Certification Form

(To be submitted with a copy of the CCR)

Water System Number:		em Name:	SUMMIT INDUSTRIAL PARK WATER SYSTEM	
		em Number:	1503543	
the:	-01- system	2625 certifies that	med above hereby certifies that its Consumer Confidence Report was distributed on(date) to customers (and appropriate notices of availability have been given). Further, at the information contained in the report is correct and consistent with the compliance usly submitted to the Department of Public Health.	
Cert	ified by	y: Name: Signat Title: Phone Numbe	Office Manager Date	
Tos	umma	rize report de	elivery used and good-faith efforts taken, please complete the below by checking	
	ems that apply and fill-in where appropriate:			
X	CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used:			
	mailed to each tenant			
	"Good	faith" efforts v	vere used to reach non-bill paying consumers. Those efforts included the following methods:	
		Posting the Co	CR on the Internet at www	
		Mailing the C	CR to postal patrons within the service area (attach zip codes used)	
		Advertising th	ne availability of the CCR in news media (attach copy of press release)	
			f the CCR in a local newspaper of general circulation (attach a copy of the published notice, including paper and date published)	
		Posted the CC	CR in public places (attach a list of locations)	
		Delivery of m schools	ultiple copies of CCR to single bill addresses serving several persons, such as apartments, businesses, and	
		Delivery to co	ommunity organizations (attach a list of organizations)	
	For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www			
	For pr	For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission		