

APPENDIX G: CCR Certification Form (Suggested Format)

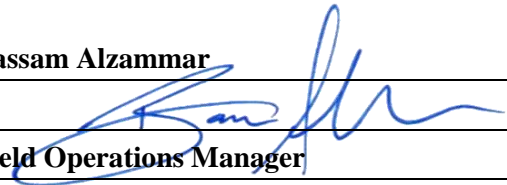
Consumer Confidence Report Certification Form (to be submitted with a copy of the CCR)

(To certify electronic delivery of the CCR, use the certification form on the State Board's website at http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml)

Water System Name: **WEST PALM SPRINGS VILLAGE PUBLIC WATER SYSTEM**

Water System Number: **331078**

The water system named above hereby certifies that its Consumer Confidence Report was distributed on June 24, 2020, 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: **Bassam Alzammar**
Signature: 
Title: **Field Operations Manager**
Phone Number: **(760) 329-6448** Date: **06/29/2020**

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.mswd.org/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)
 - ☐ 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.mswd.org/quality
- ☐ 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).

Company Detail

Company Name	PSAPRINTGROUP
Address	9010 HELLMAN AVE RANCHO CUCAMONGA, CA 91730-4425
Contact Name	DANIEL SALAZAR/GLADYS GOMEZ
Phone Number	(909)294-2020
Profit Indicator	p

PS Form 3607R - Mailing Transaction Receipt

Account Holder Account Number	2724856
Account Holder Permit Number	574
Account Holder Permit Type	PI
Account Holder CRID	11616924
Post Office of Permit	ONTARIO, CA 91761-9998
Post Office of Mailing	ONTARIO, CA 91761-9998
Post Office of Permit Cost Center	055652-0817
Post Office of Mailing Cost Center	055652-0817
Mailing Agent Name	PSAPRINTGROUP
Mailing Agent CRID	11616924
Mail Owner Name	MISSION SPRINGS WATER DISTRICT
Mail Owner CRID	28151 320
JOBID	00023 548
Customer Reference ID	23548
CAPS Transaction Number	N/A
Class of Mail	USPS Marketing Mail
Processing Category	Flats
Postage Statement ID	384560830
Mailing Group ID	273192141
Mailer's Mailing Date	06/26/2020
Mailer Declared Total Pieces	11,202 pcs.
Mailer Declared Total Weight	689.01 00 lbs.
Mailer Declared Weight of a single-piece	0.0700 lbs.
USPS Determined Total Pieces	11,202 pcs.
USPS Determined Total Weight	689.01 00 lbs.
USPS Determined Weight of a single-piece	0.0700 lbs.
Total Number of Containers	30
Total Adjusted Postage	\$3,987.91
Payment Date and Time	06/24/2020 11:35
Payment Transaction Number	20201 7613355427M 1
Adjustment Transaction Number	
Mailer Figures Adjusted?	No
Person authorizing adjustment	
Name	
Phone Number	
Acceptance Site Mailer ID	
Clerk Initials	RO
Mail Arrival Date and Time	06/24/2020 11:33