FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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Application for Transfer of Extraction Allocation Oxnard & Pleasant Valley (OPV) Basins

Application to transfer extraction allocation from one well to another in accordance with Article 9 of the OPV Allocation Ordinance. Please provide the following information: ☐ Permanent Transfer ☐ Temporary Assignment Type of Transfer: Water Year Effective: **Transferrer** Recipient (Owner of well from which allocation will be transferred) (Owner of well which will receive transferred allocation) Address: _____ Address: _____ City: City: State, Zip: ____ State, Zip: _____ Phone: Phone: Email: Email: State Well No.: State Well No.: Assessor's Parcel No.: Assessor's Parcel No. $\square PV$ $\square PV$ DWR Groundwater Basin: \square OXN DWR Groundwater Basin: \square OXN Management Area: Management Area: See Oxnard Subbasin GSP Fig. 2-69, See Oxnard Subbasin GSP Fig. 2-69, Pleasant Valley Basin GSP Fig 2-46 Pleasant Valley Basin GSP Fig 2-46 Water Use Type: □Aq □ Domestic □M&I Water Use Type: \Box Ag □ Domestic □M&I Is this well in the water market? ☐ Yes □No 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 9 of Ordinance in a separate attachment to this form. Include an explanation and analysis for each of the following:

- 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.

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: Operator of Transferrer's well, name printed: Operator of Transferrer's well, signature: Operator of Transferrer's well, receiving allocation. Recipient Signature: Date: CombCode: Operator of Recipient's well, name printed:	Transferrer's State Well No.: _		CombCode:
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: Departure of Transferrer's well, name printed: Operator of Transferrer's well, signature: Departure of Recipient's State Well No.: Departure of Recipient's well, name printed: Departure of Recipient's well, signature: Disposition of Application (FCGMA use only) Approved Approved with Conditions Denied Date Effective: Conditions/Reason for Denial: By: This application is valid when signed by the FCGMA Executive Officer or designated appointee. Date	nitial Allocation (AF/Year):		
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Allocation Remaining (AF/Year):	Transfer Requested (AF/Year):		
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Transferrer's Signature:		•	Initial Allocation
Operator of Transferrer's well, name printed:	I certify that I am the legal owl	ner of the well transferring allocation.	
Operator of Transferrer's well, signature:	Transferrer's Signature:		Date:
Recipient Signature:	Operator of Transferrer's well, n	ame printed:	
Recipient's State Well No.: CombCode: Operator of Recipient's well, name printed: Date: DISPOSITION OF APPLICATION (FCGMA use only) Approved Approved with Conditions Denied Date Effective: Conditions/Reason for Denial: By: Date This application is valid when signed by the FCGMA Executive Officer or designated appointee Date	Operator of Transferrer's well, signature:		Date:
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