APPENDIX F: Certification Form (Suggested Format)

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 http://www.swrcb.ca.gov/drinking_water/certlic/drinking_water/CCR.shtml)

Water System Name: Pioneer F Water System Number: 5000581			Pioneer Equine Hospital				
			5000581				
Furth	6/10/2 her, the	o system certife monitoring da	(date) to c	ustomers (and appropria information contained in	te notices of availathe report is correct	Report was distributed on ability have been given). et and consistent with the ontrol Board, Division of	
Cer	Certified by:		:	Neil Carnes Operator			
			ture:				
		Phone	Number:	(209) 765-0162	Date:	8/1/20	
	CCR was distributed by mail or other direct delivery methods. Specify other direct delivery methods used: "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:						
		Posting the 0	Posting the CCR on the Internet at www				
		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 C Delivery of r		CR in public places (attach a list of locations) Lobby, Break Room, Lunch multiple copies of CCR to single-billed addresses serving several persons, such is, businesses, and schools				
				organizations (attach a lis	t 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 sit the following address: www						
	For investor-owned utilities: Delivered the CCR to the California Public Utilities Commission						
This				meet the certification requiremen			