



# Transfer of Establishment - Form I (Business ONLY)

**Complete all sections of this form.** Use this form when transferring a business operation (not involving real estate) as defined in Section 22a-134(21) of the Connecticut General Statutes (CGS), that meets the definition of an Establishment, as defined in CGS Section 22a-134(3). This form is appropriate when there has been no release of hazardous waste at the Establishment and (A) no discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance has occurred at the Establishment OR (B) the Commissioner has determined or a Licensed Environmental Professional (LEP) has verified that any discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance has been remediated in accordance with the remediation standards. **AN ENVIRONMENTAL CONDITION ASSESSMENT FORM (ECA) MUST BE SUBMITTED SIMULTANEOUSLY WITH FORM I.**

## 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.

Fax: - -

Contact Person:

Title:

**Date of Transfer:** / /20

**From Transferor:**

**To Transferee:**

4. Transferor

Name:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

5. Property Owner (as it appears in land records):

Name:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

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

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

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 from the business operation and (A) no discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance has occurred from the business operation 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 from the business operation 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 Sections 22a-134(b and d) and an enforcement action pursuant to Section 22a-134a(j). I further certify that I submitted this Form I to the Transferee prior to the transfer of eEstablishment."

"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 a LLC, as applicable.***

\_\_\_\_\_  
*Authorized Signature(s) for Transferor*

Name of Person Signing (print or type)

Title (if applicable)

Transferor:

*(Print or type individual name(s), company name, corporation, etc., as applicable)*

Legal Mailing Address:

City/Town:

State:

Zip Code:

-

Phone: - -

ext.

Fax:

- -

**Forwarding Address After the Transfer, if different from above:**

Address:

City/Town:

State:

Zip Code:

-

Phone: - -

ext.

Fax:

- -

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.

\_\_\_\_\_  
*Signature of Notary/Commissioner of Superior Court*

Name of Notary/Commissioner of Superior Court  
(print or type)

My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .



## Section D: Supporting Documentation

**Documentation:** In accordance with CGS Section 22a-134a(d), attach to this form 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.

**CHECK ONE THAT APPLIES.**

- An investigation of the parcel has been performed in accordance with prevailing standards and guidelines and there has been no discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous waste or a hazardous substance from the business operation.
- DEP written approval that the parcel has been investigated in accordance with prevailing standards and guidelines and there has been no discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste from the business operation and the Commissioner has determined that any discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance from the business operation has been remediated in accordance with the Remediation Standard Regulations.
- LEP Verification. An LEP has verified that an investigation of the parcel has been performed in accordance with prevailing standards and guidelines, and that any discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous substance from the business operation has been remediated in accordance with the Remediation Standard Regulations.

**CHECK APPROPRIATE BOX ABOVE, AND IF THE ATTACHED DOCUMENTATION PERTAINS TO THE ENTIRE PARCEL, NOT JUST THE BUSINESS OPERATION, CHECK HERE.**

This form is prescribed and provided by the DEP.

The DEP does not certify that the information submitted in this form is correct.

All Forms I (with ECAF), II, III (with ECAF), or IV (with ECAF), any supporting documents as applicable, and fee payment should be mailed or hand delivered to: *(this is for fee processing)*

**CENTRAL PERMIT PROCESSING UNIT, 1<sup>st</sup> FLOOR**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

**All *subsequent* correspondence or *subsequent* reports should be mailed to:**

REMEDIATION DIVISION, 2<sup>nd</sup> FLOOR  
BUREAU OF WATER PROTECTION AND LAND REUSE  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127