

Reference Document for Electronic Delivery of CCRs, Appendix B
Revised **February 2021**

APPENDIX B: eCCR Certification Form (Suggested Format)

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:	CA0710010

The water system named above hereby certifies that its Consumer Confidence Report was distributed on June 21, 2023 (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: John Ramirez	Title: Water Operations Manager
Signature: <i>John Ramirez</i>	Date: 6/23/2023
Phone number: (925) 688-8094	

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 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: 2305096 CCWD ANNUAL WATER QUALITY REPORT		Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)	
M A I L E R	Permit Holder's Name and Address and Email Address, if Any MAIL STREAM INC PERMIT 591 125 MASON CIR STE K CONCORD CA 94520 CAPS Cust. Ref. No. _____ CRID 3794862		Telephone (925)-676-6711 Extension _____ Name and Address of Mailing Agent (If other than permit holder) MAIL STREAM INC PERMIT 591 125 MASON CIR STE K CONCORD CA 94520 CRID 3794862		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 CRID 19337095	
	Post Office of Mailing CONCORD CA 94520-9998		Mailer's Mailing Date 6/21/2023		Federal Agency Cost Code 220408	
	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 154,359 Total Weight 2,516.0517	
M A I L I N G	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 type="checkbox"/> n/a Alternative Address Format		Weight of a Single Piece 0.0163 pounds <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	
	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 This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statement Seq. No. 220408 SSF Transaction # Permit # 530 <input type="checkbox"/> Mailpiece is a product sample. _____ % Samples	
					For Automation Price Pieces, Enter Date of Address Matching and Coding 6/14/2023 For CR Price Pieces, Enter Date of Address Matching and Coding 6/14/2023 For CR Price Pieces, Enter Date of CR Sequencing 6/14/2023 For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 4/15/2023	
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"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA						
P O S T A G E	1 Subtotal Postage (Add Parts Totals)					36,583.08
	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)					36,583.08
U S E	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
C E R T I F I C A T I O N	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 C. HOLLMAN			Telephone _____ Extension _____	
U S P S E M P L O Y E E S O N L Y	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					
	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 Mailed Notified _____		Contact _____	
	USPS Employee's Signature _____		Print USPS Employee's Name _____		Round Stamp (Required) Payment Date _____	