# ATTACHMENT 7

## 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.waterboards.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml)**

Water System Name: Arrowhead Regional Medical Center

Water System Number: 3601135

The water system named above hereby certifies that its Consumer Confidence Report was distributed on 6-29-15 (*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 State Water Resources Control Board, Division of Drinking Water.

Certified by:
Name: Evelyn Anderson
Signature: Evelyn Anderson
Title: Secretary
Phone Number: (909) 580-1108 Date: 6-29-15

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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:*

☐ 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 www._____
- ☐ 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)
- ☐ 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) Bulletin Boards & Break Rooms
- ☐ Delivery of multiple copies of CCR to single-billed addresses serving several persons, such as apartments, businesses, and schools
- ☐ Delivery to community organizations (attach a list of organizations)
- ☐ Other (attach a list of other methods used)

☐ *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

*This form is provided as a convenience and may be used to meet the certification requirement of section 64483(c), California Code of Regulations.*