## **Consumer Confidence Report Certification Form**

(To be submitted with a copy of the CCR)

Water System Name:		First Mutual Water System					
Water System Number: _1		15025	69	4	, ,		
system ce	ertifies that the	( <i>date</i> ) to c informatio	e hereby certifies tha customers (and appropr on contained in the repo epartment of Public Heal	ate notices of availa	bility have been give	en) Further the	
Certified	by: Name:		Billy Cox				
	Signati	ire:	Billy Cox			_	
	Title:		Manager				
	Phone	Number:	( 661)-256-456	Date:	5/27/2022		
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:							
"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						
	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		olic places (attach a list of	locations)			
	Delivery of multiple copies of CCR to single bill addresses serving several persons, such businesses, and schools				ch as apartments,		
	Delivery to	community	y organizations (attach a	ist of organizations)			
For add	For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www						
	For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission						