

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/certlic/drinkingwater/CCR.shtml)

Water System Name:	City of Fountain Valley
Water System Number:	3010069

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 6/4/2021 (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.

Certified by:	Name:	Tom Grose	
	Signature:		
	Title:	Water Supervisor - Production	
	Phone Number:	(714) 593-4615	Date: 6/21/2021

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.fountainvalley.org
 - ☒ 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)
 - ☐ 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 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).

Additional Information for
Consumer Confidence Report Certification Form
City of Fountain Valley - #3010069

Zip Codes Used to Mail CCR: 92708

Public Places the CCR was Posted: Fountain Valley City Hall and City Yard

Postage Statement: Attached

Postage Statement—USPS Marketing Mail

Transaction Number: 202115520201911 M1		CAPS / EPS Transaction Number:		Postage Statement Number: 431880042		
Mailing Group	Mailing Group ID 312547526			Mailing Job Number		
	Preparer 1208-PI-PREMIER MAIL MARKETING			Origin PSW - Mailer Entered		
Job Description						
Mailer	Permit Holder's Name and Address and Email Address, if Any PREMIER MAIL MARKETING PO BOX 28027 SANTA ANA, CA 92799-8027 Contact Name: MARIO RUIZ / MIMI NGUYEN (714)373-2354 premiermm@verizon.net CAPS Customer Ref. No: WQR FV CRID: 2933398		Name and Address of Mailing Agent (If other than permit holder) PREMIER MAIL MARKETING PO BOX 28027 SANTA ANA, CA 92799-8027 Contact Name: MARIO RUIZ / MIMI NGUYEN (714)373-2354 premiermm@verizon.net CRID: 2933398		Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) PREMIER MAIL MARKETING PO BOX 28027 SANTA ANA, CA 92799-8027 Contact Name: MARIO RUIZ / MIMI NGUYEN (714)373-2354 premiermm@verizon.net CRID: 2933398	
Mailing	Post Office of Mailing SANTA ANA CA 92799-9324	Processing Category Letters	Mailer's Mailing Date 06/04/21	Federal Agency Cost Code	Statement Seq. No.	No. & Type of Containers Sacks: 0 1 ft. Letter Trays: 0 2 ft. Letter Trays: 38 EMM Letter Trays: 0 Flat Trays: 0 Pallets: 0 Other: 0
	Type of Postage Permit Imprint		SSF Transaction ID #		Total # of Pieces in Mailing 21,370	
			Weight of a Single Piece 0.0371 lbs.	Combined Mailing	Total Weight 792.5302 lbs.	
	Permit # 1208	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		<input type="checkbox"/> Mailpiece is a product sample. % Samples		
	For Automation Rate Pieces, Enter Date of Address Matching and Coding ____/____/____	For Carrier Route Pieces, Enter Date of Address Matching and Coding ____/____/____	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing 06/04/21		For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 06/04/21	
	Move Update Method: Alternative Address Format					
This is a Political Campaign Mailing No			This is Official Election Mail No		<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disc.	
Postage	Parts Completed C					
	Subtotal Postage (Add parts totals)				\$3,590.16	
	Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. Rate at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither _____ pcs. x \$ _____ = Postage Affixed				\$0.000	
	Incentive/Discount _____				\$0.00	
	Fee _____				\$0.00	
	Net Postage Due				\$3,590.16	
	For USPS Use Only: Additional Postage Payment (State reason)					
Total USPS Adjusted Postage				\$3,590.16		
Certification	Incentive/Discount Claimed: N/A Type of Fee: N/A					
	The mailer certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent certifies that he or she is authorized on behalf of the mailer then that 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					

This postage statement was verified and accepted under the PostalOne! program. No postal signature or round stamp is required.

Part C

Carrier Route Letters

Letters EDDM (Automation) 3.5 oz. (0.2188 lbs.) or less

	Entry	Price	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
	Category							
C15	DSCF	Saturation	\$0.168	21,370	\$3,590.1600	\$0.0000	\$0.0000	\$3,590.1600

C46	Part C Total (Add lines C1-C45)							\$3,590.1600
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* May contain both Full Service Intelligent Mail and other discounts