



FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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Websites www.fcgma.org OR www.fcgmaonline.org

OPV Allocation Ordinance

Additional Reporting Requirements for Domestic Wells

Water Year 2020/2021 (October 1, 2020 - September 30, 2021)

Enter FCGMA CombCode here:

FORM MUST BE TYPED

Domestic Operators in the Oxnard and Pleasant Valley Basins **shall provide all APNs irrigated with groundwater produced by the operator's extraction facility** in accordance with Ordinance to Establish Allocation for Oxnard and Pleasant Valley Basins, Article 7.4 for Domestic Well Operators (effective October 1, 2020). The information is to be reported at the end of each Water Year. List one State Well Number (SWN) and corresponding Assessor's Parcel Number (APN) per row. Should additional APNs receive water from multiple SWNs leave the SWN field blank. Fillable form is available at: www.fcgma.org/semi-annual-extraction-statement/extraction-fees.

State Well Number (SWN)		Assessor's Parcel Number (APN)
List SWN(s) under CombCode entered above, supplying water to corresponding APN on same row.		List all APNs receiving water from correspondign SWN. Use first nine (9) digits of each APN below omitting last digit.
#1	Example: 03N62W93X01	050-0-060-23
		060-0-125-59
#2	04N36W74P92	126-3-759-25

Complete documentation, including APNs being supplied groundwater by opertator's extraction facility, is required to be submitted by an authorized representative of the Well Owner or designated Well Operator on record with the Agency. Failure to submit complete documentation may result in assessment of civil penalty in accordance with Resolution No. 2019-01.

"I declare under penalty of perjury under the laws of the State of California that the information contained within this document is true and correct

Authorized Well Owner or designated Operator (print)	Authorized Well Owner or designated Operator (signature)	Date
Business Name		Well Owner
Street Address	City	State Zip
Phone Number	Email	