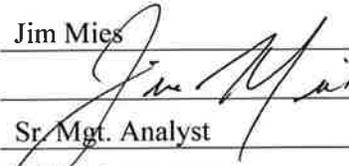


**Consumer Confidence Report
Certification Form**
(to be submitted with a copy of the CCR)

Water System Name: City of San Clemente

Water System Number: 3010036

The water system named above hereby certifies that its Consumer Confidence Report was distributed on , **May 5, 2012** to customers (and appropriate notices of availability have been given). Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the Department of Health Services.

Certified by: Name: Jim Mies
Signature: 
Title: Sr. Mgt. Analyst
Phone Number: (949) 361-6156 Date: 05-08-2012

Water systems are not required to report the following information, but may do so by checking all items that apply:

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 CCR on the Internet at. <http://san-clemente.org>

Mailing the CCR to postal patrons within the service area , zip codes 92672, 92673 & 92674

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 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

Delivery to community organizations (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 privately-owned utilities: Delivered the CCR to the California Public Utilities Commission

Company Detail	
Company Name	CITY OF SAN CLEMENTE-RECREATION DEPT
Address	100 N CALLE SEVILLE SAN CLEMENTE, CA 92672-5210
Contact Name	LAURA FERGUSON
Phone Number	(949)361-8254
Profit Indicator	P
PS Form 3607R - Mailing Transaction Receipt	
Account Holder Account Number	671557
Account Holder Permit Number	134
Account Holder Permit Type	PI
Account Holder CRID	2895047
Post Office where permit held if other permit location	
Cost Center Code	
Mailing Agent Name	
Mailing Agent CRID	
Mail Owner Name	
Mail Owner CRID	
JOB ID	MANUAL
Customer Reference ID	
CAPS Transaction Number	N/A
Class of Mail	Standard Mail
Processing Category	Flats
Postage Statement ID	135998299
Mailing Group ID	107425592
Mailer's Mailing Date	05/03/2012
Total Pieces	29,254 pcs.
Weight of a single-piece	0.3392 lbs.
Total Weight	9,922.9600 lbs.
Total Number of Containers	4
Total Adjusted Postage	\$ 5,619.53
Payment Date and Time	05/03/2012 12:34
Payment Transaction Number	201212414342669M1
Mailer Figures Adjusted?	No
Person authorizing adjustment	
Name	
Phone Number	
Accepted at	SAN CLEMEMTE BMEU - 92674-9998
Cost Center	056762-0475
Acceptance Site Mailer ID	
Clerk Initials	ILA
Mail Arrival Date and Time	05/03/2012 12:14