

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 Hemet
Water System Number:	CA3310016

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 6/22/2023 (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: Travis Holyoak	Title: Water Wastewater Superintendent
Signature: 	Date: 6/22/2023
Phone number: (951)765-3710	blank

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.hemetca.gov/654/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

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: www._hemetca.gov/654/water-quality_____
- ☐ 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.

Mailed a postcard with direct link to the City of Hemet's CCR webpage to all billed customers, hand delivered postcards to any non-pay consumers. Any customers asking for a hard copy of the CCR will be provided one.

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

Postage Statement—USPS Marketing Mail

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

Mailer	Permit Holder Name, Address, Email, Telephone CAPS Cust. Ref. No. _____ CRID _____		Mailing Agent (If other than permit holder) Name, Address, Telephone CRID _____		Mail Owner (If other than permit holder) Name, Address CRID _____		
	Post Office of Mailing _____ Mailing Date _____		Federal Agency Cost Code _____ Statement Seq. No. _____		For Automation Pieces, Enter Date of Address Matching and Coding For Carrier Route Pieces, Enter Date of Address Matching and Coding For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing For Pieces Bearing a Simplified Address, Enter Date of Delivery Statistics File or Alternative Method		
Mailing Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> Catalogs <input type="checkbox"/> Marketing Parcels 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"/> NCOALink <input type="checkbox"/> ACS Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		Total # of Pieces in Mailing _____ Total Weight _____ Weight of a Single Piece _____ pounds <input type="checkbox"/> Mailpiece is a product sample _____ % Samples <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.		SSF Transaction# _____ Permit # _____			
		<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format This is a Political Campaign Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input type="checkbox"/> No		For Pieces Bearing a Simplified Address, Enter Date of Delivery Statistics File or Alternative Method			
Parts Completed (Select all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input 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)		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)		
	Additional Postage Payment (State reason)						
	For postage affixed, add additional payment to net postage due; for permit imprint, add additional payment to total postage.		Total Adjusted Postage Affixed				
	Postmaster: Report Total Postage in AIC 130 [Permit Imprint Only, Excluding Simplified Addressing ("0")]		Total Adjusted Postage Permit Imprint				
USPS Use Only	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 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 .						
Certification	Signature of Mailer or Agent _____		Printed Name of Mailer or Agent Signing Form _____		Telephone _____		
	Weight of a Single Piece _____ pounds		Total Weight _____		Round Stamp (Required) Payment Date _____ Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: _____ Date Mailed Notified _____ Contact _____ By (Initials) _____ Time _____ AM _____ PM Print USPS Employee's Name _____		
	Total Pieces _____		Total Postage _____				
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		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)				
	USPS Employee's Signature _____		Print USPS Employee's Name _____				
USPS Use Only	To be completed in non-PostalOne! sites		To be completed in non-PostalOne! sites				
	To be completed in non-PostalOne! sites		To be completed in non-PostalOne! sites				

USPS Marketing Mail

X

Part A

Automation Letters

Letters 3.5 oz. (0.2188 lbs.) or less

Entry	Price Category		Piece Price	No. of Pieces	Pieces Subtotal	Subtotal Postage	Discount Total*	Fee Total	Total Postage
DSCF	A7	5-Digit	0.2750	9,840	\$ 2,706.0000	\$ 2,706.0000			\$ 2,706.0000

Part A Total

\$

2,706.0000

NCOALink®
PROCESSING SUMMARY REPORT

ACCUZIP INC.

