


**Consumer Confidence Report
Certification Form**
(To be submitted with a copy of the CCR)

Water System Name: Nevada I.D. Lake of the Pines

Water System Number: 2910014

The water system named above hereby certifies that its Consumer Confidence Report was distributed on **06/29/2020** (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 State Water Resources Control Board, Division of Drinking Water (DDW).

Certified by: Name: Fred Waymire
Signature: 
Title: Treated Water Superintendent
Phone Number: (530) 273-6185 Date: 07/20/2020

To summarize report delivery used and good-faith efforts taken, please complete this page by checking all items that apply and fill-in where appropriate:

- ☐ CCR was distributed by mail or other direct delivery methods (attach description of other direct delivery methods used).
- ☒ CCR was distributed using electronic delivery methods described in the Guidance for Electronic Delivery of the Consumer Confidence Report (water systems utilizing electronic delivery methods must complete the second page).
- ☐ "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:
 - ☐ Posting the CCR at the following URL: www.
 - ☐ 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)
 - ☐ Publication of the CCR in the electronic city newsletter or electronic community newsletter or listserv (attach a copy of the article or notice)
 - ☐ Electronic announcement of CCR availability via social media outlets (attach list of social media outlets utilized)
 - ☐ Other (attach a list of other methods used)
- ☐ For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following URL: www.
- ☐ For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission

Consumer Confidence Report Electronic Delivery Certification

Water systems utilizing electronic distribution methods for CCR delivery must complete this page by checking all items that apply and fill-in where appropriate.

- ☒ Water system mailed a notification that the CCR is available and provides a direct URL to the CCR on a publicly available website where it can be viewed (attach a copy of the mailed CCR notification). URL: <http://nidwater.com/wqr> _____
- ☐ Water system emailed a notification that the CCR is available and provides a direct URL to the CCR on a publicly available site on the Internet where it can be viewed (attach a copy of the emailed CCR notification). URL: www._____
- ☐ Water system emailed the CCR as an electronic file email attachment.
- ☐ Water system emailed the CCR text and tables inserted or embedded into the body of an email, not as an attachment (attach a copy of the emailed CCR).
- ☐ *Requires prior DDW review and approval.* Water system utilized other electronic delivery method that meets the direct delivery requirement.

Provide a brief description of the water system's electronic delivery procedures and include how the water system ensures delivery to customers unable to receive electronic delivery.

The customers were made aware of the Electronic version of the Water Quality Report on their bills. A printed copy is also available to customers by mail if requested or available to be picked up in our lobby.

This form is provided as a convenience and may be used to meet the certification requirement of section 64483(c), California Code of Regulations.

**NEVADA IRRIGATION DISTRICT**

1036 W MAIN STREET
GRASS VALLEY, CA 95945-5424
Billing Office: (530) 273-6185



119501A09-Y-1
4385 Y SP 0.419000



ORCHARD SPRINGS
MONICA REYES
23333 SCOTTS FLAT
NEVADA CITY CA 95959-9173

ACCOUNT STATEMENT

Page 1 of 2

| | | | |
|-------------------------------------------------------------------------|-----------------------------|----------------------------------|--|
| ACCOUNT NUMBER 37699-00 | | BILLING PERIOD FROM TO | |
| CYCLE 216 (O) | | APN N28-280-12-000 | |
| BILL ISSUE DATE -- | DUE BY 06/19/2020 | AMOUNT DUE \$65.02 | |
| SERVICE NAME AND ADDRESS ORCHARD SPRINGS 19085 LARSEN ROAD | | | |

TERMS OF PAYMENT ON REVERSE SIDE

| CONSUMPTION COMPARISON | METER SIZE | METER READINGS | | HCF CONSUMED | TOTAL GALLONS CONSUMED | AVERAGE GALLONS USED PER DAY |
|------------------------------------|------------|----------------|---------|--------------|---------------------------|---------------------------------|
| | | PREVIOUS | PRESENT | | | |
| USAGE / DAYS CURRENT 19448 / 28 | | 2294 | 2320 | 26 | 19448 | 694 |

IMPORTANT MESSAGE

ALL WATER CHARGES ARE DUE AND PAYABLE ON ISSUANCE OF THE STATEMENT AND ARE DELINQUENT TEN (10) DAYS THEREAFTER. IF PAYMENT IS NOT RECEIVED WITHIN 25 DAYS OF ISSUANCE YOU MAY BE CHARGED A LATE FEE OF 1.5% OF THE UNPAID BALANCE.

You can download a copy of the 2019 Water Quality Report at:
<http://nidwater.com/wqr>

SERVICE DESCRIPTION**AMOUNT**

| | |
|-------------------------|---------|
| PREVIOUS BALANCE | \$32.88 |
| DELINQUENT BALANCE | \$32.88 |
| ROLLINS-ORCHARD SPRINGS | \$19.24 |
| 2 INCH RPD-IN | \$12.90 |

TOTAL AMOUNT DUE**\$ 65.02**

Pay your bill online at www.nidwater.com or by phone
at 833-366-7104. Payments subject to \$3.75 charge.
Maximum payment \$1,000 per transaction.

Your account has a past due balance of \$32.88, and is scheduled to be disconnected.
Please contact Customer Service at 530-273-6185 to ensure continued water service.

PLEASE BRING THE ENTIRE BILL IF PAYING IN PERSON OR IF BY MAIL RETURN THE BOTTOM PORTION ONLY

**NEVADA IRRIGATION DISTRICT**

1036 W MAIN STREET
GRASS VALLEY, CA 95945-5424
Billing Office: (530) 273-6185

ORCHARD SPRINGS
MONICA REYES
23333 SCOTTS FLAT
NEVADA CITY CA 95959-9173

Please return this portion with your payment. Make your check payable to:
NEVADA IRRIGATION DISTRICT

| | |
|-----------------------------------|------------------------------|
| ACCOUNT NUMBER 37699-00 | AMOUNT DUE \$65.02 |
| DUE BY 06/19/2020 | AMOUNT ENCLOSED \$ |

TO ENSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE
NOTE ACCOUNT NUMBER ON YOUR CHECK AND REMIT
PAYMENT TO:



NEVADA IRRIGATION DISTRICT
1036 W MAIN STREET
GRASS VALLEY CA 95945-5424

TERMS OF PAYMENT ON REVERSE SIDE