

United States Postal Service
Postage Statement — USPS Marketing Mail

Comments
CCWD ANNUAL WATER QUALITY REPORT

Post Office: Note Mail Arrival Date & Time
(Do Not Round-Stamp)

MAILER	Permit Holder's Name and Address and Email Address, if Any	Telephone (925)-676-6711 Extension	Name and Address of Mailing Agent (If other than permit holder)	Telephone (925)-676-6711 Extension	Name and Address of Mail Owner (If other than permit holder)
	MAIL STREAM INC PERMIT 530 125 MASON CIR STE K CONCORD CA 94520		MAIL STREAM INC PERMIT 530 125 MASON CIR STE K CONCORD CA 94520		CONTRA COSTA WATER DISTRICT 1331 CONCORD AVE CONCORD CA 94524
	EPS Cust. Ref. No. _____ CRID 3794862		CRID 3794862		CRID 19337095

MAILING	Post Office of Mailing CONCORD CA 94520-8998	Mailer's Mailing Date 06/23/2025	Federal Agency Cost Code	Statement Seq. No. JOB# 2	For Automation Price Pieces, Enter Date of Address Matching and Coding 06/12/2025	No. & Type of Containers 138 1' MM Trays 2' MM Trays 67 2' EMM Trays 205 Total Trays Flat Trays Sacks Pallets Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels	Total # of Pieces in Mailing 152,454	SSF Transaction #	For CR Price Pieces, Enter Date of Address Matching and Coding 06/12/2025	
	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	Move Update Method <input type="checkbox"/> ASE <input type="checkbox"/> Multiple <input type="checkbox"/> NCOALink <input type="checkbox"/> OneCode ACS <input type="checkbox"/> ACS <input checked="" type="checkbox"/> Alternative Method <input type="checkbox"/> n/a Alternative Address Format	Weight of a Single Piece 0.0144 pounds	Permit # 530	For CR Price Pieces, Enter Date of CR Sequencing 06/12/2025	
	Combined Mailing/Discount/Incentive <input type="checkbox"/> Mixed Class <input type="checkbox"/> SCF Pallet Discount <input type="checkbox"/> Marriage Mail Incentive <input type="checkbox"/> Single Class <input type="checkbox"/> Delivery Sort Container <input type="checkbox"/> Catalogs	This Is a Political Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Election Mail - Official Ballots <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Election Mail - Non-Ballot Materials <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 06/15/2025			

Parts Completed (Select all that apply) A B C D E F G L S NSA

POSTAGE	1	Subtotal Postage (Add Parts Totals)		46,650.92
	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)	

USPSE	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.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form MAIL STREAM INC PERMIT 530 C. HOLLMAN	Telephone (925)-676-6711 Extension
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USPSONLY	Weight of a Single Piece _____ pound	Total Weight	Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason		Round Stamp (Required) Payment Date
	Total Pieces	Total Postage			
	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		