Licensee Company Name

LBDT00000099AK5890

Customer PAF ID

PIP PRINTING PRINTMYSTUFF

Mailer Company Name

CRR 05.22.23 (2)

NORMAL

List Name

Processing Category

PROCESSES PERFORMED

P	N	N	Y
Pre 1	Concurrent 2	Post 3	Standard Output Return 4

S	20230524	O
Matching Logic 5	Data Returned 6	Class of Mail 7

20230524	20230524
Date List Completed	Date List Returned

9840	0	0
Total Processed	Total NCOALink Matches	Total ANKLink Matches

CASS™,DPV®,LACSLink®,NCOALink®,ANKLink®

Listing of all processes used in obtaining final results

Legend:

- | | |
|---|--|
| <p>1,2 N=None,
Y=Yes but with no data modifications
D=Yes, data modifications from sources other than postal data,
P=Yes, data modifications from postal data only (i.e., ZIP+4, DPV),
B=Yes, data modifications from postal and other source</p> <p>3 N=None
Y=Yes but with no data modifications
D=Yes, data modifications from sources other than postal data
P=Yes, data modifications from postal data only (LACSLink)
B=Yes, data modifications from postal and other sources</p> <p>4 Y=All NCOALink required output returned to client
N=Post-processes modified return information (ie: updates applied to list)
B=Post-processes modified return information ; however, separate file containing all required output data was also returned</p> | <p>5 S=Standard (Business, Individual and Family matches allowed),
I=Individual only, B=Business only,
C=Individual and Business only, R=Individual and Family Only</p> <p>6 C=COA Data Returned with Footnotes and Statistics,
F=Footnotes only,
S=Statistics only</p> <p>7 A = First Class only
B = Periodicals only
C = Standard Mail only
D = Package Services only
E = First-Class & Periodicals
F = First-Class & Standard Mail
G = First-Class & Package Services
H = Periodicals & Standard Mail
I = Periodicals & Package Services
J = Standard Mail & Package Services
K = First-Class, Periodicals & Standard Mail
L = First-Class, Periodicals & Package Services
M = First-Class, Standard Mail & Package Services
N = Periodicals, Standard Mail & Package Services
O = First-Class, Periodical, Standard Mail,
Package Services</p> |
|---|--|

United States Postal Service

Consolidated Postage Statement — Supplement

Standard Mail and Nonprofit Standard Mail

MAILER: This supplement must be used with the appropriate Form 3602. Enter the following information for each mailing represented in this consolidation (DMM 246/346/446). Enter entry discount (e.g., "DNDC" or "DSCF") and presort level lines (e.g., "A7" or "B10") from the attached Form 3602. Do not roundoff postage until you have computed the total postage on the attached Form 3602. If more space is needed, attach additional Forms 3602-C.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

Permit Holder's Name and Address, and email Address, If Any	Telephone 9516822005	Post Office of Mailing SAN BERNARDINO CA 92403	Statement Sequence Number
PRINTMYSTUFF.COM PIP PRINTING RIVERSIDE/CORONA SAMUEL TRACY 4093 MARKET STREET RIVERSIDE CA 925013542		Mailing Date 06/20/2023	
		Permit Number 3385	Attached Postage Statement
			<input checked="" type="checkbox"/> 3602-R <input type="checkbox"/> 3602-N

Statement Seq. No.	PO & ZIP of Entry	Piece Lb.	Entry Disc.	Prst Lvl	Price X	No. of Pcs/Lbs.	Postage Pc/Lb.	No. of Cont.	Number of Pcs	Total Weight	Total Postage
	SCF SN BERNARDINO CA 923	0.0210	DSCF	A7	0.2750	9,840	2706.0000	11	9,840	206.6400	2,706.0000

