**Department of Energy & Environmental Protection**

**Bureau of Water Protection and Land Reuse  
Remediation Division**

79 Elm St., Hartford, CT 06106-5127

[www.ct.gov/deep/remediation](http://www.ct.gov/deep/remediation)

**Transfer of Establishment**

**Form IV *(Business ONLY)***

Use this form when transferring an establishment that **leases** property

**and has no ownership interest in the real estate**.

All sections of this form must be completed. Do not leave any portions blank.

Commissioner's approval or a Licensed Environmental Professional (LEP)

(DEEP use only)

RLI #:

REM #:

verification **must** be attached to this form. An environmental condition

assessment form (ECAF) must also be submitted simultaneously with this Form.

**Section A: General Establishment Information**

|  |
| --- |
| 1. **EPA (RCRA) ID No**.: **CT**  2. **Type of Transfer** (business, assets, etc.):  3. **Identification of Establishment** (give name of business which exists/existed on-site)  Establishment Name:  Location:  City/Town:  State: **CT** Zip Code: -  Phone: -- ext.  e-mail\*:  Contact Person:  Title:  ***DATE OF TRANSFER***: //**20**  ***From Transferor*:**  ***To Transferee*:**  4. **Transferor**  Name:  Legal Mailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  Contact Person:  Title:  e-mail\*:  5. **Property Owner** (as it appears in land records)  Name:  Legal Mailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  Contact Person:  Title:  e-mail\*: |

**Section A: General Establishment Information (Continued)**

|  |
| --- |
| 6. ***A map of the property location must be submitted with this form.***  7. Description in Property Deed:  Recorded on page  of volume  , of the Town of  land records, as lot  , block  on map  in the Tax Assessor's Office. |

**Section B: Documentation of Remediation**

|  |  |
| --- | --- |
| Documentation: | A Commissioner’s Approval or LEP Verification must be uploaded with this form. |
| CHECK ONE THAT APPLIES:  The Commissioner has approved in writing that the parcel has been investigated and that (A) there has been a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste or a hazardous substance on the establishment, and (B) all actions to remediate any pollution caused by any release at the business establishment have been taken in accordance with the Remediation Standard Regulations (RCSA Sections 22a-133k-1 through 22a-133k-3) except natural attenuation groundwater monitoring, groundwater compliance monitoring, and/or the recording of an Environmental Use Restriction pursuant to the remediation standards.  **A copy of the Commissioner’s Approval must be attached to this Form IV.**    An LEP has verified that an investigation of the parcel has been performed in accordance with prevailing standards and guidelines, and that (A) there has been a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste or a hazardous substance on the establishment, and (B) all actions to remediate any pollution caused by any release at the business establishment have been taken in accordance with the Remediation Standard Regulations (RCSA Sections 22a-133k-1 through 22a-133k-3) except natural attenuation groundwater monitoring, groundwater compliance monitoring, and/or the recording of an Environmental Use Restriction pursuant to the remediation standards.  **A Form IV Supporting Verification Form, signed and sealed by an LEP, and the supporting Verification Report must be attached to this Form IV**. | |

