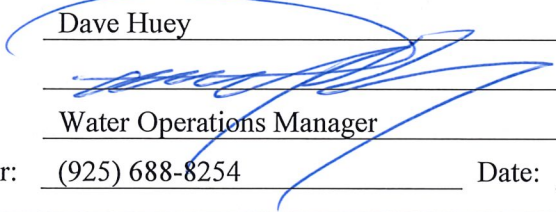


**Consumer Confidence Report
Certification Form**
(To be submitted with a copy of the CCR)

Water System Name: Randall-Bold Water Treatment Plant

Water System Number: 0710010

The water system named above hereby certifies that its Consumer Confidence Report was distributed on June 20, 2019 (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 26, 2019

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

United States Postal Service
Postage Statement — USPS Marketing Mail

Comments: 1906062 CCWD 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 Mailing Agent (If other than permit holder) MAIL STREAM INC PERMIT 530 125 MASON CIR STE K CONCORD CA 94520
	CAPS Cust. Ref. No. _____ CRID 3794862		CRID 19337095
MAILING	Post Office of Mailing CONCORD CA 94520-9998	Mailing Date 6/20/2019	Federal Agency Cost Code 190606
	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 189,056
	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	Weight of a Single Piece 0.0256 pounds
	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		Permit # 530
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		
4	Fee Flat Dollar Amount		
5	Permit #	Net Postage Due (Line 1 +/- Lines 2, 3, 4)	39,512.70
USPS	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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CERTIFICATION	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	Telephone
		C. HOLLMAN	Extension
USPS	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:
	Total Pieces	Total Postage	
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Mailed Notified
	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).		
	USPS Employee's Signature		Print USPS Employee's Name
			Round Stamp (Required) Payment Date