



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

ANTRIM GROUP LTD.  
1228 QUARRY LANE, SUITE C  
LIVERMORE, CA 94566-4768

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7011 3500 0003 1848 4845

Domestic Return Receipt



AGENCY

ALEX BRISCOE, Agency Director

Certified Mail #: 7011 3500 0003 1848 4845

August 11, 2015

**NOTICE OF RESPONSIBILITY**

**Site Name & Address:**

**CHESTNUT SQUARE  
1625 CHESTNUT STREET  
LIVERMORE, CA 94551**

**Local ID: RO0003179  
Related ID: NA  
RWQCB ID: NA  
Global ID: T10000007202**

**Responsible Party:**

**ANTRIM GROUP LTD.**

**1228 QUARRY LANE, SUITE C  
LIVERMORE, CA 94566-4768**

**Date First Reported: 06/03/2015  
Substance: Gasoline, Diesel Fuel  
Funding for Oversight: LOPS - LOP State Fund  
Multiple RPs?: Yes**

Pursuant to sections 25297.1 and 25297.15 of the Health and Safety Code, you are hereby notified that the above site has been placed in the Local Oversight Program and the individual(s) or entity(ies) shown above, or on the attached list, has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site. Section 25297.15 further requires the primary or active Responsible Party to notify all current record owners of fee title before the local agency considers cleanup or site closure proposals or issues a closure letter. For purposes of implementing section 25297.15, this agency has identified the City of Livermore as the primary or active Responsible Party. It is the responsibility of the primary or active Responsible Party to submit a letter to this agency, within 20 calendar days of receipt of this notice that identifies all current record owners of fee title. It is also the responsibility of the primary or active Responsible Party to certify to the local agency that the required notifications have been made at the time a cleanup or site closure proposal is made or before the local agency makes a determination that no further action is required. If property ownership changes in the future, you must notify this local agency within 20 calendar days from when you are informed of the change.

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the State Water Resources Control Board. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, please FAX your request to the State Water Board at (916) 341-5808 or telephone (916) 341-5752.

Pursuant to section 25296.10(c)(6) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact this office for further information about the designation process.

Please contact your caseworker, Jerry Wickham, at this office at (510) 567-6791 if you have questions regarding your site.

  
RONALD BROWDER, Acting Director  
Contract Project Director

Date: 8-11-2015

Action: New case  
Reason: New case