ATTACHMENT 6

Consumer Confidence Report Certification Form

(to be submitted with a copy of the CCR)

Wat	er Syste	em Name:			
Wat	er Syste	em Number:			
Furt	her, the	(date) to c	ustom e infor	ners (and rmation o	hat its Consumer Confidence Report was distributed on appropriate notices of availability have been given). contained in the report is correct and consistent with the to the Department of Public Health.
	_		.51y 50	ionnited	to the Department of Fuorie Fleurian.
Certified by:			-		
		Signature:			
		Title: Phone Number:	()	Date:
	CCR metho	ods used:	il or	other di	irect delivery methods. Specify other direct delivery
Ш		owing methods:	ed to	reacn n	non-bill paying consumers. Those efforts included the
		Posting the CCR on the	e Inte	rnet at w	vww
		Mailing the CCR to po	stal p	atrons w	rithin the service area (attach zip codes used)
		Advertising the availability of the CCR in news media (attach copy of press release)			
					newspaper of general circulation (attach a copy of the newspaper and date published)
		Posted the CCR in pub	lic pla	aces (atta	ach a list of locations)
		Delivery of multiple cas apartments, business	-		to single-billed addresses serving several persons, such ls
		Delivery to community	orga	nization	s (attach a list of organizations)
	For systems serving at least 100,000 persons: Posted CCR on a publicly-accessible internet site at the following address: www				
	For p	privately-owned utilities:	Deliv	vered the	e CCR to the California Public Utilities Commission