



## Transfer of Establishment - Form III (REAL ESTATE)

**Complete all sections.** Use this form when transferring any real property that meets the definition of an Establishment, as defined in Section 22a-134(3) of the CGS. This form can also be used when transferring both real property and business operations simultaneously from "A" to "B." This form is appropriate when a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste or a hazardous substance has occurred at the parcel or the environmental conditions at the parcel are unknown prior to the transfer. The person signing the certification agrees to investigate the parcel in accordance with prevailing standards and guidelines and to remediate the parcel in accordance with the remediation standards, Section 22a-133k and Section 22a-133q of the Regulations of Connecticut State Agencies (RCSA). **AN ENVIRONMENTAL CONDITION ASSESSMENT FORM (ECAAF) MUST BE SUBMITTED SIMULTANEOUSLY WITH FORM III.**

### Section A: General Establishment Information

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CENTRAL PERMIT PROCESSING UNIT

APR 27 2012

RECEIVED BY [Signature]

1. EPA (RCRA) ID No.: Not yet determined

2. Type of Transfer (be specific): Real Estate

3. Identification of Establishment (give name of business which exists/existed ~~or site~~)

Establishment Name: Former Steve's Auto Body

Location: Formerly 16 Booth Street

City/Town: New Britain

State: CT

Zip Code: 06053-

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

Dates of Transfer: 4/18/2012 and 8/10/98\* and 6/15/07\*\*)

From Transferor: Cakemaker, LLC (\*Peter Melnyk transferor on 8/10/98, \*\*City of N.B. transferor 6/15/07)

To Transferee: NL Ventures IX Celebration, L.L.C. (\*City of N.B. transferee on 8/10/98, \*\*Cakemaker, LLC Transferee on 6/15/07)

4. Transferor

Name: Cakemaker, LLC (\*Peter Melnyk transferor on 8/10/98, \*\*City of N.B. transferor on 6/15/07)

Legal Mailing Address: 10 Main Street (Suite B)

City/Town: Middletown

State: CT

Zip Code: 06457-

Phone: 860-398-5390

ext.

Fax: 860-398-5423

Contact Person: Robert A. Landino

Title: Manager

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

Name: Cakemaker, LLC (formerly Melnyk and City of New Britain)

Legal Mailing Address: 10 Main Street (Suite B)

City/Town: Middletown

State: CT

Zip Code: 06457-

Phone: 860-398-5390

ext.

Fax: 860-398-5423

Contact Person: Robert A. Landino

Title: Manager

Contact for City of New Britain – Kenneth R. Slater, Jr. Title: legal counsel (860-297-4662)

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

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

**Description in Property Deed:**

Recorded on page 192 of volume 1283, of the Town of New Britain

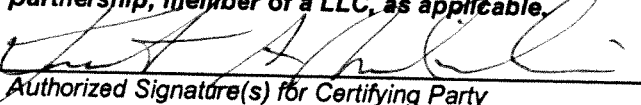
land records, as a portion of lot 500, block N/A on map D6A in the Tax Assessor's Office.

"As the certifying party, I certify that, to the extent necessary to minimize or mitigate a threat to human health and the environment, I agree to investigate the parcel in accordance with prevailing standards and guidelines and to remediate the parcel in accordance with the remediation standards. I agree to contain, remove, or abate pollution, potential sources of pollution and substances in soil or sediment which pose an unacceptable risk to human health or the environment."

"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 III to the transferee prior to the transfer of establishment."

"This Form III 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 Certifying Party

**Kenneth Malinowski**

Name of Signatory for Certifying Party (print or type)

**Dir. Dept. Munic. Dev.**

Title (if applicable)

Representing: **City of New Britain**

(Company name, LLC, as applicable)

Legal Mailing Address: **27 West Main Street**

City/Town: **New Britain**

State: **CT**

Zip Code: **06051-**

Phone: **860-826-3374**

ext.

