

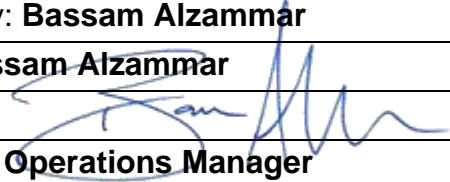
CCR Certification Form

Consumer Confidence Report Certification Form

(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:	MISSION SPRINGS WATER DISTRICT
Water System Number:	3310078

The water system named above hereby certifies that its Consumer Confidence Report was distributed on **June 16, 2022**, 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: Bassam Alzammar
Name: Bassam Alzammar
Signature: 
Title: Field Operations Manager
Phone number: 760-660-4943
Date: 6/28/2022

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 Refika Jerkic 75071 St Charles Pl Ste A Palm Desert, CA 92211-9055 760-779-0460 CAPS Cust. Ref. No. _____ CRID 5811468		Mailing Agent (If other than permit holder) Name, Address, Telephone CRID _____		Mail Owner (If other than permit holder) Name, Address Mission Springs Water District . 66575 2nd St Desert Hot Springs, CA 92240-3715J CRID 3371808	
Mailing	Post Office of Mailing Palm Desert, CA 92260-9998		Mailer's Mailing Date Jun 16, 2022		Federal Agency Cost Code Statement Seq. No. 102621	
	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"/> Parcels-Machinable <input type="checkbox"/> Parcels-Irregular <input type="checkbox"/> CMM <input type="checkbox"/> Catalogs		Total # of Pieces in Mailing 14,880	
	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 checked="" type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS n/a Alternative Address Format		SSF Transaction # Permit # 149	
			Weight of a Single Piece 0.0970 pounds <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.		Mailpiece is a product sample % Samples	
			This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		For Automation Pieces, Enter Date of Address Matching and Coding 05/13/2022 For Carrier Route Pieces, Enter Date of Address Matching and Coding 05/13/2022 For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing 05/13/2022 For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method	
No. & Type of Containers 75 Sacks 0 1 ft. Letter Trays 0 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other						
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)			\$3,429.51
	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)			\$3,429.51
USPS Use Only	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 (EDDM))		Total Adjusted Postage Permit Imprint			
	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: _____			
Certification	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 Refika Jerkic Telephone 760-779-0460					
USPS Use Only	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: _____	
	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		Round Stamp (Required) Payment Date	