

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

Water System Name: Randall-Bold Water Treatment Plant

Water System Number: System #0710010

The water system named above hereby certifies that its Consumer Confidence Report was distributed on May 25, 2016 (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 (DDW).

Certified by: Name: Dave Huey
Signature: 
Title: Water Operations Manager
Phone Number: (925) 688-8254 Date: June 22, 2016

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

- CCR was distributed by mail or other direct delivery methods (attach description of other direct delivery methods used).
- CCR was distributed using electronic delivery methods described in the Guidance for Electronic Delivery of the Consumer Confidence Report (water systems utilizing electronic delivery methods must complete the second page).
- "Good faith" efforts were used to reach non-bill paying consumers. Those efforts included the following methods:
 - Posting the CCR at the following URL:
<http://www.ccwater.com/ArchiveCenter/ViewFile/Item/263>
 - 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)
 - 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)
 - Publication of the CCR in the electronic city newsletter or electronic community newsletter or listserv (attach a copy of the article or notice)
 - Electronic announcement of CCR availability via social media outlets (attach list of social media outlets utilized) Facebook, Twitter
 - 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 URL: <http://www.ccwater.com/ArchiveCenter/ViewFile/Item/263>
- For privately-owned utilities: Delivered the CCR to the California Public Utilities Commission

United States Postal Service
Postage Statement — Standard Mail

Comments:
ANNUAL WATER REPORT PC
JOB# 1605110

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

MAILER	Permit Holder's Name and Address and Email Address, if Any MAIL STREAM CORP 125 MASON CIRCLE SUITE K CONCORD CA 94520	Telephone (925)-676-6711 Extension	Name and Address of Mailing Agent (If other than permit holder) MAIL STREAM CORP 125 MASON CIRCLE SUITE K CONCORD CA 94520	Telephone (925)-676-6711 Extension	Name and Address of Mail Owner (If other than permit holder) CONTRA COSTA WATER DISTRICT 1331 CONCORD AVE P.O. BOX H20 CONCORD CA 94520
	CAPS Cust. Ref. No _____ CRID _____		CRID _____		CRID 901724550

MAILING	Post Office of Mailing CONCORD CA	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Catalogs <input type="checkbox"/> Flats	Mailler's Mailing Date 6/13/2016	Federal Agency Cost Code	Statement Seq. No.	No. of Containers 1' MM Trays 29 2' MM Trays 106 Total Trays 135	
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	<input type="checkbox"/> Marketing Parcels <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> CMM	Weight of a Single Piece 0.0263 pounds	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	SSF Transaction #	Flat Trays Sacks Pallets 3 Other	
	Permit # - 530	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 # of Pieces in Mailing 189,056	Total Weight 4,972.1728
	For Automation Price Pieces, Enter Date of Address Matching and Coding 5/25/2016	For Carrier Route Price Pieces, Enter Date of Address Matching and Coding 5/25/2016	For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing 5/25/2016	For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 5/25/2016			

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 L M S NSA

POSTAGE	1	Subtotal Postage (Add Parts Totals)		37,012.37
	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		Postage Affixed
	3	Incentive/Discount Flat Dollar Amount		
	4	Fee Flat Dollar Amount		
	5	Net Postage Due (Line 1 +/- Lines 2, 3, 4)		37,012.37

USPS	Additional Postage Payment (State reason)		Total Adjusted Postage Affixed	
	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.		Total Adjusted Postage Permit Imprint	
	Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))		Total Adjusted Postage Simplified Addressing (EDDM)	

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

CERTIFICATION	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.	
	Signature of Mailer or Agent _____ Privacy Notice: For information regarding our Privacy Policy visit www.usps.com Printed Name of Mailer or Agent Signing Form MAIL STREAM CORP JAMES J MAJARO Telephone (925)-676-6711 Extension	

NOTATION TO BE COMPLETED BY USPS	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-US BUSINESS	
	Total Pieces _____ Total Weight _____				
	Total Postage _____				
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Mailer Notified _____	Contact _____		Round Stamp (Required) Payment Date _____
	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).	By (Initials) _____	Time _____ AM PM		

USPS Employee's Signature _____ Print USPS Employee's Name _____