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.waterboards.ca.gov/drinking water/certlic/drinkingwater/CCR.shtml)

Water System Name:		Arrowhead Regional Medical Center						
Water System Number: 360113:				5				
Furth comp	er, the	system certif monitoring d	date) to clies that the	reby certifies that customers (and a e information cor asly submitted to	ppropriate notice tained in the rep	es of availa	bility have be at and consister	en given). nt with the
Certified by:		y: Name	:	John Reddick				
		Signa	ture:	1	81118			
		Title:		Maintenance S	Supervisor			
		Phone	Number:	(909) 580-001	2	Date:	6.21.10	
	used:		a by man	or other direct de	ivery methods.		- direct deriver	
\boxtimes		d faith" effor	te ware ne	and to reach non	hill paying con	TIMORO TI	agg offents in	aluded the
	"Good faith" efforts were use following methods:		1011011	om paying con	samers. 11	iose enorts in	raded the	
	Posting the CCR on the Internet at www							
		Mailing the	CCR to po	ostal patrons with	in the service are	a (attach zi	p codes used)	
	Advertising the avail			bility 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 published notice, including name of newspaper and date published)						opy of the
	\boxtimes	Posted the C	CCR in pub	olic places (attach	a list of location	s)		
		Delivery of multiple copies of CCR to single-billed addresses serving several pe as apartments, businesses, and schools					ing several per	sons, such
		Delivery to	communit	y organizations (a	attach a list of org	ganizations)	i	
		Other (attack	h a list of o	other methods use	ed)			
		or systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at e following address: www						
	For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission							

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

WATER QUALITY REPORT 2018

GC220A - Facilities Management

GC214A - Environmental Svcs

GC265A - Material Management

GB127A - Café

Skylight

GB249A - Sterile Processing

GB915C - LAB

1B268A – Emergency Dept.

1A240A – PMQ (Medi-cal Qual)

6A177A - 6 South

6A259A - 6 Center

6A359A - 6 North

5A359A - 5 North

5A259A - 5 Center

5A179A - 5 South

4A107A - 4 South

4A259A - 4 Center

4A310A – 4 North

3A359A - 3 North

3A323A - 3 Center

3A131A – 3 South

3B325A - NICU

3B245A - Mother Baby

2A157A - 2 South

2A217A - 2 Center

GC150B - Volunteer Management

GC150A - Office Research and Grant

GC307 - Bio Med

1B193A - Security

M100-8 - MOB

1M101A - MOB Dialysis

3M100 - MOB (Business Office)

1A318A - Rehab Services

1B915B - X-ray

1B911A - Nuclear Med

1B929A - Med Imaging

1B924A - Radiation Oncology

1B106A - Human Resources

1B125A - Out Patient Admin.

1C290A - Out Patient LAB

1C106A - Oncology

GC300A – Pharmacy

2C104A - Employee Health

2C313B - Information Management

2B220A - Operative Svcs

2B946A - Anesth/Pre-Op Access

WATER QUALITY REPORT 2018

Out Patient Specialty Clinic 1st Floor

Out Patient Specialty Clinic #1

Out Patient Specialty Clinic #2

Out Patient Specialty Clinic #3

Out Patient Specialty Clinic #4

Out Patient Specialty Clinics 2nd Floor

Out Patient Specialty Clinic #1

Out Patient Specialty Clinic #2

Out Patient Specialty Clinic #3

Out Patient Specialty Clinic #4