

City of Port Hueneme

October 8, 2020

Jeff Densmore
District Engineer
Santa Barbara Field Office
State Water Resources Control Board
1180 Eugenia Place, Suite 200
Carpinteria, CA 93013

Reference: Consumer Confidence Report Certification

Mr. Densmore,

Enclosed is the 2019 Consumer Confidence Report (CCR) Certification Form for the City of Port Hueneme, State System Number 5610009. Also included is the United States Post Office Mailing Transaction Receipt. The City mailed 7,153 copies of the CCR to the businesses and residences in the 93041 zip code (Port Hueneme) on 06/26/2020. The 2019 CCR was uploaded to the City's website.

Please call me at (805) 797-0072 if you need further information or if you have any questions.

Sincerely,

Theo Provencio Lead Operator

Enclosures (2)

APPENDIX G: CCR 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 Board's website at http://www.swrcb.ca.gov/drinking water/certlic/drinkingwater/CCR.shtml)

| Water System Na | ime: City of Po | City of Port Hueneme | | |
|----------------------------------|--|---|---|---|
| Water System Number: CA 5 | | 10009 | | |
| 6/26/2020 the system certific | (date) to customer es that the information | rs (and appropriate notion on contained in the report | ces of availability have t is correct and consist | eport was distributed on we been given). Further, stent with the compliance rd, Division of Drinking |
| Certified by: | Name: | Theo Provencio | | |
| | Signature: | D. P. | | |
| | Title: | Lead Operator | | |
| | Phone Number: | (805) 797-0072 | Date: | 10/08/2020 |
| CCR was d used: See N | Mailing Transaction | r other direct delivery m Report | | ose efforts included the |
| following | | a to reach non-om pa | ying consumers. | ose errorts meraded the |
| | Posting the CCR on the Internet at www.Ca-porthueneme.civiccities/DocumentCenter 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) | | | |
| | | | | |
| Pub | 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 (attach a list of locations) | | | |
| | Delivery of multiple copies of CCR to single-billed addresses serving several persons, s as apartments, businesses, and schools | | | |
| _ | Delivery to community organizations (attach a list of organizations) | | | |
| Othe | er (attach a list of or | ther methods used) | | |
| | s serving at least 10 ng address: www | 00,000 persons: Posted | CCR on a publicly-a | accessible internet site at |
| For investo | r-owned utilities: I | Delivered the CCR to the | e California Public Ut | tilities Commission |
| This form is provided | as a convenience for use t | o meet the certification requirem | ent of the California Code of | Regulations, section 64483(c). |

Company Detail

Company Name

Address

Contact Name Phone Number **Profit Indicator** CITY OF PORT HUENEME

250 N VENTURA RD

PORT HUENEME, CA 93041-3016

RITA TURBYVILLE (805)986-6502

PS Form 3607R - Mailing Transaction Receipt

Account Holder Account Number Account Holder Permit Number Account Holder Permit Type **Account Holder CRID Post Office of Permit**

Post Office of Mailing Post Office of Permit Cost Center Post Office of Mailing Cost Center

Mailing Agent Name Mailing Agent CRID

Mail Owner Name Mail Owner CRID

JOB ID

Customer Reference ID **CAPS Transaction Number**

Class of Mail **Processing Category** Postage Statement ID Mailing Group ID Mailer's Mailing Date

Mailer Declared Total Pieces Mailer Declared Total Weight Mailer Declared Weight of a single-piece

USPS Determined Total Pieces USPS Determined Total Weight

USPS Determined Weight of a single-piece **Total Number of Containers**

Total Adjusted Postage

Payment Date and Time Payment Transaction Number Adjustment Transaction Number

Mailer Figures Adjusted? Person authorizing adjustment Name

Phone Number

Acceptance Site Mailer ID Clerk Initials

Mail Arrival Date and Time

1881123 634 4511504

OXNARD CA 93030-9998 **OXNARD CA 93030-9998**

055730-0120 055730-0120

CUSTOM MAILING SOLUTIONS

5010699

CITY OF PORT HUENEME

4511504

Water Quality Report

NA

USPS Marketing Mail

Letters 385013030 273533549 06/26/2020

7,153 pcs. 214.5900 lbs. 0.0300 lbs. 7,153 pcs. 287.5506 lbs. 0.0402 lbs.

13

\$1,280.39

06/26/2020 15:51 202017817513403M1

Yes

Edwin

(805)-278-7606

06/26/2020 15:41