

CCR Certification Form

Consumer Confidence Report Certification Form

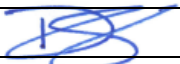
(to be submitted with a copy of the CCR)

(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(s):	MISSION SPRINGS W.D., WEST PALM SPRINGS VILLAGE, PALM SPRINGS CREST
Water System Number(s):	CA3310008, CA3310078, CA3310081

The water systems named above hereby certifies that its Consumer Confidence Report was distributed on **07/01/2024** 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: Mission Springs Water District
Name: Danny Friend
Signature: 
Title: Director of Operations
Phone number: (760) 932-0004
Date: 07/16/2024

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: **USPS**

"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.mswd.org/CCR

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: **[INSERT INTERNET ADDRESS]**

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).

Postage Statement - USPS Marketing Mail

Post Office: Note Mail Arrival
Date & Time (Do Not Round-Stamp)

Mailer	Permit Holder Name, Address, Email, Telephone High Tech Mailing Services Michael Firman 39620 Entrepreneur Ln Palm Desert, CA 92211-0400 760-779-0460	Mailing Agent (If other than permit holder) Name, Address, Telephone	Mail Owner (If other than permit holder) Name, Address Mission Springs Water District 66575 2nd St Desert Hot Springs, CA 92240-3715 760-000-0000
	EPS Cust. Ref. No. _____ CRID <u>27291375</u>	CRID _____	CRID <u>3371808</u>

Mailing	Post Office of Mailing Palm Desert, CA 92260-9998	Mailer's Mailing Date Jul 01, 2024	Federal Agency Cost Code	Statement Seq. No. 152124	For Automation Pieces, Enter Date of Address Matching and Coding 06/13/2024 For Carrier Route Pieces, Enter Date of Address Matching and Coding 06/13/2024 For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing 06/14/2024 For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method	No. & Type of Containers 0 Sacks 0 1 ft. Letter Trays 0 2 ft. Letter Trays 0 EMM Letter Trays 159 Flat Trays 0 Pallets 0 Other	
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels <input type="checkbox"/> Catalogs	<input type="checkbox"/> Parcels-Machinable <input type="checkbox"/> Parcels-Irregular <input type="checkbox"/> CMM <input type="checkbox"/> Catalogs	Total # of Pieces in Mailing 14,990			SSF Transaction #
	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	Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS	<input type="checkbox"/> Alternative Method <input checked="" type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	Total Weight 1,407.5610			Permit # 149
	<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	<input type="checkbox"/> Marriage Mail Incentive	Weight of a Single Piece 0.0939 pounds			<input type="checkbox"/> Mailpiece is a product sample % Samples

Parts Completed (Select all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA	
Postage	1 Subtotal Postage (Add parts totals) \$4,186.77
	2 Price at Which Postage Affixed (Check one). <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps pcs. x \$ = Postage Affixed -
	3 Incentive/Discount Flat Dollar Amount -
	4 Fee Flat Dollar Amount +
	5 Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4) \$4,186.77

USPS Use Only	Additional Postage Payment (State reason)	Total Adjusted Postage Affixed
	For postage affixed, add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Permit Imprint
	Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM)) Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)	Total Adjusted Postage Simplified Addressing (EDDM)

Incentive/Discount Claimed: _____ Type of Fee: _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the 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 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.

Signature of Mailer or Agent _____ Printed Name of Mailer or Agent Signing Form **Michael Firman** Telephone **760-779-0460**

USPS Use Only To be completed in non-PostalOne! sites	Weight of a Single Piece _____ pounds	Total Weight	Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:	Round Stamp (Required) Payment Date
	Total Pieces	Total Postage		
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Mailed Notified	Contact	
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)	By (Initials)	Time AM PM	
USPS Employee's Signature	Print USPS Employee's Name			