Fax: **860-826-3353**

STATE OF **Connecticut**

}

COUNTY OF **Hartford**

}

SS. **New Britain**  
(Town)

The foregoing was subscribed to and sworn to before me this **17th** day of **April**, 20 **12**,

by **Kenneth Malinowski, Dir. Dept. Munic. Dev., City of New Britain**

(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.

  
Signature of Notary/Commissioner of Superior Court

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

My commission expires / / .

**Section C: Reason for Filing Form III**

Indicate the reason why a Form III is being submitted:

**Due diligence in association with a prospective sale of the property revealed that it contained a former body shop that was transferred to the City in 1998 without a transfer act filing and transferred by the City in 2007 without a filing. Although prior site investigations were conducted, additional site characterization is necessary.**

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

This document was received by me on 04/19/12 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.***

  
Authorized Signature(s) for Transferee

Name of Person Signing (print or type) Peter S. Carlsen Title (if applicable) President

Transferee: **NL Ventures IX Celebration, L.L.C.**

Mailing Address: **301 Congress Avenue, Suite 320**

City/Town: **Austin**

State: **TX**

Zip Code: **78701-**

Phone: **512-476-5009**

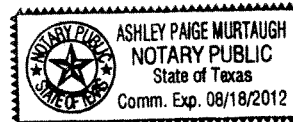
ext.

Fax: **512-476-7779**

STATE OF Texas

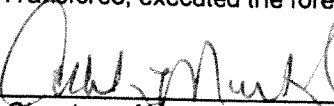
COUNTY OF Dallas

}  
}  
} SS.  
(Town)



The foregoing was subscribed to and sworn to before me this 19th day of April, 2012  
by Peter S. Carlsen, President of NL Ventures IX, Celebration, L.L.C.  
(Name of Authorized Signatory for Transferee, 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.

  
Signature of Notary/Commissioner of Superior Court

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

My commission expires 08/18/12.

**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 a LLC, as applicable, and must be completed regardless of whether the Transferor is also the certifying party.*

Authorized Signature(s) for Transferor

Robert A. Landino

Name of Person Signing (print or type)

Manager

Title (if applicable)

Transferor: Cakemaker, LLC

Mailing Address: 10 Main Street (Suite B)

City/Town: Middletown

State: CT

Zip Code: 06457-

Phone: 860-398-5390

ext.

Fax: 860-398-5423

STATE OF Connecticut

COUNTY OF Middlesex

}  
}  
}

ss. Middletown  
(Town)

The foregoing was subscribed to and sworn to before me this 18<sup>th</sup> day of April, 2012

by Robert A. Landino, Manager, Cakemaker, LLC

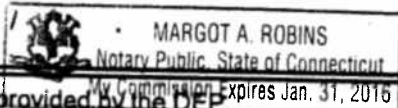
(Name of Authorized Signatory for Transferor, Title and Company, if applicable)

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.

Signature of Notary/Commissioner of Superior Court

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

My commission expires



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)

