocation letter for	this SWN.	
(For Office Use Only)					
Application No.	Approval Authority		FCGMA Records Adjustment		
	Executive Of Approved Denied			FCGMA Data Entry Stamp	

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 P	eriod	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

State Well Number: ___ N___ W___

Page 2 of 4

WN:N	w	Date Replaced:
C – Unrepo	orted Extractions	
i-annual e	extraction periods which w ntified on page 1 which yo	ere not reported in accordance u desire to bring into compliar
	Reporting Period	Request Complianc
	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	

State Well Number: ___N___W_____

Section B – Allocation Transfer for Replacement Well

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.

SWN: ___N__W___ Date Replaced: _____

Page 3 of 4

State Well Number:NW	Page 4 of 4
Section D – Variance Request	
	exceptional characteristics applicable to this well for cordance with Article 9 of the Ordinance. Additional
Certification	
	the State of California that I am the owner of the well in this application is true and correct. Must be signed
Well Owner	Well Operator
Business Name	Business Name (Enter "Same" if same as owner)
Print Name / Title	Print Name / Title
Signature Date	Signature Date
Address	Address
City / State / Zip	City / State / Zip
Phone	Phone

Email

Email