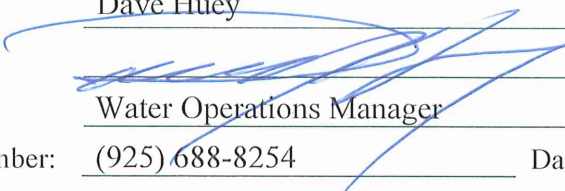


**Consumer Confidence Report
Certification Form**
(To be submitted with a copy of the CCR)

Water System Name: Contra Costa Water District

Water System Number: System #0710003

The water system named above hereby certifies that its Consumer Confidence Report was distributed on May 19, 2017 (date) to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the State Water Resources Control Board, Division of Drinking Water (DDW).

Certified by: Name: Dave Huey
Signature: 
Title: Water Operations Manager
Phone Number: (925) 688-8254 Date: June 15, 2017

To summarize report delivery used and good-faith efforts taken, please complete this page by checking all items that apply and fill-in where appropriate:

- ☐ CCR was distributed by mail or other direct delivery methods (attach description of other direct delivery methods used).
- ☒ CCR was distributed using electronic delivery methods described in the Guidance for Electronic Delivery of the Consumer Confidence Report (water systems utilizing electronic delivery methods must complete the second page).
- ☒ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:
 - ☒ Posting the CCR at the following URL: www.ccwater.com/awqr
 - ☐ Mailing the CCR to postal patrons within the service area (attach zip codes used)
 - ☐ Advertising the availability of the CCR in news media (attach copy of press release)
 - ☐ Publication of the CCR in a local newspaper of general circulation (attach a copy of the published notice, including name of newspaper and date published)
 - ☐ Posted the CCR in public places (attach a list of locations)
 - ☐ Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools
 - ☐ Delivery to community organizations (attach a list of organizations)
 - ☐ Publication of the CCR in the electronic city newsletter or electronic community newsletter or listserv (attach a copy of the article or notice)
 - ☐ Electronic announcement of CCR availability via social media outlets (attach list of social media outlets utilized)
 - ☐ Other (attach a list of other methods used)
- ☒ For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following URL: www.ccwater.com/awqr
- ☐ For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission

Consumer Confidence Report Electronic Delivery Certification

Water systems utilizing electronic distribution methods for CCR delivery must complete this page by checking all items that apply and fill-in where appropriate.

- ☒ Water system mailed a notification that the CCR is available and provides a direct URL to the CCR on a publicly available website where it can be viewed (attach a copy of the mailed CCR notification). URL: www.ccwater.com/awqr
- ☐ Water system emailed a notification that the CCR is available and provides a direct URL to the CCR on a publicly available site on the Internet where it can be viewed (attach a copy of the emailed CCR notification). URL: www.
- ☐ Water system emailed the CCR as an electronic file email attachment.
- ☐ Water system emailed the CCR text and tables inserted or embedded into the body of an email, not as an attachment (attach a copy of the emailed CCR).
- ☐ *Requires prior DDW review and approval.* Water system utilized other electronic delivery method that meets the direct delivery requirement.

Provide a brief description of the water system's electronic delivery procedures and include how the water system ensures delivery to customers unable to receive electronic delivery.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This form is provided as a convenience and may be used to meet the certification requirement of section 64483(c), California Code of Regulations.

United States Postal Service
Postage Statement — USPS Marketing Mail

Comments: 1705115		Post Office Note Mail Arrival Date & Time (Do Not Round Stamp)							
Permit Holder's Name and Address and Email Address, if Any MAIL STREAM 125 MASON CIRCLE SUITE K CONCORD CA 94520 CAPS Cust. Ref. No. 40767 CRID 19295166		Telephone (925)-676-6711 Extension Name and Address of Mailing Agent (If other than permit holder) MAIL STREAM 125 MASON CIRCLE SUITE K CONCORD CA 94520 CRID 19295166		Telephone (925)-676-6711 Extension Name and Address of Mail Owner (If other than permit holder) CONTRA COSTA WATER DISTRICT 1331 CONCORD AVE P.O. BOX H20 CONCORD CA 94520 CRID 901724550					
Post Office of Mailing CONCORD CA Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail		Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> Catalogs <input type="checkbox"/> Marketing Parcels Move Update Method <input type="checkbox"/> ASE <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> NCOALink <input type="checkbox"/> OneCode ACS <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> n/a Alternative Address Format Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		Federal Agency Cost Code Total # of Pieces in Mailing 189,056 Total Weight 4,839.8336 Weight of a Single Piece 0.0256 pounds <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk. This is a Political Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statement Seq. No. SSF Transaction # Permit # 530 <input type="checkbox"/> Mailpiece is a product sample. % Samples For Automation Price Pieces, Enter Date of Address Matching and Coding 5/19/2017 For CR Price Pieces, Enter Date of Address Matching and Coding 5/19/2017 For CR Price Pieces, Enter Date of CR Sequencing 5/19/2017 For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method		No. & Type of Containers 13 1' MM Trays 106 2' MM Trays 119 Total Trays Flat Trays Sacks Pallets Other	
Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z									
1		Subtotal Postage (Add Parts Totals)					37,005.44		
2		Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither pcs. x \$ = Postage Affixed							
3		Incentive/Discount Flat Dollar Amount							
4		Fee Flat Dollar Amount							
5		Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4)					37,005.44		
Additional Postage Payment (State reason)									
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage						Total Adjusted Postage Affixed			
Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))						Total Adjusted Postage Permit Imprint			
Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)						Total Adjusted Postage Simplified Addressing (EDDM)			
Incentive/Discount Claimed: Type of Fee:									
The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.									
Signature of Mailer or Agent						Privacy Notice: For information regarding our Privacy Policy visit www.usps.com. Printed Name of Mailer or Agent Signing Form MAIL STREAM Josh Morales or Eric Mc Dade		Telephone (925)-676-6711 Extension	
Weight of a Single Piece		Total Weight		Are postage figures at left adjusted from mailer's entries?		Round Stamp (Required)		Payment Date	
Total Pieces		Total Postage		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:					
Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No				Date Mailer Notified		Contact			
I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).				By (Initials)		Time		AM PM	
USPS Employee's Signature				Print USPS Employee's Name					