**Section C: Certification** (This is the certifying party as defined in CGS Section 22a-134(6))

|  |  |  |
| --- | --- | --- |
| "As the Certifying Party, I hereby certify that an investigation of the parcel has been performed in accordance with prevailing standards and guidelines, and any pollution caused by any discharge, spillage, uncontrolled loss, seepage, or filtration of hazardous waste or hazardous substance at the business establishment has been remediated in accordance with procedures approved by the Commissioner of Energy and Environmental Protection or verified by a Licensed Environmental Professional to have been performed in accordance with the Remediation Standard Regulations. I further certify that all actions to remediate any pollution caused by any release from the business establishment have been taken in accordance with the remediation standards except natural attenuation groundwater monitoring, groundwater compliance monitoring, and/or the recording of an Environmental Use Restriction.”  “I hereby agree, in accordance with the representations made therein, to conduct natural attenuation groundwater monitoring and/or groundwater compliance monitoring in accordance with the Remediation Standard Regulations."  "I hereby certify, if further investigation and remediation are necessary, to take further action to investigate the establishment in accordance with prevailing standards and guidelines, and to remediate any pollution at the business establishment in accordance with the Remediation Standard Regulations."  "I have personally examined and am familiar with the information submitted in this document, and all attachments thereto, including inquiry of those individuals immediately responsible for obtaining such information, and certify that the submitted information is true, accurate and complete, to the best of my knowledge and belief. I am aware that if I knowingly submit false information or fail to comply with the provisions of CGS Sections 22a-134 to 22a-134e, I may be subject to damages and penalties pursuant to CGS Sections 22a-134(b and d) and an enforcement action pursuant to CGS Section 22a-134a(j)."  "This Form IV is complete and accurate as prescribed by the Commissioner without alteration of the text.”  ***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of an LLC, as applicable.*** | | |
|  |  | |
| *Authorized Signature(s) for Certifying Party* |
| Name of Person Signing (print or type) | | Title (if applicable) |
| Certifying Party:  *(Company name, LLC, as applicable)*  Legal Mailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  e-mail\*:  STATE OF  }  } SS.  COUNTY OF  } *(Town)*  The foregoing was subscribed to and sworn to before me this  day of  , 20 ,  by  .  *(Name of Signatory, Title and Company, if applicable)*  who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as certifying party, executed the foregoing instrument for the purposes therein contained. | | |
|  | Name of Notary/Commissioner of Superior Court  (print or type) | |
| *Signature* *of Notary/Commissioner of Superior Court*  My commission expires //**.** |

**Section D: Transferee Information** (This pertains to transferee, must be completed, signed and notarized)

|  |  |  |  |
| --- | --- | --- | --- |
| This document was received by me on // as the Transferee.  ***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable, and must be completed regardless of whether the Transferee is also the certifying party.*** | | | |
|  | |  | |
| *Authorized Signature(s) for Transferee* | |
| Name of person signing (print or type) | | | Title (if applicable) |
| Transferee:  LegalMailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  e-mail\*:  STATE OF  }  } SS.  COUNTY OF  } *(Town)*  The foregoing was subscribed to and sworn to before me this  day of  , 20 ,  by  .  *(Name of Signatory, Title and Company, if applicable)*  who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferee, executed the foregoing instrument for the purposes therein contained. | | | |
|  | Name of Notary/Commissioner of Superior Court  (print or type) | | |
| *Signature* *of Notary/Commissioner of Superior Court*  My commission expires //**.** |

**Section E: Transferor Information** (This pertains to transferor, must be completed, signed and notarized)

|  |  |  |  |
| --- | --- | --- | --- |
| ***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of an LLC, as applicable, and must be completed regardless of whether the Transferor is also the certifying party.*** | | | |
|  | |  | |
| *Authorized Signature(s) for Transferor* | |
| Name of Person Signing (print or type) | | | Title (if applicable) |
| Transferor:  *(Company name, LLC, as applicable)*  Mailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  e-mail\*:  **Forwarding Address After the Transfer, if different from above:**  Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  e-mail\*:  STATE OF  }  } SS.  COUNTY OF  } *(Town)*  The foregoing was subscribed to and sworn to before me this  day of  , 20 ,  by  .  *(Name of Authorized Signatory for Transferor, Title and Company, if applicable)*  who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferor, executed the foregoing instrument for the purposes therein contained. | | | |
|  | Name of Notary/Commissioner of Superior Court  (print or type) | | |
| *Signature* *of Notary/Commissioner of Superior Court*  My commission expires //**.** |

\* By providing this email address, you are agreeing to receive official correspondence from DEEP regarding the subject form at that email address.

Within 10 days of the transfer [Property Transfer Fee Payment Form](https://portal.ct.gov/-/media/DEEP/site_clean_up/property_transfer_program/PTPfeeformdoc.doc)  and fee must be mailed or delivered to:

CENTRAL PERMIT PROCESSING UNIT, 1st FLOOR

DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION

79 ELM STREET

HARTFORD, CT 06106-5127

No later than 10 calendar days after the transfer, upload to the [SFT website](https://sft.ct.gov/) the property transfer form and attachments in the following order:

The [Electronic Document Transmittal Form](https://portal.ct.gov/-/media/DEEP/site_clean_up/sites/ElectronicDocumentTransmittalFormdocx.docx)

The Form IV with a copy of PTP Fee Form and a copy of the Assessor’s map

The ECAF

The Form IV Verification Form and Verification Report (Supporting or Final)