

FOX CANYON GROUNDWATER MANAGEMENT AGENCY LAS POSAS VALLEY WATERMASTER

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WMID Notice of Confirmation of Groundwater Allocation Schedule

The Judgment in *Las Posas Valley Water Rights Coalition, et al. v. Fox Canyon Groundwater Management Agency*, Santa Barbara Sup. Ct. Case No. VENC100509700 ("LPV Judgment") requires each Water Right Holder to confirm or correct, on or before **August 1, 2023**, its WMID information set forth in the Groundwater Allocation Schedule (Exhibit C) attached to the LPV Adjudication. **Failure to confirm or correct WMID information prohibits a Water Right Holder from using groundwater under the LPV Judgment.** (LPV Judgment, § 4.3.1.) Water Rights Holders may complete and return this Notice to the LPV Watermaster to confirm or correct their WMID information.

More information regarding this requirement, and copies of the Proposed LPV Judgment and the Groundwater Allocation Schedule, are available on the LPV Watermaster website at FCGMA.org/las-posas-valley-watermaster. Please direct questions regarding this requirement to the LPV Watermaster at LPV.Watermaster@ventura.org.

Water Right Holder: _____ WMID: _____

- I have reviewed the Groundwater Allocation Schedule (Exhibit C) attached to the Proposed LPV Judgment, and I confirm that all of the information associated my WMID (i.e., parcel numbers, state well numbers, mutual water company shareholder, mutual water company shareholder type, allocation basis, base agricultural allocation, supplemental agricultural allocation) is true and correct to the best of my knowledge.
- I have reviewed the Groundwater Allocation Schedule (Exhibit C) attached to the LPV Judgment, and I request the following corrections to the information associated with my WMID. [ENTER ERRORS AND CORRECTIONS ON PAGE 2 OF THIS FORM]

ATTESTATION

I, _____ [INSERT NAME], attest under penalty of perjury, that I am the Water Right Holder, or the authorized designee of the Water Right Holder, of WMID _____ [INSERT WMID], and that foregoing information is true and correct to the best of my knowledge.

By: _____ Date: _____
[SIGNATURE]

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WMID: _____

If you checked the box above indicating errors or the need for corrections to the Groundwater Allocation Schedule, please identify how the Groundwater Allocation Schedule should be corrected in the table below:

INFORMATION	REQUESTED CORRECTION
Landowner	
Ranch / Property Name (if applicable)	
Parcel Number(s)	
Wells (State Well Number[s])	
Mutual Water Company Shareholder [Yes/No]	
Mutual Water Company Shareholder Type (if applicable)	
Allocation Basis	
Base Agricultural Allocation (if applicable)	
Supplemental Agricultural Allocation (if applicable)	
Mutual Water Company Allocation (if applicable)	