

## APPENDIX F: Certification Form (Suggested Format)

### Consumer Confidence Report Certification Form

(to be submitted with a copy of the CCR)

(To certify electronic delivery of the CCR, use the certification form on the State  
Water Board's website at

[http://www.swrcb.ca.gov/drinking\\_water/cert/cdr/drinkingwater/CCR.shtml](http://www.swrcb.ca.gov/drinking_water/cert/cdr/drinkingwater/CCR.shtml))

Water System Name: Winterhaven Mobile Estates

Water System Number: 1900961

The water system named above hereby certifies that its Consumer Confidence Report was distributed on September 23, 2022 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.

Certified by: Name: Mike Solomon

Signature:



Title: Owner

Phone Number: 208-920-1142

Date: September 23, 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: [INSERT DELIVERY METHODS]

\* POSTED IN WEEVILLE MARKET

"Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:

Posting the CCR on the Internet at [INSERT INTERNET ADDRESS]

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)

I (We) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to my (our) knowledge and that I (we) are acting under authority and direction of the responsible legal entity under whose name this application is made.

Signed By:

Michael Solomon

Title:

Owner

Address: 18348 W. AVE D  
LANCASTER CA 93536

Telephone:

208-920-1142

Dated:

10-5-22

09/05/2017