# **APPENDIX G: CCR 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 Board's website at <a href="http://www.swrcb.ca.gov/drinking">http://www.swrcb.ca.gov/drinking</a> water/certlic/drinkingwater/CCR.shtml)

Water System Name:		San Gabri	iel County Water I	District				
Water System Number: 1910144								
6/3/2 certif	0 & 6/1 fies that toring	8/20 to custor t the inform	ners (and a ation conta	ppropriate notices ained in the repo	of availability	y have been g and consiste	Report was distributed on iven). Further, the system ent with the compliance ard, Division of Drinking	
Cer	tified b	d by: Name: Signature:		Jim Jenkins				
				Allan	411			
		Title:		Water Quality S	Specialist			
		Phone	Number:	(626) 287-0341		Date:	9/29/20	
	-	oply and fill-inwas distribute		•	ery methods.	Specify other	er direct delivery methods	
$\boxtimes$	"Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:							
	$\boxtimes$	0	he CCR oads/SGCW	on the Ir VD_CCR_2019_W	iternet at <u>'eb.pdf</u>	www. <u>h</u>	ttp://new.sgcwd.com/wp-	
		•	•	stal patrons within		•	•	
		_	g the availability of the CCR in news media (attach copy of press release) of the CCR in a local newspaper of general circulation (attach a copy of the notice, including name of newspaper and date published)					
			•	lic places (attach a		*		
	Ш	-	•	opies of CCR to si ses, and schools	ingle-billed a	ddresses serv	ring several persons, such	
		Delivery to	community	organizations (att	ach a list of o	organizations	)	
		Other (attacl	h a list of o	ther methods used	)			
	For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www							
	For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission							

This form is provided as a convenience for use to meet the certification requirement of the California Code of Regulations, section 64483(c).

InfoSend, Inc. 4240 E. La Palma Ave. Anaheim, CA 92807 (714) 993-2690

Name / Address

8366 Grand Ave

SAN GABRIEL COUNTY WATER DISTRICT

P.O. No. Quote 907

Rosemead, CA	91770							
Contact: Louise Dirian				Proof:		PDF CCR Mailing		
Contact Phone: 626-287-0341		Title:	$\neg$					
Contact Email:	louise@	sgcwd.com		Target Mail Date:	$\rightarrow$	5 Business Days		
Artwork: PDF			Description of Mailin	ng:				
Item		Quantity	Des	scription			Rate	Amount
DC Manual-Pap	er	4,200	Paper: Address slip- 8.5x3.	.67 white 70# offset		<del>                                     </del>	0.013	54.60T
DC Manual-Dat	а	4,200	Data Processing/Print: Processing, merge, print names and addresses 1/0 on address slips			0.075	315.00T	
DC Manual-Inse	erts	4,200	Inserts: **DROP SHIPPED** 8.5x3.67 insert provided by SGC				0.00	T00.0
DC Manual-Out	go	4,200	Outgoing Envelope: ENV-INF-#10 (blank double window)		1 7 1	0.02	84.00T	
DC Manual-Mai	ili	4,200	Mailing Services: Bindery, insert (2), deliver to Post Office			0.035	147.00	
DC Manual-Pos SET UP FEE	tage	4,200	Postage: Marketing Mail rates (2020 rates) Set Up Fee			# B	0.28	1,176.00
	į							
Estimate Only					Su	ıbtotal		\$1,926.60
Prepared B	Prepared By: Marla Callaghan <marla.c@infosend.com></marla.c@infosend.com>				Sales Tax (7.75%)			\$35.15

Ship To

Terms & Conditions

Approved By: \_\_\_\_\_

Prices subject to change upon receipt of artwork if not provided at time of estimate. Any changes in original copy after proofing may be charged at InfoSend's rate of \$95/hour in addition to the quoted price. Any quotes given without samples or actual specifications are subject to change upon receipt of actual order and specs. Overruns or underruns will not exceed ten (10) percent of the quantity ordered, unless specified otherwise in the quotation. InfoSend will invoice for the actual quantity within this tolerance. If the Client requires a guaranteed quantity, the percentage of tolerance must be stated at the time of quotation. InfoSend will produce materials approved in this document. If changes are required before the order has been depleted, the client will be billed for any remaining unused materials is subject to material cost and will be billed. Materials which remain inactive or which have usage suspended will be billed a holding fee of \$40 per month during the inactive period and are subject to being invoiced for remaining material cost after 6 months of inactivity. Pricing listed on this quote is valid for 30 days from prepared date

1		des Transcription	0 1	
nave read	and agreed to	the Terms and	Condition (	initial Here)

**Total** 

\$1,961.75



4240 E. La Palma Avenue Anaheim, CA 92807-1816

Phone: 714.993.2690 • Fax: 714.993.1306

## **INVOICE**

### CUSTOMER

ATTN: Accounts Payable SAN GABRIEL COUNTY WATER DISTRICT 8366 Grand Ave Rosemead, CA 91770

DATE	INVOICE NO.		
7/27/2020	175389 S.O. NO.		
AMOUNT PAID			
	907		

### MAKE CHECKS PAYABLE TO

	CHECK BOX FOR MAILING ADDRESS CHANGE	PLEASE INDICATE CHANGES ON THE REVERSE SIDE
--	--------------------------------------	---

PLEASE DETACH AND RETURN UPPER SECTION WITH PAYMENT

6	4240 E. La Palma Avenue Anaheim, CA 92807-1816	TERMS	DUE DATE	P.O #	Account #	INVOICE
Bill Print o Bills De	Phone: 714.993.2690 Fax: 714.993.1306	DUE UPON RECEIPT	8/10/2020		SGC-000	175389
DATE		DESCRIPTION		QTY	RATE	AMOUNT
	CCR Insert Mailing					
06/18/20	Set Up Fee SGZ0622A: Paper: Addres SGZ0622A: Data Processi addresses I/0 on address sl Inserts: **DROP SHIPPEL SGZ0622A: Outgoing Env SGZ0622A: Mailing Servi SGZ0622A: Postage (4,24 SGZ0622A: Postage (Non- Sales Tax	ng/Print: Processing, merg ps ** 8.5x3.67 insert providual elope: ENV-INF-#10 (blaces: Bindery, insert (2), de 4 Mailpieces)	ge, print names and ed by SGC ink double window)	1 4,245 4,245 4,245 1 1	150.00 0.013 0.075 0.02 0.035 1,103.29 0.50 7.75%	150.00 55.19T 318.38T 84.90T 148.58 1,103.29 0.50 35.53
THANK V	OU FOR YOUR BUSINESS					
THANK YO	OU FOR TOUR BUSINESS			Total		\$1,896.37