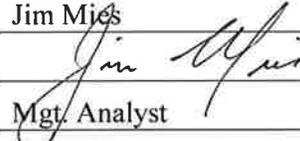


**Consumer Confidence Report  
Certification Form**  
*(to be submitted with a copy of the CCR)*

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: Mgt. Analyst  
Phone Number: ( 949 ) 361-6156 Date: 04-25-2014

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*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

United States Postal Service  
Postage Statement — Standard Mail

*Copy*

Comments: \_\_\_\_\_  
Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)

MAILER	Permit Holder's Name and Address and Email Address, if Any San Clemente Beeches Parks & Recreation 100 N. Calle Seville San Clemente CA 92672	Telephone (949)-361-8264 Extension _____	Name and Address of Mailing Agent (If other than permit holder) U.S. Mailing House 4133 Avenida de la Plata Oceanside CA 92056  jesus@usmailinghouse.com	Telephone (760)-940-9455 Extension 108	Name and Address of Mail Owner (If other than permit holder) San Clemente Beeches Parks & Recreation 100 N. Calle Seville San Clemente CA 92672
	CAPS Cust. Ref. No. _____ CRID _____		CRID _____		CRID _____

MAILING	Post Office of Mailing San Clemente CA 92672	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> Catalogs <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> CMM	Mailer's Mailing Date 4/25/2014	Federal Agency Cost Code	Statement Seq. No. 25878	No. of Containers 1' MM Trays 2' MM Trays 2' EMM Trays Total Trays Flat Trays Sacks Pallets Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Weight of a Single Piece 0.2938 pounds	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	SSF Transaction #	Total # of Pieces in Mailing 28,806
Permit # 134	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	<input type="checkbox"/> Mailpiece is a product sample. _____ % Samples	Total Weight 8,463.2028			

For Automation Price Pieces, Enter Date of Address Matching and Coding: 4/23/2014  
For Carrier Route Price Pieces, Enter Date of Address Matching and Coding: 4/23/2014  
For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing: 4/23/2014  
For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method: 4/23/2014

Move Update Method:  Ancillary Service Endorsement  NCOALink  ACS  Alternative Method  Multiple  OneCode ACS  n/a Alternative Address Format

This is a Political Mailing  Yes  No  This is Official Election Mail  Yes  No  Letter-size or flat mailpiece contains DVD/CD or other disk.

Parts Completed (Select all that apply)  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z

POSTAGE	1	<b>Subtotal Postage (Add Parts Totals)</b>	5,394.28
	2	Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	5,449.38
	3	Incentive/Discount Flat Dollar Amount	
	4	Fee Flat Dollar Amount	5394.28
	5	<b>Permit # _____ Net Postage Due (Line 1 +/- Lines 2, 3, 4)</b>	5,449.38

Additional Postage Payment (State reason) \_\_\_\_\_

For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage. **Total Adjusted Postage Affixed**

Postmaster: Report Total Postage in **AIC 130** **Total Adjusted Postage Permit Imprint**  
(Permit Imprint Only, Excluding Simplified Addressing (EDDM))

Postmaster: Report Total Postage in **AIC 208** **Total Adjusted Postage Simplified Addressing (EDDM)**  
(Simplified Addressing (EDDM), Permit Imprint Only)

Incentive/Discount Claimed: \_\_\_\_\_ Type of Fee: \_\_\_\_\_

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com).  
Signature of Mailer or Agent: \_\_\_\_\_  
Printed Name of Mailer or Agent Signing Form: U.S. Mailing House **JESUS MENDOZA**  
Telephone (760)-940-9455 Extension 108

NON-TOBACCO SUPPLIES ONLY	Weight of a Single Piece _____ pound	Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No	NON-TOBACCO SUPPLIES ONLY
	Total Pieces _____ Total Weight _____		
	Total Postage _____		
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required). USPS Employee's Signature _____	Date Mailed Notified _____ Contact _____ By (Initials) _____ Time _____ AM _____ PM Print USPS Employee's Name _____	