

# FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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## 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 Number:** \_\_\_N\_\_\_W\_\_\_ \_\_\_ \_\_\_ \_\_\_ **CombCode:** \_\_\_\_\_

**Please complete one form for each State Well Number (SWN). Check all items that apply below, and sign Page 3. (Attach additional pages if needed.)**

- Information listed in the Notification of New Extraction Allocation is incorrect (e.g., APN, contact info, extractions, etc.).  
**Go to Section A.**
- Allocations from one well need to be transferred to another well (e.g., a replaced well).  
**Go to Section B.**
- I wish to bring one or more non-reported semi-annual extraction periods into compliance. Unpaid extraction fees and penalties will be due.  
**Go to Section C.**
- There are special circumstances or exceptional characteristics applicable to this well and I wish to submit a variance request in accordance with Article 9 of the Ordinance.  
**Go to Section D.**
- I did not receive a Notification of New Extraction Allocation letter for this SWN.

(For Office Use Only)			
Application No.	Approval Authority		FCGMA Records Adjustment
	<b>Executive Officer</b> <input type="checkbox"/> Approved      Date: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Denied <input type="checkbox"/> N/A	<b>Board of Directors</b> <input type="checkbox"/> Approved      Date: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Denied <input type="checkbox"/> N/A	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 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	

**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: \_\_\_\_\_

SWN: \_\_ \_\_ N \_\_ \_\_ W \_\_ \_\_ \_\_ \_\_ \_\_      Date Replaced: \_\_\_\_\_

**Section C – Unreported Extractions**

Identify semi-annual extraction periods which were not reported in accordance with Agency Ordinance Code for the well identified on page 1 which you desire to bring into compliance. Penalties and unpaid extraction fees will be due.

Reporting Period	Request Compliance
2005-1	<input type="checkbox"/>
2005-2	<input type="checkbox"/>
2006-1	<input type="checkbox"/>
2006-2	<input type="checkbox"/>
2007-1	<input type="checkbox"/>
2007-2	<input type="checkbox"/>
2008-1	<input type="checkbox"/>
2008-2	<input type="checkbox"/>
2009-1	<input type="checkbox"/>
2009-2	<input type="checkbox"/>
2010-1	<input type="checkbox"/>
2010-2	<input type="checkbox"/>
2011-1	<input type="checkbox"/>
2011-2	<input type="checkbox"/>
2012-1	<input type="checkbox"/>
2012-2	<input type="checkbox"/>
2013-1	<input type="checkbox"/>
2013-2	<input type="checkbox"/>
2014-1	<input type="checkbox"/>
2014-2	<input type="checkbox"/>

**Section D – Variance Request**

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.

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**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	
<i>Business Name</i>	
<i>Print Name / Title</i>	
<i>Signature</i>	<i>Date</i>
<i>Address</i>	
<i>City / State / Zip</i>	
<i>Phone</i>	
<i>Email</i>	

Well Operator	
<i>Business Name (Enter "Same" if same as owner)</i>	
<i>Print Name / Title</i>	
<i>Signature</i>	<i>Date</i>
<i>Address</i>	
<i>City / State / Zip</i>	
<i>Phone</i>	
<i>Email</i>	