

## APPENDIX B: eCCR Certification Form (Suggested Format)

### Consumer Confidence Report Certification Form

*(To be submitted with a copy of the CCR)*

Water System Name: City of La Palma

Water System Number: 3010100

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 6/21/22 (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: Jake Chavira  
Signature:   
Title: Water/Maintenance Supervisor  
Phone Number: ( 714 ) 690-3313 Date: 7/14/22

*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.cityoflapalma.org/206/Water-Quality
  - ☐ 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

## Postage Statement—USPS Marketing Mail

Transaction Number: 202217218470214 M1		CAPS / EPS Transaction Number:		Postage Statement Number: 490226979								
Mailing Group	Mailing Group ID 363298271			Mailing Job Number		Open Date 06-21-2022						
	Preparer 1208-PI-PREMIER MAIL MARKETING			Origin PSW - Mailer Entered		Close Date						
	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 LA PALMA  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 06/21/22		Federal Agency Cost Code		Statement Seq. No.		No. & Type of Containers  Sacks: 0 1 ft. Letter Trays: 0 2 ft. Letter Trays: 0 EMM Letter Trays: 9 Flat Trays: 0 Pallets: 0 Other: 0	
	Type of Postage Permit Imprint				SSF Transaction ID #		Total # of Pieces in Mailing 5,552					
					Weight of a Single Piece 0.0369 lbs.		Combined Mailing		Total Weight 204.6931 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 ____/____/____		For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 06/21/22					
	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 <b>C</b>											
	Subtotal Postage (Add parts totals)											\$1,093.74
	Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. ____ pcs. x \$ ____ = Postage Affixed											\$0.000
	Rate at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither											
	Incentive/Discount _____											\$0.00
	Fee _____											\$0.00
	Net Postage Due											\$1,093.74
For USPS Use Only: Additional Postage Payment (State reason)												
Total USPS Adjusted Postage												\$1,093.74
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 <a href="http://www.usps.com">www.usps.com</a>											

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 Category	Price	No. of Pieces	Subtotal	Postage	Discount Total	Fee Total	Total Postage
C13	None	Saturation	\$0.197	5,552	\$1,093.7440	\$0.0000	\$0.0000	\$1,093.7440
C47	Part C Total (Add lines C1-C46)							\$1,093.7440

\* May contain both Full Service Intelligent Mail and other discounts