

## **Zoning Commission & Aquifer Protection Agency Hybrid Meeting**

**October 19, 2022 7:00 P.M.**

**Putnam Municipal Complex**

**Room 201 2<sup>nd</sup> Floor**

**200 School Street**

**Putnam, CT 06260**

Join Zoom Meeting

<https://us06web.zoom.us/j/81730394531?pwd=Zm95eUNYMK1OUjd5TE4ydINQcU0rdz09>

Meeting ID: 817 3039 4531

Passcode: e56L6Y

Dial by your location

+1 929 205 6099 US (New York)

Meeting ID: 817 3039 4531

Passcode: 701451

Zoning Commission/Aquifer Protection Agency Hybrid Meeting  
October 19, 2022 7:00 P.M.  
Putnam Municipal Complex  
Room 201 Second Floor  
200 School Street  
Putnam, CT 06260

Roll Call:

Public hearing on Docket # 2022-05 WD Investments, LLC request for a Special Permit in accordance with Section 304, Table III-1 Schedule of Uses and Districts for general warehousing and storage. Property located at 2 Furnace Street, Town Assessors Map 18, Lot 133, Zoned Industrial. VOTE REQUIRED

Agenda:

Regular Meeting:

Review the minutes of the September 21, 2022 meeting. VOTE REQUIRED

Correspondence:

New Business: VOTE REQUIRED

Docket # 2022-05 WD Investments LLC – Special Permit – Warehousing and Storage – 2 Furnace Street

Other Business: VOTE REQUIRED

Strategic Commercial Realty, Inc. DBA Rawson Materials –79A Town Farm Road – Gravel Permit Renewal

Renewal of Aquifer Registrations for the following locations:

1. Putnam Financial Associates, LLC – 2022-01  
33 Industrial Park Road
2. KARS of Putnam LLC. – 2022-02  
181 Killingly Avenue
3. Michael J. Glover – 2022-03  
54 Nancy Drive
4. Vista Holdings, LLC – 2022-04  
3 Park Road

Accepting of New Applications for public hearing on November 16, 2022 if applicable.

Adjournment.

Zoning Commission Hybrid Meeting Minutes  
September 21, 2022 7:00 P.M.  
Putnam Municipal Complex  
Room 201 Second Floor  
200 School Street  
Putnam, CT 06260

Present: Patricia Hedenberg-Chairman, Elizabeth Thompson, Nick Huston, Peter McMorris

Informational presentation on Accessory Dwelling Units by the Town of Killingly Town Planner and Zoning Enforcement Officer

Agenda:

Regular Meeting:

Review the minutes of the August 29, 2022 Special Meeting.

Motion by Patricia Hedenberg to accept the minutes, second by Nick Huston. ALL WERE IN FAVOR.

Correspondence:

New Business:

Discussion took place by the Commission members on the presentation that was given on accessory dwelling units in relation to the existing Zoning Regulations. Accessory dwelling units are in place in the current regulations. It was the opinion of the Commission to opt out and work on a text amendment to clarify the existing regulations.

Motion by Peter McMorris to opt out of Public Act 21-29, second by Nick Huston. ALL WERE IN FAVOR.

Other Business:

Elizabeth Thompson expressed concerns she had regarding a bright light shining on her property that is coming from an abutting property located to the rear of hers.

Accepting of New Applications for public hearing on October 19, 2022 if applicable. None

Motion to adjourn by Nick Huston, second by Peter McMorris. ALL WERE IN FAVOR

Respectfully submitted by Brenda Roy.

Please note these minutes have not been accepted by the Commission and will be placed on the next meeting agenda.



TOWN OF PUTNAM  
ZONING COMMISSION

Check One:

- ☒ Application for Special Permit of Exception  
☐ Application for Amendment to Regulations  
☐ Application for Zone Change  
☐ Other \_\_\_\_\_

Docket No. 2022-05

Date 9/22/2022

Fee: 100.00 1068

Amount

Check No.

1.) Name of Applicant: WD Investments, LLC  
Address & Telephone No. 1 Totem Pole Rd. Thompson, CT 06277

2.) Owner of Land Palo Estate of Peter Trustee  
Address 34 MECHANICS ST, Putnam, CT 06260

3.) Location of Property 2 Furnace St. Zone I  
Street or Road

Assessor's Map No. 18 Lot No. 133

4.) State nature of your request in detail including the section of the regulations that affect you. Also please attach a sketch of your proposal with this application. If this application is for a Zone Change attach a list of the abutters that are within 500 feet of the property.

We would like to use this industrial  
land for self-storage, using the two  
existing hangar buildings.

