APPENDIX F: CCR Certification Form

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/certlic/drinkingwater/CCR.shtml)

Water System Name:	Valley State Prison
Water System Number:	CA2010801
on 6/28/2023 to customers system certifies that the in	above hereby certifies that its Consumer Confidence Report was distributed (and appropriate notices of availability have been given). Further, the formation contained in the report is correct and consistent with the a previously submitted to the State Water Resources Control Board,
Certified by: Jesse Keller	
Name: Jesse Keller	
Signature:	e faires
Title: Chief Plant Operator	
Phone number: (559) 665-	6100 Ext. 5848
Date: 6/28/2023	
checking all items that app	ery used and good-faith efforts taken, please complete the below by oly and fill-in where appropriate: d by mail or other direct delivery methods. Specify other direct delivery
✓ "Good faith" efforts w following methods:	ere used to reach non-bill paying consumers. Those efforts included the
 □ Advertising the a □ Publication of the published notice ☑ Posted the CCR is □ Delivery of multiput as apartments, but Delivery to communication □ Other (attach a limited publication) 	to postal patrons within the service area (attach zip codes used) availability of the CCR in news media (attach copy of press release) e CCR in a local newspaper of general circulation (attach a copy of the including name of newspaper and date published) in public places (attach a list of locations) ple copies of CCR to single-billed addresses serving several persons, such ousinesses, and schools munity organizations (attach a list of organizations) ist of other methods used)
☐ For systems serving	g at least 100,000 persons: Posted CCR on a publicly-accessible internet

☐ For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission

site at the following address:

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

Date

: January 1, 2023

To

: J. Keller

Subject: CALIFORNIA DEPARTMENT PUBLIC HEALTH REQUIRED POSTINGS ON BULLITEN BOARDS THROUGH OUT THE INSTITUTION (CCR)

	Completed
1) Administration Building 801	6/28/2023
2) Warehouse 701	6/28/2023
3) Entrance Building 803, Staff and V	isitor Bulletin Board 6/28/2023
4) A-Medical 404	6/27/2023
5) A-Yard each Housing Unit 313, 31	4, 315 6/27/2023
6) AD/SHU 316 every room, 85 copie	es 6/28/2023
7) B-Yard each Housing Unit 309, 31	0, 311, 312 6/27/2023
8) B-Program 406	6/27/2023
9) C-Yard each Housing Unit 305, 30	06, 307, 308 6/27/2023
10) D-Yard each Housing Unit 301, 30	02, 303, 304 6/27/2023
11) C/D-Program 402	6/27/2023
12) Education Main Office 408	6/28/2023
13) 1101 Infirmary	6/28/2023
14) Visiting 406	6/27/2023
15) Library 407	6/27/2023
16) Plant Operations 507	6/27/2023

Should you have any questions regarding this information, please contact me at extension

ALFRED DE ALBA

Correctional Plant Supervisor Business Services Division

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