Consumer Confidence Report
Certification Form

Water System Name: **RED BLUFF FISH & WILDLIFE OFFICE**
Water System Number: **5205009**

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 6/13/14 (date) 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 Public Health.

Certified By: Name James G. Smith

Signature James G. Smith

Title Project Leader – Red Bluff Fish and Wildlife Office

Phone Number (530) 527-3043 Date 6/12/14

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To summarize report delivery used and good-faith efforts taken, please complete the below by checking all items that apply and fill-in where appropriate:

X CCR was distributed by mail or other direct delivery methods. Specify other direct delivery method used: Emailed to all station employees on 6/13/14

X "Good faith" efforts were used to reach non-bill paying customers. Those efforts included the following methods:

__Posted the CCR on the internet at www. _____

__Mailed the CCR to postal patrons within the service area (attach zip codes used)

__Advertised 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 the newspaper and date published)

X Posted the CCR in public places (attach a list of locations)
-one report in each of 4 on-station buildings near water taps

__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

(Submit this form and a copy of your CCR to the Department of health Services)