Plant-Verified Drop Shipment (PVDS) Verification and Clearance

1. Requested In-Home Delivery Date
(3-day window)

2. Drop Ship Appointment Number

Mailer Information	3. Mailer Name		4. FAST Scheduler ID		5. Mailer Contact Name		6. Mailer Contact Telephone (Include area code)	
	7. Origin Plant Location (City, state, ZIP+4®)				8. Check One <input type="checkbox"/> Identical-Weight Pieces. Weight of a Single Piece _____ lbs. <input type="checkbox"/> Nonidentical-Weight Pieces			
	9. Class of Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Std. Mail <input type="checkbox"/> Package Services <input type="checkbox"/> International (Specify class) _____		10. Product or Publication Title or Names		11. Total Gross Weight of Shipment (Verified at origin office)			
					12. Type of Mail Processing Category (Check all that apply) <input type="checkbox"/> Letters <input type="checkbox"/> Automation Compatible <input type="checkbox"/> Irregular Parcels <input type="checkbox"/> Flats <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Nonmachinable Parcels			
	13. Pallets		a. No. Pallets of Trays	b. No. Pallets of Sacks	c. No. Pallets of Parcels	d. No. Pallets of Bundles	13.e. Non-Palletized Containers	
	Optional if Pallet Presort is known.	i. 5-Digit					i. No. of Bundles	
		ii. 5-D Scheme					ii. No. of Trays	
		iii. 5-D CR					iii. No. of Sacks	
		iv. 5-D Scheme CR					iv. No. of Parcels	
		v. 3-D					v. No. of Air Boxes	
vi. All Other						vi. No. of Other (Describe)		
14. Entry Discounts Claimed <input type="checkbox"/> DDU <input type="checkbox"/> DNDC <input type="checkbox"/> DFSS <input type="checkbox"/> Mailing Includes Pieces for Delivery Outside Service Area of Entry Office (Check all that apply) <input type="checkbox"/> DSCF <input type="checkbox"/> DADC <input type="checkbox"/> International Service Center (ISC) <input type="checkbox"/> International: _____								
15. Comments -- Record SCF/ADC/NDC/ASF designator(s) and ZIP Code(s) from the DMM label list for mailing presented, or attach register.								
16a. Contact at Company Making Drop Ship Appointment (if other than mailer and if known when completing this form)						16b. Telephone		
Origin Post Office (Where verified)	17. Origin Post Office™ (City, state, and ZIP+4)				26a. Name of USPS® Employee Verifying Mail		26b. Employee's Telephone Number (Include area code)	
	18. Verified at: <input type="checkbox"/> DMU (Mailer's plant) <input type="checkbox"/> BMEU or Post Office				26c. Signature of Verifying Employee		27. Round Stamp (Required)	
	19. Permit Number		20. Postage Payment Method (Except for Periodicals) <input type="checkbox"/> Permit <input type="checkbox"/> Stamped <input type="checkbox"/> Meter		26d. USPS Contact Name (If other than verifying employee)			
	21. Total Pieces		22. Total Weight of Mailing					
	23. Vehicle PVDS Seal Number		24. Vehicle ID Number					
	25. Comments				33. Load Condition Irregularities (Check all that apply) <input type="checkbox"/> Broken Pallets <input type="checkbox"/> Mailings are not separated by PS Form 8125 <input type="checkbox"/> Container Counts do not match PS Form 8125 <input type="checkbox"/> Overweight Pallets <input type="checkbox"/> Damaged Mail <input type="checkbox"/> Pallets Too Tall <input type="checkbox"/> Improper Mail Makeup <input type="checkbox"/> Incorrect Mail Class <input type="checkbox"/> Load Unsafe <input type="checkbox"/> Other (Describe in item 32) <input type="checkbox"/> Incorrect Appointment Type			
	28. Entry Office (Facility name, address, city, state and ZIP+4 code as found in the Drop Ship Product.) Note: Appointments with 100% Periodicals can be presented whenever the destination facility is open and staffed.							
Destination Entry Post Office or Delivery Unit	29a. USPS Receiving Employee Signature		29b. USPS Receiving Employee Name		34. Scan the barcode upon receipt.			
	30. Date/Time of Arrival		31. Date/Time of Departure					
	32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)							



**UNITED STATES
POSTAL SERVICE®**

This form may be generated as the output of address matching processing using CASS Certified™ software in conjunction with current USPS® address database files. Any facsimile must contain the same information in the same format as the printed form.