Section 304 - TABLE III-1 general warehousing - storage

SUBMIT THIS APPLICATION NO LESS THAN 21 WORKING DAYS PRIOR TO MEETING DATE

I hereby certify that all the information provided is accurate and complete.

[Signature]  
Signature of Applicant

9/22/2022  
Date

Date Accepted \_\_\_\_\_

Date Rejected \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairman

### LEGEND

|                                                                                     |                        |
|-------------------------------------------------------------------------------------|------------------------|
|    | ANGLE POINT            |
|    | EXISTING PROPERTY LINE |
|    | ABUTTING PROPERTY LINE |
|    | BUILDING SETBACK       |
|   | STONE WALL             |
|  | UTILITIES              |
|  | TREELINE               |
|  | EDGE OF WATER          |

## **COMPILATION PLAN**

**PREPARED FOR**

**SHAWN DEARY**

**2 FURNACE STREET - THOMPSON, CT**

**MAP 8 - LOT 133**

**J&D** **CIVIL**  
**ENGINEERS, LLC**

**401 RAVENELLE ROAD**  
**N. GROSVENORDALE, CT 06255**  
**860-923-2920**

**DESIGNED: APS**

**REVISIONS:**

ROUTE 12 - MECHANIC STREET

LOT 133

LOT 118

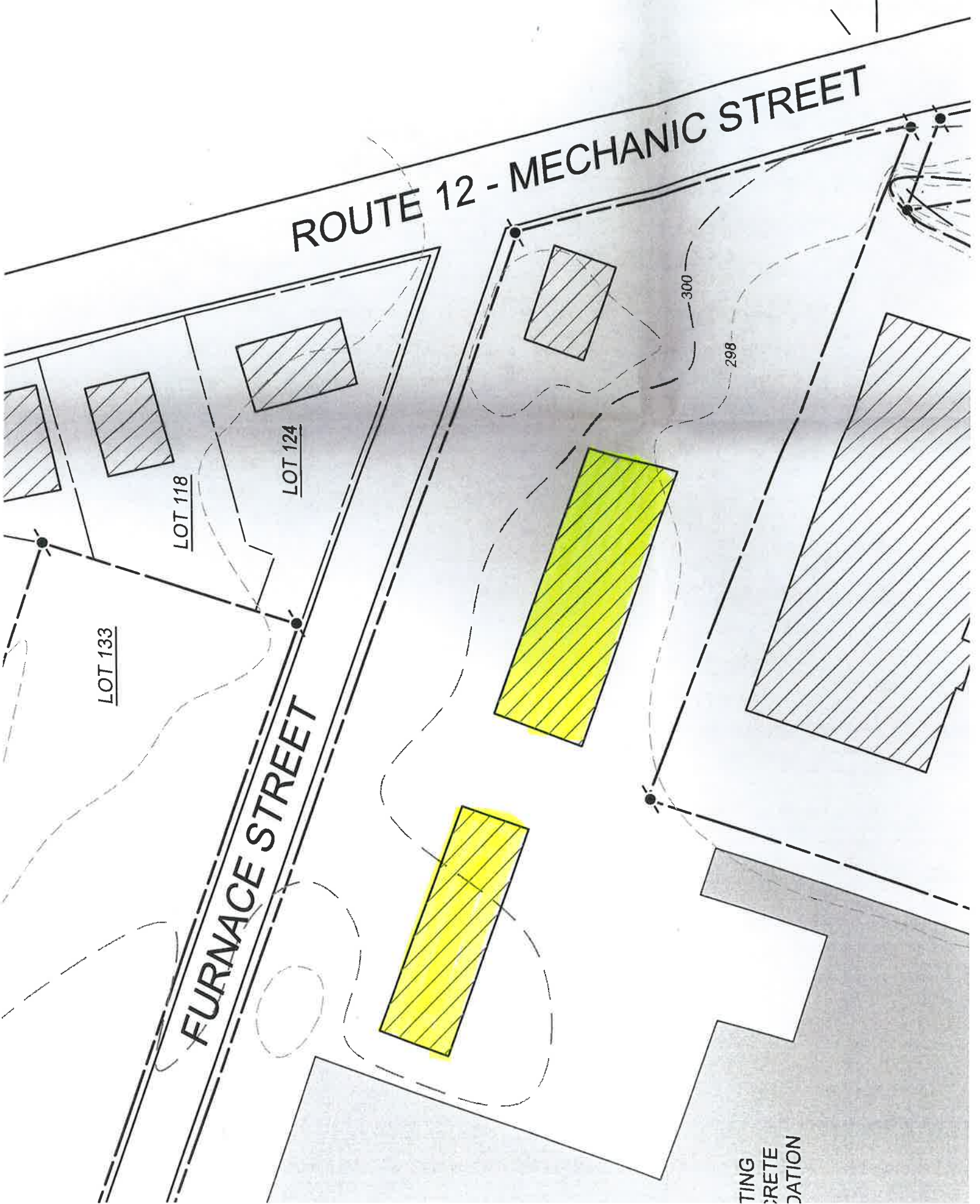
LOT 124

FURNACE STREET

300

298

TING  
CRETE  
DATION



October 11, 2022

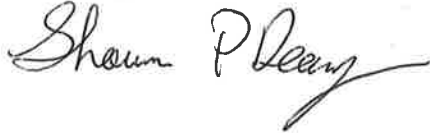
Dear Abutting Property Owner,

The Town of Putnam Zoning Commission will be holding a hybrid meeting on Wednesday October 19, 2022, at 7:00 P.M at the Municipal Complex in Community Room 201 located on the second floor. A public hearing will be held on the following:

Docket # 2022-05 WD Investments, LLC request for a Special Permit in accordance with Section 304, Table III-1 Schedule of Uses and Districts for general warehousing and storage. Property located at 2 Furnace Street, Town Assessors Map 18, Lot 133, Zoned Industrial.

Zoom meeting information will be available on the Town of Putnam website one week prior to the meeting date.

Sincerely,

A handwritten signature in black ink, appearing to read "Shaun P. Dean". The signature is written in a cursive, flowing style with a long horizontal stroke extending to the right.



# 100 foot Abutters List Report

Putnam, CT  
October 12, 2022

