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 Water Board's website at $\underline{ http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml) }$

Water System Name: HAYNES BOARD & CARE HOME

Water System Number: 3901217

	Name Signature Title Operations Manager, QSI Phone Number (209) 838-7842 Date 10/23/2020	
that apply and	report delivery used and good-faith efforts taken, please complete the form below by checking all item fill-in where appropriate:	! S
	is distributed by mail or other direct delivery methods. Specify other direct delivery methods used: y of the report was made available in the office and/or posted in a conspicuous location (ΕŒ
	trooms doors or in employee break areas). A copy was posted to CA Drinking Water Wa	
"Good for methods	aith" efforts were used to reach non-bill paying customers. Those efforts included the following s:	
_ ✓ F	Posted the CCR on the internet at http:// sdwis.waterboards.ca.gov/PDWW/	
	Mailed the CCR to postal patrons within the service area (attach zip codes used)	
A	Advertised the availability of the CCR in news media (attach a 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 the newspaper and date published)	
F	Posted the CCR in public places (attach a list of locations)	
	Delivery of multiple copies of CCR to single bill addresses serving several persons, such as apartments, businesses, and schools	
I	Delivery to community organizations (attach a list of organizations)	
(Other (attach a list of other methods used)	
For syst	tems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site	
at the fo	ollowing address: http://	
For priv	vately-owned utilities: Delivered the CCR to the California Public Utilities Commission	