



# FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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## LPV Additional Reporting Requirements Allocation Ordinance for Domestic, Municipal and Industrial Wells

**Water Year 2022/2023 (October 1, 2022 - September 30, 2023)**

Enter FCGMA CombCode here:

**FORM MUST BE COMPLETED DIGITALLY**

Domestic, Municipal and Industrial Operators in the Las Posas Valley Basins **shall provide all APNs supplied with groundwater produced by the Operator's extraction facility** in accordance with the Ordinance to Establish an Extraction Allocation System for the Las Posas Valley Groundwater Basin, [Article 9.4](#). 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 forms are available at [fcgma.org/public-documents/forms/](http://fcgma.org/public-documents/forms/). Assessor information is available at [assessor.countyofventura.org/assessor-data/property-search/](http://assessor.countyofventura.org/assessor-data/property-search/).

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 corresponding SWN. Use first nine (9) digits of each APN below omitting last digit.
#1	Examples: 03N62W93X01	050-0-060-23
		060-0-125-59
#2	04N36W74P92	126-3-759-25

Complete documentation, including APNs being supplied groundwater by Operator'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 (name)

\_\_\_\_\_  
Authorized Well Owner or Designated Operator (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Name

Well Owner

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Well Operator

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email