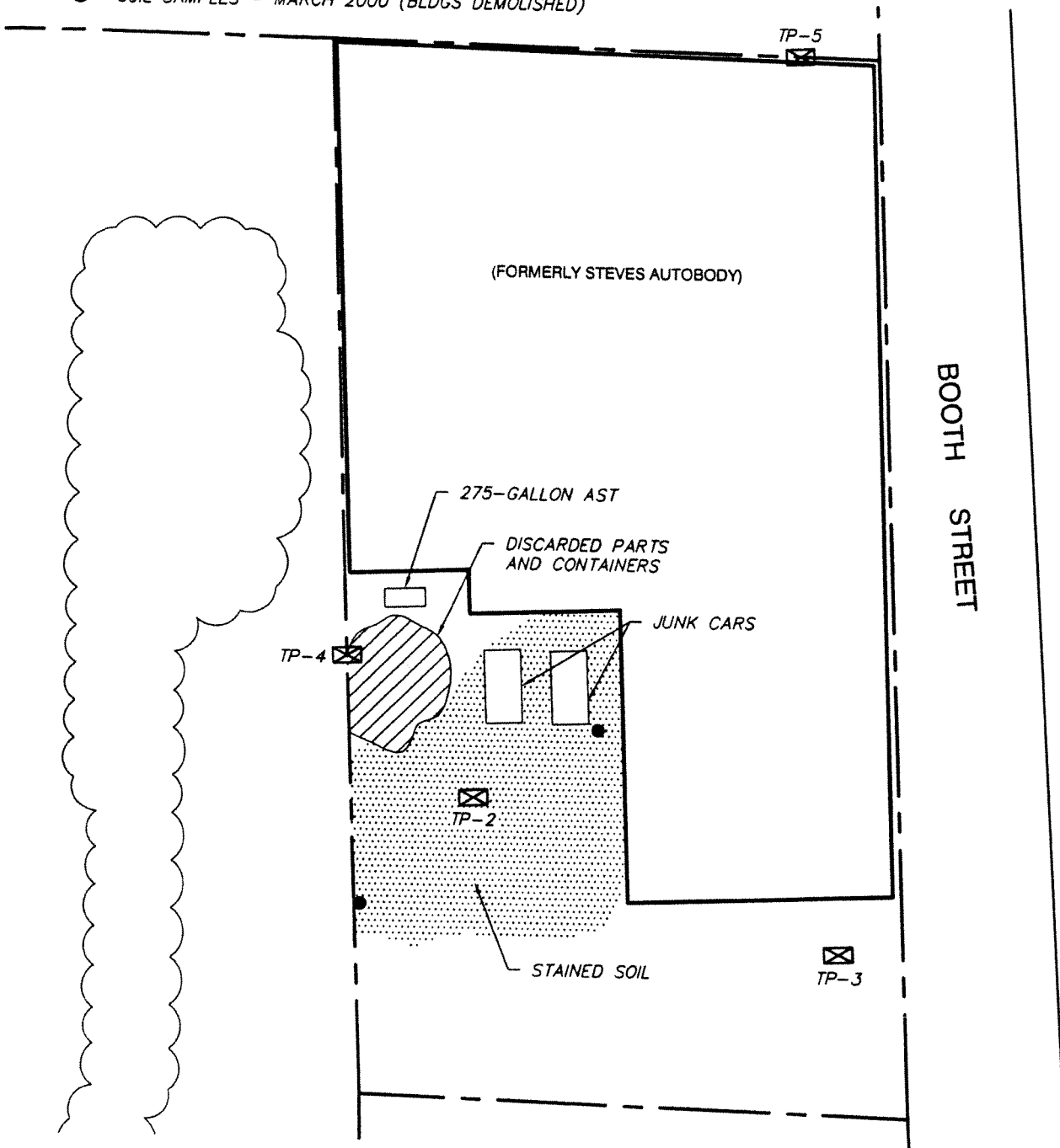
**CENTRAL PERMIT PROCESSING UNIT, 1<sup>st</sup> FLOOR**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

**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

LEGEND

- ☒ - TEST PITS - SEPTEMBER 1999 (BLDGS PRESENT)
- - SOIL SAMPLES - MARCH 2000 (BLDGS DEMOLISHED)



NOTE:  
 SITE FEATURES AND PROPERTY BOUNDARY ARE  
 APPROXIMATE. BASED ON "FIGURE 5-1 SITE PLAN"  
 DATED: 6/99, PREPARED BY: TRC ENVIRONMENTAL  
 CORPORATION OF WINDSOR, CONNECTICUT.

1" = 15'  
 15 0 7.5 15 30  
 APPROXIMATE SCALE IN FEET

FIGURE 2  
 SITE PLAN  
 FORMERLY 16 BOOTH ST.  
 NEW BRITAIN, CT  
 HRP# CAK0003.RA  
 SCALE: 1" = 15'