See DMM® Section 602 for more information.

CASS™ Summary Report

A. Software

CASS A1	1. CASS Certified Company Name	2. CASS Certified Software Name & Version	3. Configuration
	4. Z4Change Certified Company Name	5. Z4Change Certified Software Name & Version	6. Configuration
	7. eLOT® Certified Company Name	8. eLOT Certified Software Name & Version	9. Configuration
MASS A2	1. MASS™ Certified Company Name	2. MASS Certified Software Name, Version & Model No.	3. Configuration
			4. MLOCR Serial No.

B. List

1. List Processor's Name	2. Date List Processed	3. Date of Database Product Used
	a. Master File	a. ZIP + 4® File
	b. Z4Change	b. Z4Change
	c. eLOT	c. eLOT
	d. CRIS	d. CRIS
4. List Name or ID No. (If using ID No., number must start with ID #)	5. Number of Lists	6. Total Records Submitted for Processing

C. Output

Output Rating	1. Total Coded	2. Validation Period	Output Rating	1. Total Coded	2. Validation Period
a. ZIP + 4/DPV Confirmed ▶		From To	c. 5-Digit Coded ▶		From To
b. Z4Change Processed ▶			d. CRRT Coded ▶		From To
			e. eLOT Assigned ▶		From To

D. Mailer

I certify that the mailing submitted with this form has been coded (as indicated above) using CASS Certified software meeting all of the requirements listed in the DMM Section 602.		3. Name and Address of Mailer
1. Mailer's Signature	2. Date Signed	

E. Qualitative Statistical Summary (QSS)

For informational Purposes Only: QSS is solely made available for the list processor's review and analysis. This information is not to be considered by the U.S. Postal Service® personnel in determining rate eligibility under any circumstances. See reverse for a detailed explanation.

High Rise Default	High Rise Exact	RR Default	RR Exact	LACS ^{Link} ®	EWS	Suite ^{Link} ®
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Privacy Notice: For information regarding our Privacy Policy, visit USPS.COM®.

Report: USPS Qualification Report
Entry: SCF SN BERNARDINO CA 923
Sort: Standard Mail Automation Letters - 245.7.5

Mailer: SAM TRACY
Mail ID: crr 05.22.23 (2) 20230620 11:15:54
Date: 06/20/2023

Edition:

CONTAINER INFO					PKG/GRP INFO		RATE CATEGORY INFORMATION															Running Total	
No.	Size	Total	Level	ZIP	No.	Destination	Zone	WS	HDP	HD	CR	5B	5D	3B	3D	AB	AD	MB	MD	BS	Prsrt		SP
1	2	1024	5DGS	92543	1	92543						1024											1024
2	2	986	5DGS	92543	1	92543						26											1050
					2	92543						960											2010
3	2	986	5DGS	92543	1	92543						90											2100
					2	92543						896											2996
4	2	986	5DGS	92543	1	92543						154											3150
					2	92543						832											3982
5	2	986	5DGS	92543	1	92543						218											4200
					2	92543						768											4968
6	2	986	5DGS	92543	1	92543						282											5250
					2	92543						704											5954
7	2	986	5DGS	92543	1	92543						346											6300
					2	92543						32											6332
					3	92545						608											6940
8	2	986	5DGS	92543	1	92545						442											7382
					2	92545						544											7926
9	2	986	5DGS	92543	1	92545						506											8432
					2	92545						480											8912
10	2	747	5DGS	92543	1	92545						570											9482
					2	92545						177											9659
11	1	181	5DGS	92544	1	92544						181											9840
												9840											9840

RATE SUMMARY	
Automation 5-Digit (5B)	9,840
TOTAL	9,840

PRESORT PARAMETERS REPORT

06/20/2023

ACCUZIP6 5.11.00.

MAIL.DAT JOB ID: 6MH1085J

Mailer:	SAM TRACY	Total Records Presorted:	Records
Mail ID:	CRR 05.22.23 (2) 20230620 11:15:59	Total Weight of Mailing:	Pounds
Presort Path:	c:\users\user\desktop\city water quality report estimate\presort folder\		
Point of Entry:	SAN BERNARDINO CA 92403		
DMM Options:	Standard Mail Automation Letters - 245.7.5		
Palletization:			
Piece Characteristics:			
	Piece Size:	Letters	
	Piece Height:	5.5000 Inches	
	Piece Length:	8.5000 Inches	
	Piece Aspect Ratio:	1.5455	
	Piece Thickness:	0.0200 Inches	
	Piece Weight:	0.0210 lbs.	
Package Characteristics: (When packaging is required)			
	Max Pieces in non-CRRT Package:	300 Pieces	
	Max Pieces in CRRT Package:	200 Pieces	

Container Characteristics:		
2' MM Trays (M033.2.0)		
Length:	21" Inches	
Minimum:	893 Pieces	18.753 lbs.
Maximum:	1050 Pieces	22.050 lbs.
1' MM Trays (M033.2.0)		
Length:	10.25" Inches	
Minimum:	436 Pieces	9.156 lbs.
Maximum:	512 Pieces	10.752 lbs.
Min Pieces:	Pieces	lbs.
Max Pieces:	Pieces	lbs.
Min Containers:	Containers	lbs.
Max Containers:	Containers	lbs.

Piece Setup:

Class: Standard Mail

Status: Profit

Size: Letter

Weight: Grams 9.48000

Type: Machinable

Pay Type: Imprint

☒ Print Barcodes

☐ Full Service IMb Rates

☐ Surcharge

Container Setup:

Type: MM Trays

Minimum: 893

Maximum: 1050

☐ Pallets

Minimum: 1000

Maximum: 4000

☒ Include Non ZIP+4 Records

☐ Repositionable Notes

☒ Include Carrier Route Level

☐ Detached Address Labels

☐ News

☐ In-county

☐ Create Firm Packages

☐ Contains Advertising

☐ Ride-Along

00.0000 %

Pounds

0.00000

Mail Drop Setup:

ZIP+4: 92403-9997

☒ San Bernardino CA 92403-9997

☒ SCF San Bernardino CA 92403-9996

☐ Los Angeles NDC CA 90201-9997

Database and Presort Information:

Crr 05.22.23 (2).dbf

Save Presort Folder to:

...

Presort Folder name:

Presort Folder

Saved Settings:

8.5x5.5 16pt

☐ Prepare in Reverse order

☒ Auto Close

?

Presort Summary Report

This is summary information about your presort and is not to be submitted to the USPS.

General Information

Presort Folder Location

c:\users\user\desktop\city water quality report estimate\presort folder\

Mail ID crr 05.22.23 (2) 20230620 11:16:05	Record Count		Mail Owner's Mailer ID
Statement Sequence No.	BMEU ZIP Code 92403-9997	Database Name Crr 05.22.23 (2).dbf	Mailing Agent's Mailer ID 909193001
Current Date Tuesday, June, 20 2023	Mailing Date 06/20/2023	PAVE GOLD Certified Product Name ACCUZIP6 5.7.208.N.2023.05	PostalOne! Job ID 6MH1085J

Presort/Piece Options

Class of Mail Standard Mail	Piece Type Letters	Machinability Barcoded		Barcoding Postnet
	Full-Service Discounts No	Piece Height 5.5000"	Piece Width 8.5000"	Piece Weight 0.0210 lbs.
		Piece Thickness 0.0200"	Piece Aspect Ratio 1.5455	Total Weight 0.0000 lbs.

