Consumer Confidence Report Certification Form

(To be submitted with a copy of the CCR)

Water System Name:			SUMMI	T INDUST	TRIAL WATER SYSTEM	
Water System Number:			150354	13		
systen	14/1	ies that the	(<i>date</i>) to co	ustomers (ar n contained	pertifies that its Consumer Confidence Report was dand appropriate notices of availability have been given). I in the report is correct and consistent with the compliant Public Health.	Further, the
Certif	ied by:	Name:		MICHA	HER G. NIXON	
		Signat	ure:	mm o		
		Title:		DINNET	R	
		Phone	Number:	(661) 8	822-1503 Date: 6-13-19	
		•			aith efforts taken, please complete the below by checking	
				re appropriat		
×	CCR w	as distributed	by mail or o	ther direct del	elivery methods. Specify other direct delivery methods used:	
	"Good				ill paying consumers. Those efforts included the following method	ls:
	Ш	C		nternet at wwv		(3)
		Mailing the (CCR to posta	al patrons with	hin the service area (attach zip codes used)	
		Advertising t	he availabili	ty of the CCR	R in news media (attach copy of press release)	
				in a local nev late published)	ewspaper of general circulation (attach a copy of the published n	otice, including
		Posted the C	CR in public	places (attach	ch a list of locations)	
		Delivery of a schools	nultiple copi	ies of CCR to	single bill addresses serving several persons, such as apartments,	businesses, and
		Delivery to o	community o	rganizations (a	(attach a list of organizations)	
	For sy.	1100	; at least 10	0,000 persons	Posted CCR on a publicly-accessible internet site at the following	lowing address:
	For pr	ivately-ownea	l utilities: De	elivered the Co	CCR to the California Public Utilities Commission	