

## FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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## **OPV 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 C	COMPLETED DIGITALLY
<b>pro</b> c Plea corre Fillal	nestic, Municipal, and Industrial Operators in duced by the Operator's extraction facility sant Valley Basins, Article 7.4. This information esponding Assessor's Parcel Number (APN) people forms are available at FCGMA.org/public-contry-search/.	y, in accordance with ton is to be reported a er row. Should addition	he Ordinance to Establish It the end of each wate Ial APNs receive water f	n an Extraction Allocati er year. List one State from multiple SWNs, I	on System for Oxnard and e Well Number (SWN) and leave the SWN field blank.
	State Well Number (SW	/N)	Assesse	or's Parcel Numb	er (APN)
	: SWN(s) under CombCode entered above, supplying w same row.	ater to corresponding APN	List all APNs receiving water from corresponding SWN. Use first nine (9) digits of each APN below, omitting last digit.		
	Example:				
#1 03 <b>N</b> 62 <b>W</b> 93X01			050-0-060-23		
				060-0-125-59	
#2	04 <b>N</b> 36 <b>W</b> 74P92 126-3-7		126-3-759-25		
sul Fai	mplete documentation, including APNs omitted by an authorized representative of ilure to submit complete documentation may declare under penalty of perjury under the lateral section.	of the Well Owner result in assessment o	f civil penalties in accord	Operator on reclance with Resolution I	ord with the Agency. No. 2019-01.
	nd correct.	and of the state of ea	morma triat tric imorma	eion contamed with	rems accument is trac
Authorized Well Owner or designated Operator (name)		e) Authorize	d Well Owner or designated	d Operator (signature)	Date
Bus	siness Name				Well Owner
Str	reet Address	City	State	Zip	Well Operator
Ph	one Number	Email			

Phone Number