

United States Postal Service Postage Statement—USPS Marketing Mail

Post Office: Note Mail Arrival
Date & Time (Do Not Round-Stamp)

Mailer	Permit Holder Name, Address, Email, Telephone Hall Letter Shop 5200 Rosedale Hwy Bakersfield, CA 93308 661-327-3228 CRID 2444885 CAPS Cust. Ref. No. N/A		Mailing Agent (If other than permit holder) Name, Address, Telephone <i>Consumer CONFIDENCE</i> CRID N/A		Mail Owner (If other than permit holder) Name, Address Bear Valley Community Services District 28999 S. Lower Valley Road Tehachapi, CA 93561 CRID N/A	
	Post Office of Mailing BAKERSFIELD CA 93380		Mailing Date 04/22/2022		Federal Agency Cost Code N/A	
Mailing	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 3,161	
	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail		Move Update Method <input checked="" type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input checked="" type="checkbox"/> n/a Alternative Address Format		Total Weight 158.9983	
	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		Weight of a Single Piece 0.0503 pounds		Permit # 110	
			This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		For Automation Pieces, Enter Date of Address Matching and Coding 04/22/2022 For Carrier Route Pieces, Enter Date of Address Matching and Coding N/A For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing N/A For Pieces Bearing a Simplified Address, Enter Date of Delivery Statistics File or Alternative Method	
Parts Completed (Select all that apply): <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input 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						
Postage	1		Subtotal Postage (Add parts totals)			
	2		Price at Which Postage Affixed (Check one): <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps.		0 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)			
USPS Use Only	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 ("0"))		Total Adjusted Postage Permit Imprint			
	Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)		Total Adjusted Postage Simplified Addressing (EDDM)			
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 that 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 Hall Letter Shop		Telephone 661-327-3228	
USPS Use Only	Weight of a Single Piece _____ pounds		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 Mailer Notified		Contact	
	USPS Employee's Signature		Print USPS Employee's Name		Round Stamp (Required) Payment Date	

ATTACHMENT 6


Consumer Confidence Report Certification Form

(to be submitted with a copy of the CCR)

Water System Name: Bear Valley CSD F

Water System Number: CA1510038

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 4-22-22 (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 Department of Public Health.

Certified by: Name: Dawn Smith
Signature: 
Title: Public Works Administrative Specialist
Phone Number: (661)821-4428 Date: 5-10-22

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.bvcsd.com

☒ 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 bill addresses serving several persons, such as apartments, businesses, and schools

☐ Delivery to community 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 privately-owned utilities: Delivered the CCR to the California Public Utilities Commission