APPENDIX B: eCCR Certification Form (Suggested Format)

Consumer Confidence Report Certification Form

(To be submitted with a copy of the CCR)

| vvaler Sy | stem Name: | 941,E |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Water System Number: 3510009 | | |
| was poste been give correct an | ed on 11-05-2021 to customers n). Further, the system certifies ad consistent with the compliance er Resources Control Board, Divi | ertifies that its Consumer Confidence Report (and appropriate notices of availability have that the information contained in the report is a monitoring data previously submitted to the sion of Drinking Water (DDW). |
| Name: Thomas A. Estrada Title: Water System Manager | | |
| | | |
| Signature | J W W | Date: 11.06.2021 |
| Phone no | umber: (831) 245-7595 | blank |
| page by c | hecking all items that apply and fi | ood-faith efforts taken, please complete this ill-in where appropriate: direct delivery methods (attach description of |
| | R 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" afforts were used to reach per hill paying consumers. These efforts | | |
| 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. Posting and Tocing | | |
| | Mailing the CCR to postal patrons within the service area (attach zip codes used) | |
| | | e CCR in news media (attach copy of press |
| | release) | o cort in none media (attach cop) or proce |
| | 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 | s (attach a list of locations) |
| | Delivery of multiple copies of Copersons, such as apartments, but | CR to single-billed addresses serving several usinesses, and schools |
| | The second section of the second section is a second section of the second section of the second section is a second section of the | Superior to the second state of the second sta |