General Application Package

I. APPLICANT INFORI	MATION		Second States of the	March Land			
Applicant Name: Burney W	ater District						
Street Address: 20222 Hud	son Street	City: Burney		State: CA	Zip+4 Code: 96013		
Mailing Address: 20222 Hudson Street City: Burney				State: CA	Zip+4 Code: 96013		
Applicant Total Population	n: 3,154						
Applicant Total Number of	Applicant Total Number of Service Connections: 1,292						
Current year median hou	isehold income (M	HI): \$35,259					
Congressional District(s)	: 1						
State Senate District(s):	1						
State Assembly District(s	;) : 1						
Data Universal Numberin	ng System (DUNS	No.: 099537391		Federal Tax	ID No.: 94-6000140		
Authorized Representativ	ve Name: David Zev	ely		Title: District Man	ager		
Phone No.: 530-3	335-3582		Email Address:	dzevely@burneywate	er.org		
Contact Person Name:	David Zevely						
Phone No.: 530-3	335-3582		Email Address:	dzevely@burneywate	er.org		
Local Counsel Name: Da	ana Sever Scott, Liebert Ca	ssidy Whitmore					
Phone No.: 916-5	684-7015		Email Address:	dscott@lcwlegal.com			
II. PROJECT INFORMA	TION AND PROP	OSED SCHED	ULE				
Project Title: Well 9 Improver							
demand in the High Pressu	er District Well 9 Im ure Zone of the Distr d prepare water syst	ict. It will improv em infrastructure	e the ability of the D	District to deliver h	vater supply during maximum day nigh quality water meeting current proposed project includes completing		
Current Status of Plans 8	Specifications, P	ercent (%): 909	/a				
Estimated Amount of Fin	ancial Assistance	Requested: \$4	,690,000				
Total Project Cost (If Mor	e Than the Amou	nt of Assistance	Requested): \$5,	095,000			
Water Supply Permit Nur	mber (Attachmen	G1): 4510003					
Population Served by Pro	oject: 3,154						
Currently Estimated				Estin	nated or Actual Date		
Currently Estimated Project Schedule:	Adopt Environm	ental Documer	its:	Febru	ary 18, 2022		
	100% Plans & S			July 2	024		
	Start of Constru			July 2	025		
	Complete Cons	ruction/Implem	entation:	July 2	027		

Consultation with Other Agencies Please list other federal and state agencies that have been involved in this project (e.g. planning, CEQA/NEPA consultation, funding, etc.), their contact information if known, and estimated dates for resolution of any issues.
None
Destruction Associate
Partnering Agencies Please list all other agencies that have an interest in this project, their contact information if known, and brief descriptions of their roles.
None
Other Funding Sources
List any other funding sources for this project, along with the amount of additional funding and date of availability
None
III. MANAGERIAL INFORMATION
Classification of Water System:
Community
Not currently classified as a public water system
Indicate the Ownership of the Water System (check all that apply):
 Include the ownership documentation (See instructions for further information) (label as Attachment G2)
Public Ownership
🕞 Municipality 🕞 County Agency 🙀 Special District 📑 State Agency
Public School Cher:
Private Ownership
Corporation
Non-profit Organization
 If the water system is privately-owned, indicate the name and title of the individual with authority to engage the water system in a DWSRF financing agreement. Click or tap here to enter text.
If the Water System is a Municipality, is the Water System a Charter City? TYPE WATER NO
 If the Water System is a Corporation, Limited Liability Company, or Partnership, complete the following:
A. California Secretary of State Entity Number:

	B.	Status with Ca	lifornia Secretary of Stat	e:	
If yes, the Water System must obtain CPUC approval. Attach a list and a description of all matter(s) relating to your Water System that are currently pending before the CPUC (label as Attachment G3). List the names, titles and duties of key officers and attach an organization chart providing this information (label as Attachment G4). See Attachment G4 Is there any litigation pending relative to the operation of the water system or the proposed project? ☐ Yes ② No If yes, attach a description of the litigation and the potential costs (label as Attachment G5). Is the Water System leasing land or major water system facilities? ☐ Yes ② No If yes, describe the terms of the lease or attach a copy of the lease agreement (label as Attachment G6). (NOTE: If the lease is critical to the location or operation of the proposed project facilities, the term of the lease must be equal to or greater than the loan repayment period.) Include a general map of the service area/boundaries (label as Attachment G7): [For Construction Projects Only] Does the Water System have a contract with a private firm or another agency for the operation of the firm or agency and term (in years) of the agreement and attach a copy of the agreement (label as Attachment G8) Water Conservation 1. Are you an urban water supplier as defined in Water Code Section 10608.12? [Yes NO [Yes NO] [Yes		Active	Suspended	Forfeited	Dissolved
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		Water Conserva	tion Program		

Financial Assistance Application (Rev. 10/2020)

2. Attach Certification for Compliance with Water Metering Form (label as Attachment G10).

IV. AT	TACHMENTS	
Z	G1 – Water Supply Permit and Enforcement Orders	
Z	G2 – Ownership Documentation	
	G3 – CPUC Documentation (if applicable)	N/A
	G4 – Organization Chart	
	G5 – Pending Litigation (if applicable)	N/A
	G6 – Lease Agreement (if applicable)	N/A
	G7 – Service Area Map	
	G8 – Operating Agreement	N/A
	G9 – Urban Water Supplier Conservation Document (if applicable)	N/A
	G10 – Certification of Compliance with Water Metering Form (if applicable)	
	G11 – Potential DWSRF Flags Worksheet	

CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, I certify that I am authorized to submit this application; the information provided in this application is true and correct; the documentation has been duly authorized by the governing body of the applicant; and the entity possesses the legal authority to apply for the financing and enter into a financing agreement with the State Water Resources Control Board and to finance and construct the proposed facilities.

Name of Authorized Representative: David Zevely and Torchy

Signature of Authorized Representative:

Title: District Manager

15 2027 Date: