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## State Water Resources Control Board

Division of Drinking Water

August 24, 2023

PWS# 4510003  
Certified Mail  
7017 0190 0000 6412 9144

Burney Water District  
20222 Hudson Street  
Burney, CA 96013

Attention: David Zevely, District Manager

**Subject: Citation for *E.coli* Maximum Contaminant Level Violation for July 2023**

Enclosed is Citation No. 01-02-23C-008 (hereinafter "Citation"), issued to the Burney Water District. Please note that there are legally enforceable deadlines associated with this Citation.

A process exists by which a public water system can petition the State Water Board for reconsideration of this citation. Petitions must be received by the State Water Board within 30 days of the issuance of this citation by the State Water Board. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m. Information regarding filing petitions may be found at:

[https://www.waterboards.ca.gov/drinking\\_water/programs/petitions/instructions.html](https://www.waterboards.ca.gov/drinking_water/programs/petitions/instructions.html)

If you have any questions, please contact Michael Burgess at (530) 224-6806, or me at (530) 224-4828.

A handwritten signature in blue ink that reads "Stephen Watson".

Stephen W. Watson, P.E.  
Lassen District Engineer  
Drinking Water Field Operations Branch

Enclosure

4510003/Enforcement  
August 2023 Cit Ltr/mtb

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E. JOAQUIN ESQUIVEL, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | [www.waterboards.ca.gov](http://www.waterboards.ca.gov)

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STATE OF CALIFORNIA  
WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

**Name of Public Water System:** Burney Water District  
**Water System No.:** 4510003

**Attention:** David Zevely, District Manager  
20222 Hudson Street  
Burney, CA 96013

**Issued:** August 24, 2023

**CITATION NO. 01-02-23C-008 FOR NONCOMPLIANCE WITH  
CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116555(a)(1) AND  
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1**

***E. COLI* MAXIMUM CONTAMINANT LEVEL VIOLATION  
July 2023**

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Water Board") to issue a citation to a public water system when the State Water Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

1 The State Water Board, acting by and through its Division of Drinking Water (hereinafter  
2 "Division"), and the Deputy Director for the Division, hereby issues Citation No. 01-02-23C-  
3 008 (hereinafter "Citation"), pursuant to Section 116650 of the CHSC to the Burney Water  
4 District (hereinafter, District) for violation of CHSC, Section 116555(a)(1), and California Code  
5 of Regulations (hereinafter "CCR"), Title 22, Section 64426.1.

6  
7 **STATEMENT OF FACTS**

8 The District is classified as a community public water system serving an estimated population  
9 of 3,154, through 1,413 connections. Three active, untreated groundwater wells provide the  
10 source of water for the water system; pre-cautionary chlorination is not provided.

11  
12 CHSC, Section 116555(a)(1) requires all public water systems to comply with primary drinking  
13 water standards as defined in CHSC, Section 116275(c). Primary drinking water standards  
14 include maximum levels of contaminants and the monitoring and reporting requirements as  
15 specified in regulations adopted by the State Water Board that pertain to maximum  
16 contaminant levels. The District is required to collect four routine bacteriological samples from  
17 the distribution system each month.

18  
19 CCR, Title 22, Section 64426.1, *E. coli* Maximum Contaminant Level (MCL), states in part  
20 that a public water system is in violation of the *E. coli* MCL if the system has a repeat sample  
21 test positive for total coliform following an *E. coli*-positive routine sample.

22  
23 On July 11, 2023, the Division's Lassen District received laboratory results showing the  
24 presence of *E. coli* in one of four routine bacteriological samples collected from the District's  
25 distribution system on July 10, 2023. On July 11, 2023, the District collected three repeat  
26 samples from the distribution system and one source sample from the District's Well 06. On  
27 July 12, 2023, the Lassen District received laboratory results showing that one of the three

1 repeat samples collected from the distribution system tested positive for total coliform. The  
2 sample collected from the well did not test positive for total coliform, and none of the repeat  
3 samples tested positive for *E. coli*.

4  
5 Based on these results, the Division directed the District to issue a Boil Water Advisory  
6 (Exhibit A). The Advisory was provided to local news media and hand delivered to each  
7 customer by District personnel, beginning the evening of July 12 through the afternoon of  
8 July 13. The District also provided notification to customers by automated phone message on  
9 the afternoon of July 13.

10  
11 On July 12, 2023, the District flushed water through fire hydrants in an attempt to flush out the  
12 bacteria. Following system flushing, the District collected two sets of eight bacteriological  
13 samples from the District's eight routine sample sites, one set during the evening of July 12  
14 and the second set during the afternoon of July 13. On July 14, 2023, the Division and the  
15 District received the results for these two sets of samples. All eight samples collected on  
16 July 13 tested absent for total coliform bacteria; however, two of eight samples collected from  
17 the distribution system during the evening of July 12 tested positive for total coliform bacteria.  
18 None of the 16 samples tested positive for *E. coli*.

19  
20 On July 14, the District began injecting a 12.5% sodium hypochlorite solution into the Well 06  
21 and Well 07 discharge lines and added 12.5% sodium hypochlorite to each of the District's  
22 three tanks by hand to provide a 2.0 milligram per liter (mg/L) dose at each tank. The  
23 calculated dosage at each well based upon the reported water production and sodium  
24 hypochlorite usage was 1.9 mg/L at Well 06 and 2.7 mg/L at Well 07. Following flushing on  
25 July 15, 2023, the measured free chlorine residual reported by the District was at least 1.0  
26 mg/L at each of the District's eight routine sample sites.

27

1 After multiple days of flushing the distribution system, and isolation of the District's 4.0 million  
2 gallon (MG) capacity Mountain View Tank to speed the flushing of chlorinated water from the  
3 system, the District reported that there was no measurable free chlorine residual at any of the  
4 District's eight routine sample sites. The District collected one set of eight samples on  
5 July 23, 2023, and a second set of eight samples on July 24, 2023. All 16 samples tested  
6 absent for total coliform bacteria. On July 25, 2023, the Division canceled the Boil Water  
7 Advisory. A set of four routine samples collected from the distribution system on August 2,  
8 2023, all tested absent for total coliform bacteria.

9  
10 On July 13, 2023, Division Staff conducted a physical inspection of the water system with the  
11 assistance of District personnel as part of a Level 2 Assessment (Exhibit B). No physical  
12 deficiencies were identified in any of the District's three wells and three water storage tanks.  
13 No work had been performed in the District's water system during the month prior to collecting  
14 the routine samples that might have depressurized any portion of the distribution system. The  
15 only potential sources of contamination were found during a review of the Division's records.  
16 Each year since 2008, the District has reported that they have failed to ensure that all  
17 backflow prevention devices are tested.

#### 18 19 DETERMINATIONS

20  
21 Based on the above Statement of Facts, the Division has determined that the District has  
22 failed to comply with CHSC, Section 116555(a)(1) and CCR, Title 22, Section 64426.1 in that  
23 the District exceeded the *E. coli* bacteria MCL during the month of July 2023.

24  
25 The District issued a boil water advisory on July 12, 2023, which satisfies the Tier 1 public  
26 notification requirements of the CCR, Title 22, Section 64463.1 and Section 64465 for this  
27 violation. In addition, a Level 2 Assessment, as required by Section 64426.8(b), was

1 completed by Division staff engineer Michael Burgess on August 1, 2023.

2

3

**DIRECTIVES**

4

5 The District is hereby directed to take the following actions:

6

7

1. Comply with the CCR, Title 22, Sections 64426 and 64426.1 in all future monitoring periods.

8

9

2. Complete and return Attachment 'A' entitled "Compliance Certification" together with a copy of the public notification used to issue the boil water advisory to the address listed below **by no later than September 24, 2023**.

10

11

12

3. The District must include this violation in the 2023 Consumer Confidence Report in accordance with CCR, Title 22, Section 64481(d)(3).

13

14

15 All submittals required pursuant to this Citation shall be addressed to:

16

17

Stephen Watson, P.E.

18

Lassen District Engineer

19

Drinking Water Field Operations

20

State Water Resources Control Board

21

Division of Drinking Water

22

364 Knollcrest Drive, Suite 101

23

Redding, CA 96002

24

25 Alternatively, submittals required by this Citation may be electronically submitted to the State

26 Water Board at the following address:

27

[DWPredding@waterboards.ca.gov](mailto:DWPredding@waterboards.ca.gov)

1 The subject line for all electronic submittals corresponding to this Citation must include the  
2 following information: Burney WD, System No. 4510003, Citation No. 01-02-23C-008, and  
3 title of the document being submitted.

4  
5 As used in this Citation, the date of issuance shall be the date of this Citation; and the date of  
6 service shall be the date of service of this Citation, personal or by certified mail, on the water  
7 system.

8  
9 Nothing in this Citation relieves the District of its obligation to meet the requirements of Health  
10 and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), or  
11 any regulation, permit, standard or order issued or adopted thereunder.

12  
13 The Division reserves the right to make such modifications to this Citation, as it may deem  
14 necessary to protect public health and safety. Such modifications may be issued as  
15 amendments to this Citation and shall be effective upon issuance.

16  
17 **PARTIES BOUND**

18  
19 This Citation shall apply to and be binding upon the District, its officers, directors,  
20 shareholders, agents, employees, contractors, successors, and assignees.

21  
22 **SEVERABILITY**

23  
24 The Directives of this Citation are severable, and the District must comply with each and  
25 every provision thereof, notwithstanding the effectiveness of any other provision.

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**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the State Board to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Board to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the State Board; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with or violates an order of the State Board. The State Board does not waive any further enforcement action by issuance of this citation.

August 24, 2023

*Stephen Watson*

Date Stephen W. Watson, P.E.  
Lassen District Engineer  
Division of Drinking Water  
State Water Resources Control Board

CERTIFIED MAIL 7017 0190 0000 6412 9144

- Exhibit A: Boil Water Advisory
- Exhibit B: Completed Level 2 Assessment
- Attachment A: Compliance Certification





## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

### Burney Water District Customers

### BOIL WATER ADVISORY

**July 12, 2023**

Failure to follow this advisory could result in stomach or intestinal illness.

*E. coli* bacteria were confirmed present in our drinking water distribution system on July 12, 2023. The presence of these bacteria indicate that other pathogens could be present in your tap water which can make you sick and are a particular concern for people with weakened immune systems. Therefore, the Burney Water District in conjunction with the State Water Resources Control Board Division of Drinking Water are advising residents of Burney to only use boiled tap water or bottled water for drinking and cooking purposes.

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.
- *E. coli* are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely-compromised immune systems. The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.

Today we received test results which confirm the presence of *E. coli* bacteria in the drinking water. We are working to identify any possible sources of contamination and eliminate them. We will be flushing fresh water into the system and potentially chlorinating the water if it becomes necessary. We will inform you in writing when tests show the bacteria have been eliminated and you no longer need to boil your water. We anticipate resolving the problem within seven days.

For more information call:

Burney Water District: (530) 335-3582

SWRCB Division of Drinking Water: (530) 224-4800.

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

**Exhibit B**

**REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT**



This form is intended to assist Division of Drinking Water (DDW) or Local Primary Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

PWS ID#: 4510003		PWS Name: Bumev Water District		Circle one: CWS	
Operator in Responsible Charge (print name): David Zevely		Phone: (530) 335-3582			
Assessment trigger date: 07/12/2023		Date Assessment Completed: 07/13/2023			
SEASONAL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Reason for Assessment: EC+ Routine and TC+ Repeat (different site)			
Person who collected TC positive samples: Mike Skelly		Contact info for person who collected samples: (530) 335-3582			
Name of Certified Lab conducting sample analysis: Pace Analytical					
Assessment Elements	Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
<b>1. Review of the sample sites</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
1.1 Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.12: While the flow from the dedicated sample station on Ash St that is used for routine sampling appeared to be adequate, it was less than the typical flow and flow from other dedicated sample stations.	1.12: The District plans to replace the Ash St sample station with a new one that they have on hand.
1.2 Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gravel was found in the sample station piping.	
1.3 Was this sample taken from an outside faucet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.5 Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.6 Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.7 Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.9 Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.10 Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.11 Prior to this incident, when were the most recent satisfactory coliform samples taken? Date:	June 12, 2023				
1.12 Any other sample site issues not previously mentioned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

2.	Review of sample protocol	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1	Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.1: The District Manager is listed as the operator in charge; the samples were collected by Mike Skelly, the District's chief operator.	
2.2	Is the sampler a regular, trained sampler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Was a laboratory-provided TC sample bottle used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Was the aerator removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.5	Was the water tap flushed for at least 5 minutes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6	Was the tap disinfected or flamed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.8	Were there other sampler errors? Describe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.9	If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.10	Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.	Review of the distribution system.	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
3.1	Have any mains or service lines recently been repaired, replaced or installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.5: The District has failed to ensure that all backflow prevention devices are tested each year.	3.5 and 3.12: Survey the system for potential cross-connections and test all required backflow prevention devices installed in system.
3.2	Have fire hydrants or blow offs been recently flushed/used/sheared?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.3	Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.12: No known unprotected cross-connections.	
3.4	Any leaks or main breaks noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.5	Are all of the backflow prevention devices operational and maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.6	Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.7	Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.8	Any recent pump station failures or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.9	Air relief valve leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.10	Standing water or debris in (air relief) valve vault?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.11	Any recent power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.12	Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.13	Has high turbidity been detected in the distribution system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

		Indicate Element number being described.	Indicate Element number being described.
3.14 Is there evidence of intentional contamination or vandalism?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.15 Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. Review of storage tank(s)</b> (Note the specific facility if any issues are found)	<b>Y</b>	<b>N</b>	<b>N/A</b>
4.1 Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.1.4: Unknown
4.2 Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.5: Unknown
4.3 Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.15: The water level in the Mt. View Tank was at 23' 7" at the time when the District began collecting the routine bacteriological samples. Therefore, there was over 3 MG of water in the tank. The District's lead well comes on at a water level of 24 feet and shuts down at a level of 26 feet in the Mt. View Tank.
4.4 Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.5 Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.6 Are the vents and overflows protected against entry from animals, insects or other contaminants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.7 Are the screens damaged or not properly installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.8 Does the reservoir have a common inlet/outlet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.9 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.10 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.11 Was the hatch locked or secured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.12 Has the tank been accidentally drained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.13 Have there been high flows through the tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.14 Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.15 Was the sample taken when the tank was at the low level mark?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.16 Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.17 Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.18 Was there any power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.19 Is the site secured (e.g. fencing, locked gates, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.20 Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.21 Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

6. Sources – Wells) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
6.1 Is there a 50 foot annular seal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2 Is the surface seal defective or damaged or not water tight?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.3 Is there a casing vent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4 Does the casing and/or air relief vent have a screen to prevent the entry of insects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.5 Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.6 How is the well used? (Circle if applicable)				Primary	Backup
6.7 Are there any unprotected cross connections at the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Emergency
6.8 Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.9 Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.10 Are there any exposed holes or cracks near the wellhead? For example electric conduit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.11 Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.12 Is the wellhead secured to prevent unauthorized access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.13 Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.14 Is the wellhead at least 18-inches above grade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.15 Is there evidence of standing water near the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.16 Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.17 Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Applicable to all sources</b>					
6.30 Has an unapproved source been used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.31 Has there been a change in sources?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.32 Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.33 Any evidence of animals near the source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.34 Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.35 Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

6.36 Any other source issues not previously mentioned above?

7. General Operations				Indicate Element number being described.	Indicate Element number being described.
7.1 During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In a news article, a local resident reported that her grandchildren were sick. Reportedly, the hospital said the illness was due to E. coli.	
7.2 What were the symptoms of illness if you received complaints about customers being sick?				Nausea and diarrhea.	
7.3 Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

8. Significant Deficiencies				Indicate Element number being described.	Indicate Element number being described.
8.1 Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**Additional Comments:**  
 The only potential source of contamination discovered appears to be a potential for unknown cross-connections and/or failing backflow prevention devices. For the past 14 years, the District has failed to ensure that all backflow prevention devices were tested at least annually (2008 was the last year during which the District reported that all devices were tested). Additionally, the District needs to re-evaluate how they survey the system for potential cross-connections. There may have been potential contamination of the Ash St. sample site as evidenced by the gravel found when the sample tap was dismantled; however, samples from other sites in the system tested positive for total coliform as well.

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): Michael Burgess

Signature: *[Signature]* Date: 8/1/2023

Water system responsible party (PRINTED): David Zevely

Signature: *[Signature]* Date: 8/7/2023

Reserved for Regulatory Agency (DDW/LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were all issues identified corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	

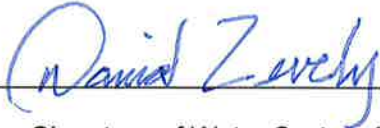
**COMPLIANCE CERTIFICATION**

Citation Number: **01-02-23C-008**

Name of Water System: **Burney Water District**

System Number: **4510003**

As required by Section 116450 of the California Health and Safety Code, I certify that the users of the water supplied by this water system were notified of the violations of Title 22, California Code of Regulations (CCR) for the compliance period of July 2023. In addition, I certify that the Burney Water District complied with the directives of this citation as indicated below:

<u>Required Action</u>	<u>Date Completed</u>
Public Notification via boil water advisory	<u>July 13, 2023</u>
 _____ Signature of Water System Representative	<u>September 18, 2023</u> Date

Attach a copy of the Boil Water Advisory issued to customers by direct delivery during the July 2023 violation.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE DIVISION NO LATER THAN  
September 24, 2023**

**Disclosure:** Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail not to exceed one year, or by both the fine and imprisonment.

# IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

## Burney Water District Customers

### BOIL WATER ADVISORY

**July 12, 2023**

Failure to follow this advisory could result in stomach or intestinal illness.

*E. coli* bacteria were confirmed present in our drinking water distribution system on July 12, 2023. The presence of these bacteria indicate that other pathogens could be present in your tap water which can make you sick and are a particular concern for people with weakened immune systems. Therefore, the Burney Water District in conjunction with the State Water Resources Control Board Division of Drinking Water are advising residents of Burney to only use boiled tap water or bottled water for drinking and cooking purposes.

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.
- *E. coli* are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely-compromised immune systems. The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.

Today we received test results which confirm the presence of *E. coli* bacteria in the drinking water. We are working to identify any possible sources of contamination and eliminate them. We will be flushing fresh water into the system and potentially chlorinating the water if it becomes necessary. We will inform you in writing when tests show the bacteria have been eliminated and you no longer need to boil your water. We anticipate resolving the problem within seven days.

For more information call:

Burney Water District: (530) 335-3582

SWRCB Division of Drinking Water: (530) 224-4800.

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*