

## APPENDIX B: eCCR Certification Form (Suggested Format)

### Consumer Confidence Report Certification Form

(To be submitted with a copy of the CCR)

Water System Name:	City of Pittsburgh
Water System Number:	CA0710008

The water system named above hereby certifies that its Consumer Confidence Report was distributed on June 18, 2024 (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: Ana Corti	Title: Water Quality Supervisor
Signature:	Date: 7/18/2024
Phone number: (925) 252-6916	

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.pittsburgca.gov/home/showpublisheddocument/16534/638569803785879487](http://www.pittsburgca.gov/home/showpublisheddocument/16534/638569803785879487)
  - ☐ 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)


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

United States Postal Service Postage Statement — USPS Marketing Mail		Comments: 2405120m 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  MAIL STREAM INC PERMIT 530 125 MASON CIR STE K CONCORD CA 94520		Telephone (925)-676-6711 Extension		Name and Address of Mail Owner (If other than permit holder)  CONTRA COSTA WATER DISTRICT 1331 CONCORD AVE CONCORD CA 94524				
	EPS Cust. Ref. No. _____ CRID 3794862		Name and Address of Mailing Agent (If other than permit holder)  MAIL STREAM INC PERMIT 530 125 MASON CIR STE K CONCORD CA 94520		Telephone (925)-676-6711 Extension				
MAILING	Post Office of Mailing CONCORD CA 94520-6998		Mailing Date 6/18/2024		Federal Agency Cost Code				
	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 Percels		Total # of Pieces in Mailing 154,356				
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				For Automation Price Pieces, Enter Date of Address Matching and Coding 5/17/2024 For CR Price Pieces, Enter Date of Address Matching and Coding 5/17/2024 For CR Price Pieces, Enter Date of CR Sequencing 5/17/2024 For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 4/15/2024					
				No. & Type of Containers 1' MM Trays 2' EMM Trays Total Trays Flat Trays Sacks Pallets Other					
POSTAGE	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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	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								
	Incentive/Discount Flat Dollar Amount								
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	Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4) 40,286.92								
USPS	Additional Postage Payment (State reason)								
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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		Telephone				
			C. HOLLMAN		Extension				
NOT ON USPS USE ONLY	Weight of a Single Piece _____ pound		Total Weight		Round Stamp (Required) Payment Date				
	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						
	USPS Employee's Signature		Print USPS Employee's Name						
		By (Initials)		Time	AM PM				