

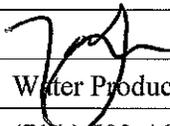
**Consumer Confidence Report
Certification Form**
(to be submitted with a copy of the CCR)

(to certify electronic delivery of the CCR, use the certification form on the State Board's website at
http://www.swrcb.ca.gov/drinking_water/certlic/drinkingwater/CCR.shtml)

Water System Name: City of Fountain Valley

Water System Number: CA 3010069

The water system named above hereby certifies that its Consumer Confidence Report was distributed on June 2, 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.

Certified by: Name: Tom Grose
Signature: 
Title: Water Production Supervisor
Phone Number: (714) 593-4615 Date: 6-13-16

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.fountainvalley.org
- 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)
- 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 investor-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.

Postage Statement -- Standard Mail

Transaction Number: 201615418393880 M1		CAPS Transaction Number:		Postage Statement Number: 242589385		
Mailing Group	Mailing Group ID 168392679			Mailing Job Number		
	Preparer PREMIER MAIL MARKETING LLC			Open Date 06-02-2016		
Mailing	Job Description			Origin PSW - Mailer Entered		
	Close Date					
Mailer	Permit Holder's Name and Address and Email Address, if Any PREMIER MAIL MARKETING PO BOX 28027 SANTA ANA, CA 92799-8027 Contact Name: MARIO RUIZ / MIMI NGUYEN (714)373-2354 premiermm@verizon.net CAPS Customer Ref. No: City of Fountain Valley CRID: 3676348		Name and Address of Mailing Agent <i>(If other than permit holder)</i> PREMIER MAIL MARKETING LLC 5482 OCEANUS DR STE I HUNTINGTON BEACH, CA 92649-1043 CRID: 3676348		Name and Address of Individual or Organization for Which Mailing is Prepared <i>(If other than permit holder)</i> PREMIER MAIL MARKETING LLC 5482 OCEANUS DR STE I HUNTINGTON BEACH, CA 92649-1043 CRID: 3676348	
	Post Office of Mailing SANTA ANA CA 92799-9324		Processing Category Letters	Mailer's Mailing Date 06/02/16	Federal Agency Cost Code	Statement Seq. No.
Mailing	Type of Postage Permit Imprint	SSSF Transaction # 0	Weight of a Single Piece 0.0362 lbs.	Combined Mailing	Total # of Pieces in Mailing 21,107	
	Permit # 1208	For Mail Enclosed Within Another Class <input type="checkbox"/> Mailpiece is a product sample. % Samples	For Mail Enclosed Within Another Class <input type="checkbox"/> Mailpiece is a product sample. % Samples	Total Weight 765.1288 lbs.	No. & Type of Containers Sacks: 0 1 ft. Letter Trays: 0 2 ft. Letter Trays: 0 EMM Letter Trays: 36 Flat Trays: 0 Pallets: 0 Other: 0	
	For Automation Rate Pieces, Enter Date of Address Matching and Coding ____/____/____	For Carrier Route Pieces, Enter Date of Address Matching and Coding ____/____/____	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing ____/____/____	For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 06/01/16		
	Move Update Method: Alternative Address Format	This is a Political Campaign Mailing No	This is Official Election Mail No	<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disc.		
Postage	Parts Completed C					
	Subtotal Postage (Add parts totals)				\$3,187.16	
	Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. Rate at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither					
	_____ pcs. x \$ _____ = Postage Affixed				\$0.00	
	Incentive/Discount _____				\$0.00	
	Fee _____				\$0.00	
Net Postage Due				\$3,187.16		
For USPS Use Only: Additional Postage Payment (State reason)						
Total USPS Adjusted Postage				\$3,187.16		
Certification	Incentive/Discount Claimed: N/A Type of Fee: N/A					
	The mailer certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent certifies that he or she is authorized on behalf of the mailer then that 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 that 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					

This postage statement was verified and accepted under the PostalOne! program. No postal signature or round stamp is required.

Part C

Carrier Route Letters

Letters EDDM 3.3 oz. (0.2063 lbs.) or less

Entry	Price	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage	
Category								
C21	DSCF	Saturation	\$0.151	21,107	\$3,187.1570	\$0.0000	\$0.0000	\$3,187.1570
C85	Part C Total (Add lines C1-C84)						\$3,187.1570	

* May contain both Full Service Intelligent Mail and other discounts

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