

FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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Application for Transfer of Extraction Allocation Oxnard & Pleasant Valley (OPV) Basins

Application to transfer extraction allocation from one well to another in accordance with Article 9 of the OPV Allocation Ordinance. Please provide the following information:

Type of Transfer: Permanent Transfer Temporary Assignment

Water Year Effective: _____

Transferrer

(Owner of well from which allocation will be transferred)

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Email: _____

State Well No.: _____

Assessor's Parcel No.: _____

DWR Groundwater Basin: OXN PV

Management Area: _____

*See Oxnard Subbasin GSP Fig. 2-69,
Pleasant Valley Basin GSP Fig 2-46*

Water Use Type: Ag Domestic M&I

Is this well in the water market? Yes No

Recipient

(Owner of well which will receive transferred allocation)

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Email: _____

State Well No.: _____

Assessor's Parcel No. _____

DWR Groundwater Basin: OXN PV

Management Area: _____

*See Oxnard Subbasin GSP Fig. 2-69,
Pleasant Valley Basin GSP Fig 2-46*

Water Use Type: Ag Domestic M&I

Is this well in the water market? Yes No

Reason for Transfer:

Specific Details of Proposed Transfer:

Provide specific details of the proposed transfer addressing Article 9 of Ordinance in a separate attachment to this form. Include an explanation and analysis for each of the following:

- Is the proposed transfer of allocation associated with the sale or transfer of land on which the well is located, or that was served by the well?
- Will proposed transfer of allocation impede the achievement of sustainability goals?
- Will proposed transfer of allocation be detrimental to Agency-approved water market?
- Will transfer impact water quality?

Provide assessor’s map(s) that show location of wells and acreage in the past, currently and proposed to be supplied groundwater. If proposal involves a parcel split, provide Ventura County Parcel Reports for new parcels.

Transferrer’s State Well No.: _____ **CombCode:** _____

Initial Allocation (AF/Year): _____

Current Allocation (AF/Year): _____
Initial Allocation less any previous adjustments and reductions

Transfer Requested (AF/Year): _____
Amount in terms of Initial Allocation

Allocation Remaining (AF/Year): _____
Proposed balance after transfer in terms of Initial Allocation

I certify that I am the legal owner of the well transferring allocation.

Transferrer’s Signature: _____ **Date:** _____

Operator of Transferrer’s well, name printed: _____

Operator of Transferrer’s well, signature: _____ Date: _____

I certify that I am the legal owner of the well receiving allocation.

Recipient Signature: _____ **Date:** _____

Recipient’s State Well No.: _____ **CombCode:** _____

Operator of Recipient’s well, name printed: _____

Operator of Recipient’s well, signature: _____ Date: _____

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|--|------------|
| DISPOSITION OF APPLICATION | |
| (FCGMA use only) | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date Effective: _____ | |
| Conditions/Reason for Denial: _____ _____ _____ | |
| By: _____ | Date _____ |
| This application is valid when signed by the FCGMA Executive Officer or his/her designated appointee. | |
| _____ Jeff Pratt, P.E., FCGMA Executive Officer | Date _____ |