


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

(To certify electronic delivery of the CCR, use the certification form on the State Water Board's website at
http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml)

Water System Name:	City of Pittsburg
Water System Number:	0710008

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 6/28/2021 (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.

Certified by:	Name:	Ana Corti	
	Signature:		
	Title:	Laboratory Director	
	Phone Number:	(925) 252-6916	Date: 6/28/2021

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

- ☒ CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: CCR was distributed using electronic delivery method
- ☒ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:
 - ☒ Posting the CCR on the Internet at
www.pittsburgca.gov/home/showpublisheddocument/14254/637938599704870000
 - ☐ 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)

- ☐ 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 address:
- www.pittsburgca.gov/home/showpublisheddocument/14254/637938599704870000
- ☐ *For investor-owned utilities:* Delivered the CCR to the California Public Utilities Commission

This form is provided as a convenience for use to meet the certification requirement of the California Code of Regulations, section 64483(c).

United States Postal Service		Postage Statement — USPS Marketing Mail		Comments: 2206028 CCWD 2022 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				
CAPS Cust. Ref. No. _____ CRID 3794862				CRID 3794862		CRID 19337095					
MAILING	Post Office of Mailing CONCORD CA 94520-9998		Mailer's Mailing Date 6/22/2022	Federal Agency Cost Code	Statement Seq. No. 220408	For Automation Price Pieces, Enter Date of Address Matching and Coding					
	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"/> Catalogs <input type="checkbox"/> Marketing Parcels		Total # of Pieces in Mailing 154,358	SSF Transaction #	6/15/2022					
	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 type="checkbox"/> Alternative Method <input checked="" type="checkbox"/> n/a Alternative Address Format	Total Weight 3,179.7748	Permit # 530	For CR Price Pieces, Enter Date of Address Matching and Coding					
				Weight of a Single Piece 0.0206 pounds	<input type="checkbox"/> Mailpiece is a product sample. % Samples	6/15/2022					
				<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.		For CR Price Pieces, Enter Date of CR Sequencing					
						6/15/2022					
		Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	This is a Political Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method						
				This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4/15/2022					
Parts Completed (Select all that apply) <input type="checkbox"/> A <input 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 <input type="checkbox"/> AA <input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AD <input type="checkbox"/> AE <input type="checkbox"/> AF <input type="checkbox"/> AG <input type="checkbox"/> AH <input 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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									
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5 Permit # _____		Net Postage Due (Line 1 +/- Lines 2, 3, 4)		33,186.97							
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									
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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		Printed Name of Mailer or Agent Signing Form		Telephone							
		C. HOLLMAN		925-676-6711							
				Extension							
USPS	Weight of a Single Piece	Total Weight	Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:								
	Total Pieces	Total Postage									
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No										
	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).		Date Mailer Notified	Contact							
	USPS Employee's Signature		By (Initials)	Time AM PM							
		Print USPS Employee's Name		Round Stamp (Required) Payment Date							