

FOX CANYON GROUNDWATER MANAGEMENT AGENCY



800 S. Victoria Avenue
Ventura, CA 93009-1610
Tel: (805) 645-1372
Fax: (805) 654-3350

Groundwater Extraction Facility Registration Form

Owners and Operators of a groundwater extraction facility are required to register their well(s) and provide related information to the Fox Canyon Groundwater Management Agency (FCGMA). Per FCGMA Ordinance No. 8.1, Chapter 2.0, **all** groundwater extraction facilities within the boundaries of the FCGMA shall be registered with the Agency.

*(Please complete a Registration Form for each well that you own **or** operate and return to the FCGMA.)*

Owner Information

Contact Name _____
Business Name _____
Address _____
City/State/Zip _____
Phone # / Fax # _____
Email Address _____

Operator Information *(if different than above)*

Contact Name _____
Business Name _____
Address _____
City/State/Zip _____
Phone # / Fax # _____
Email Address _____

Well Information

State Well No. (SWN) ___ N ___ W _____
Owner's Well Name/No. _____
State Recordation No. _____
Well location/address *(provide accurate sketch)*: _____

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Additional Well Information

County Well Permit # _____ GMA Permit # _____
Well Depth _____ Feet Manufacturer of Water Meter _____
Casing Diameter _____ Inches Serial No. of Water Meter _____
Motor/Engine _____ HP Electric Meter No. _____
Perforations _____ Feet Date Drilled _____
Assessor Parcel No. (APN) ____ - ____ - _____
Groundwater Basin _____

CombCode / Account Name

- Add to Existing CombCode (list CombCode) _____
 New CombCode (list a preference if you have one) _____

Well Water Use Type

- Agricultural / Irrigation (list number of acres and crop category(ies)) _____
 Stock Watering (number and type of animals) _____
 Domestic (number of persons served) _____
 Municipal or Industrial _____
 Other (describe) _____

Extraction Method

- Water Flowmeter (state what flowmeter reads in: acre-feet (AF), gallons, cubic-feet (CF)) _____
 Power Records (date of last efficiency test) _____
 Consumptive Use _____
 Other (describe) _____

(Print Name)

(Date)

(Signature)

Owner Operator