**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 I (Business ONLY)**

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

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

(DEEP use only)

RLI #:

REM #:

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

An environmental condition assessment form (ECAF) must be submitted

simultaneously with this Form I.

**Section A: General Establishment Information**

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| 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\*:  6. ***A map of the property location must be submitted with this form.*** |

**Section B: Transferor Certification** (This section must be completed by transferor, signed and notarized)

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| 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.  “I hereby certify that, based upon an investigation of the parcel performed in accordance with prevailing standards and guidelines,that there has been no discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste at the business establishment and (A) no discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance has occurred at the business establishment or (B) the Commissioner has determined or a Licensed Environmental Professional has verified that any discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance at the business establishment has been remediated 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).  “I further certify that I submitted this Form I to the Transferee prior to the transfer of establishment."  "This Form I 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 Transferor* |
| Name of person signing (print or type) | | Title (if applicable) |
| Transferor:  Legal 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 Signatory, 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 //**.** |

**Section C: Supporting Documentation 🡪 Please note, a Form I must speak to the Establishment as a whole, not just current ownership.**

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| CHECK ONE THAT APPLIES:  **No Release of Hazardous Waste or Hazardous Substance**.  An investigation of the parcel has been performed in accordance with prevailing standards and guidelines and there has **never** been a discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous waste or a hazardous substance at the business establishment.  In accordance with CGS Section 22a-134a(d), **a copy of the technical plans and reports that demonstrate that the investigation of the parcel has been performed in accordance with prevailing standards and guidelines must be attached to this Form I.**   * Even if supporting technical plans and reports are on file with DEEP, copies must be attached to this Form I.   Documentation that demonstrates that there has been no release of hazardous waste or hazardous substance at the establishment is listed below and must be attached.  Phase I Environmental Site Assessment, Dated:  Phase II Environmental Site Investigation, Dated:  Other. *Describe*:  **No Release of Hazardous Waste - Release of Hazardous Substance – Commissioner Approval**.  The Commissioner has approved in writing that the parcel has been investigated and that there has never been a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste at the establishment, and the Commissioner has approved in writing that any pollution caused by any discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance at the business establishment has been remediated in accordance with the Remediation Standard Regulations.  Date of Commissioner Approval:  **A copy of the Commissioner’s written approval must be attached to this Form I.**  **No Release of Hazardous Waste - Release of Hazardous Substance, Remediation Required – LEP Verification**.  An LEP has verified that an investigation of the parcel has been performed in accordance with prevailing standards and guidelines and that there has never been a release of a hazardous waste at the establishment, and any discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance at the business establishment has been remediated in accordance with the Remediation Standard Regulations.  **A Form I Verification Form, signed and sealed by an LEP, and the supporting Verification Report must be attached to this Form I**. |

**Section C: Supporting Documentation (continued)**

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| Never Release of Hazardous Waste - No Release of Hazardous Substance Subsequent to a Commissioner Approval or LEP Verification for Remediation of Hazardous Substance:  Since a previous Commissioner Approval or LEP Verification – which is indicated below - no discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous waste or a hazardous substance has occurred at any portion of the establishment.  Commissioner Approval of Remediation of hazardous substance, Dated:  **A copy of the Commissioner’s Approval must be attached to this Form I.**    LEP Verification - Ver# assigned to verification:      Rem# associated with verification:  **A copy of the LEP Verification must be attached to this Form I.**  Date Verification submitted to DEEP:  Effective Date of Verification Designated by LEP:  Type of Verification:  **Status of Verification**:  Letter of No-Audit issued – Date of Letter:  Audited and Accepted – Date of Audit Findings:  Pending - Explain:  Documentation that demonstrates that there has been no release of hazardous waste or hazardous substance at any portion of the establishment since the date of the Commissioner Approval or LEP Verification is listed below and must be attached.  Phase I Environmental Site Assessment, Dated:  Phase II Environmental Site Investigation, Dated:  Other: |
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**Section D: Transferee Information** (This pertains to the transferee and ***must be completed***, signed and notarized)

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| 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 an LLC, as applicable.*** | | | |
|  | |  | |
| *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 //**.** |

\* 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 the [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 I with a copy of the PTP Fee Form and a copy of the Assessor’s map

The ECAF

Verification Form and Verification Report or Commissioner’s Approval, if applicable

Phase I, if applicable

Phase II, if applicable