FOX CANYON GROUNDWATER MANAGEMENT AGENCY

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OPV Additional Reporting Requirements

Allocation Ordinance for Domestic, Municipal and Industrial Wells

Water Year: October 1, 2024 - September 30, 2025

FCGMA CombCode:

COMPLETED FORM MUST BE LEGIBLE

Domestic, Municipal, and Industrial Operators in the Oxnard and Pleasant 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 Oxnard and Pleasant Valley Basins, Article 7.4. This 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/. Assessor information is available at assessor.countyofventura.org/assessor-data/property-search/.

State Well Number (SWN) List SWN(s) under CombCode entered above, supplying water to corresponding APN on same row.			Assessor's Parcel Number (APN) List all APNs receiving water from corresponding SWN. Use first nine (9) digits of each APN below, omitting last digit.		
#1	03 N 62 W 93X01			050-0-060-23	
				060-0-125-59	
#2	04 N 36 W 74P92		126-3-759-25		
sub	nplete documentation, including APNs being mitted by an authorized representative of the ure to submit complete documentation may result in	Well Owner	or designated Well	Operator on red	cord with the Agency.
	eclare under penalty of perjury under the laws of the correct.	he State of Calii	fornia that the informati	ion contained within	this document is true
Name of Authorized Well Owner or designated Operator		Signature of	Authorized Well Owner or o	Date	
Busi	iness Name				Well Owner
Stre	et Address	City	State	Zip	Well Operator
Pho	ne Number En	nail			
Pho	ne Number En	nali			