Container Characteristics

2' MM Trays (M033.2.0)		1' MM Trays (M033.2.0)		Pallets	
Length:	21" Inches	Length:	10.25" Inches	Min Pieces:	Pieces lbs.
Minimum:	893 Pieces 18.753 lbs.	Minimum:	436 Pieces 9.156 lbs.	Max Pieces:	Pieces lbs.
Maximum:	1050 Pieces 22.050 lbs.	Maximum:	512 Pieces 10.752 lbs.	Min Containers:	Containers
Max Pieces in non-CRRT and CRRT Packages:		300 Pieces	200 Pieces	Max Containers:	Containers

Permit and Payment Information

Saved Permit Settings Name CITY OF HEMET		Permit Holder Name PRINTMYSTUFF.COM PIP PRINTING RIVERSIDE/CORONA SAMUEL TRACY 4093			
Permit Number 3385	Net Postage Due Permit	Permit Number Type Profit	Postage Applied Exact	Federal Agency Code	

Presort Summary (When Automation and Nonautomation Pieces reside in the same container, the Container will be counted twice)

Sort Level USPS Marketing Mail	Discount Level Automation Letters	Count 9,840	1' Trays 1	2' Trays 10	EMM Trays	Sacks	Tubs	Pallets
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Postage Summary

Single Piece Postage 0 x 0.600 = \$ 0.000			Presorted Postage \$ 2,706.00		Postage Savings \$ -2,706.000	
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Report: Container Summary Report

Entry: SCF SN BERNARDINO CA

Mailer: SAM TRACY

Mail ID: crr 05.22.23 (2) 20230620 11:16:05

Date: 06/20/2023

Stream	Destination	ZIP	PALLET RANGE			TRAY RANGE			Pieces
			Pallets	Start	End	Trays	Start	End	
AUTO	SCF SN BERNARDINO CA	923	0	0	0	11	1	11	9,840
			0			11			9,840

Container Characteristics									
2' MM Trays (M033.2.0)				1' MM Trays (M033.2.0)				Pallets	
Length:	21" Inches			Length:	10.25" Inches			Min Pieces:	Pieces lbs.
Minimum:	893 Pieces	18.753 lbs.		Minimum:	436 Pieces	9.156 lbs.		Max Pieces:	Pieces lbs.
Maximum:	1050 Pieces	22.050 lbs.		Maximum:	512 Pieces	10.752 lbs.		Min Containers:	Containers
Max Pieces in non-CRRT and CRRT Packages:				300 Pieces	200 Pieces		Max Containers:	Containers	
Piece Thickness 0.0200"				Piece Weight 0.0210 lbs.					

Good Faith Efforts to Reach Non-Billing Paying Consumers – 2022 CCR

Water System Name: City of Hemet

Water System Number: City of Hemet Water Department 3310016

Posted the CCR in public places: Hemet City Hall - 445 E. Florida Avenue –

Hemet, CA92543 Hemet Public Library - 300 E. Laíham Avenue - Hemet, CA92543

Multiple copies of CCR delivered to single-bill addresses serving several people:

Echo Hills Mobile Home Park - 1700 S. State Street - Hemet, CA92543

Eden Roc Mobile Villa - 332 N. Lyon Avenue - Hemet, CA92543

Devonshire Downs Mobile Home Park - 260 N. Lyon Avenue - Hemet, cA92543

Juniper Terrace Mobile Home Park - 530 W. Devonshire Avenue - Hemet, CA92543

Oasis Senior Villa - 1015 W. Oakland Avenue - Hemet, CA92543

Quail Ridge Apartments - 409 E. Thomton Avenue - Hemet, CA92543

Saddleback Mobile Home Park - 1536 S. State Street - Hemet, CA92543

Sahara Senior Villas - 465 N. Palm Avenue - Hemet, CA92543

Sunrise Village - 600 S. Santa Fee Street - Hemet, CA92543

Mailing the CCR to postal patrons within the service area (attach zip codes used)

92543

92545

Other (attach a list of other methods used) Posted CCR on City of Hemet social media platforms (i.e. Facebook, Twitter, Instagram)