

FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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Application for Transfer of Extraction Allocation Las Posas Valley (LPV) Basin

Application to transfer extraction allocation from one well to another in accordance with Article 11 of the LPV Allocation Ordinance. Please provide the following information:

Type of Transfer: Permanent Transfer Temporary Assignment

Water Year Effective: _____

Transferrer

(Owner of well from which allocation will be transferred)

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Email: _____

State Well No.: _____

Assessor's Parcel No.: _____

Management Area: East Las Posas West Las Posas
 Epworth Gravels

See LPV Basin GSP Fig. 2-19

Water Use Type: Ag Domestic M&I

Is this well in the water market? Yes No

Recipient

(Owner of well which will receive transferred allocation)

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Email: _____

State Well No.: _____

Assessor's Parcel No. _____

Management Area: East Las Posas West Las Posas
 Epworth Gravels

See LPV Basin GSP Fig. 2-19

Water Use Type: Ag Domestic M&I

Is this well in the water market? Yes No

Reason for Transfer:

Specific Details of Proposed Transfer:

Provide specific details of the proposed transfer addressing Article 11 of Ordinance in a separate attachment to this form. Include an explanation and analysis for each of the following:

- Will any portion of the proposed transfer allocation be used outside of the Basin?
- Is the proposed transfer of allocation associated with the sale or transfer of land on which the well is located, or that was served by the well?
- Will proposed transfer of allocation impede the achievement of sustainability goals?
- Will proposed transfer of allocation be detrimental to Agency-approved water market?
- Will transfer impact water quality?

Provide assessor's map(s) that show location of wells and acreage in the past, currently and proposed to be supplied groundwater. If proposal involves a parcel split, provide Ventura County Parcel Reports for new parcels.

Transferrer's State Well No.: _____ CombCode: _____

Initial Allocation (AF/Year): _____

Current Allocation (AF/Year): _____
Initial Allocation less any previous adjustments and reductions

Transfer Requested (AF/Year): _____
Amount in terms of Initial Allocation

Allocation Remaining (AF/Year): _____
Proposed balance after transfer in terms of Initial Allocation

I certify that I am the legal owner of the well transferring allocation.

Transferrer's Signature: _____ Date: _____

Operator of Transferrer's well, name printed: _____

Operator of Transferrer's well, signature: _____ Date: _____

I certify that I am the legal owner of the well receiving allocation.

Recipient Signature: _____ Date: _____

Recipient's State Well No.: _____ CombCode: _____

Operator of Recipient's well, name printed: _____

Operator of Recipient's well, signature: _____ Date: _____

DISPOSITION OF APPLICATION (FCGMA use only)	
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions
<input type="checkbox"/> Denied	Date Effective: _____
Conditions/Reason for Denial: _____	
By: _____	Date _____
This application is valid when signed by the FCGMA Executive Officer or designated appointee.	
_____	Date _____
FCGMA Executive Officer	