## **ATTACHMENT 6**

## **Consumer Confidence Report Certification Form**

(to be submitted with a copy of the CCR)

Water System Name:			San Martin County Water District				
Water System Number:		4300542					
Furt	her, the	system certif	<i>date</i> ) to ies that the	ereby certifies that its Co customers (and appropr he information contained ously submitted to the De	iate notices of availab in the report is correct	ility have been given). and consistent with the	
Certified by: Name:			Peter J. Forest				
		Signatu: Title:	re:	Manager Manager			
		Phone N	Number:	(408) 683-4101	Date:	05/01/2024	
	summarize report delivery used and good-faith efforts taken, please complete the below by checking items that apply and fill-in where appropriate:  CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: Mailed to all customers on 04/30/2024						
	"Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:						
		Posting the	CCR on t	the Internet at www			
		Mailing the	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)					
	$\boxtimes$	Posted the CCR in public places (attach a list of locations) Post Office bulletin board.					
		-	_	copies of CCR to single es, and schools	bill addresses serving s	several persons, such as	
		Delivery to	communi	ity organizations (attach a	a list of organizations)		
		systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at bllowing address: www					

For privately-owned utilities:	Delivered the CCR to the California Public Utilities Commission