## Subject Property:

Parcel Number: 008-133  
CAMA Number: 008-133-000  
Property Address: 2 FURNACE ST

Mailing Address: PALO ESTATE OF PETER TRUSTEE  
34 MECHANICS ST  
PUTNAM, CT 06260

---

## Abutters:

Parcel Number: 008-080  
CAMA Number: 008-080-000  
Property Address: 21 INTERVALE ST

Mailing Address: DEARY BROS II LLC  
17 LUCIENNE AVE  
DANIELSON, CT 06239

Parcel Number: 008-086  
CAMA Number: 008-086-000  
Property Address: 17 INTERVALE ST

Mailing Address: DEARY PETER D & LANE KIMBERLY J  
20 ARROWHEAD LANE  
DAYVILLE, CT 06241

Parcel Number: 008-090  
CAMA Number: 008-090-000  
Property Address: 11 INTERVALE ST

Mailing Address: DEARY EVAN  
11 INTERVALE ST  
PUTNAM, CT 06260

Parcel Number: 008-095  
CAMA Number: 008-095-000  
Property Address: 64 MECHANICS ST

Mailing Address: KNEELAND MICHAEL J &  
64 MECHANICS ST  
PUTNAM, CT 06260

Parcel Number: 008-109  
CAMA Number: 008-109-000  
Property Address: 12 INTERVALE ST

Mailing Address: DEARY BROS STAND INC  
12 INTERVALE ST  
PUTNAM, CT 06260

Parcel Number: 008-110  
CAMA Number: 008-110-000  
Property Address: 56 MECHANICS ST

Mailing Address: DEARY MICHAEL  
44 TOWN FARM RD  
WOODSTOCK, CT 06281

Parcel Number: 008-118  
CAMA Number: 008-118-000  
Property Address: 50 MECHANICS ST

Mailing Address: HOLLENBECK GUY W  
50 MECHANICS ST  
PUTNAM, CT 06260

Parcel Number: 008-124  
CAMA Number: 008-124-000  
Property Address: 46 MECHANICS ST

Mailing Address: WHEELER GARY A & KELLY M  
46 MECHANICS ST  
PUTNAM, CT 06260

Parcel Number: 008-126  
CAMA Number: 008-126-000  
Property Address: 35 MECHANICS ST

Mailing Address: RIENDEAU CHRISTOPHER W &  
CAROLYN J  
35 MECHANICS ST  
PUTNAM, CT 06260

Parcel Number: 008-131  
CAMA Number: 008-131-000  
Property Address: 29-31 MECHANICS ST

Mailing Address: HERNANDEZ-LAUREANO CAROLYN  
ANECE & MANUEL ANTONIO  
31 MECHANICS ST  
PUTNAM, CT 06260



www.cai-tech.com

10/12/2022

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# 100 foot Abutters List Report

Putnam, CT  
October 12, 2022

Parcel Number: 008-132  
CAMA Number: 008-132-000  
Property Address: 23 MECHANICS ST

Mailing Address: TAVERN BROOK CONDOMINIUM  
23 MECHANICS ST  
PUTNAM, CT 06260

Parcel Number: 008-132  
CAMA Number: 008-132-101  
Property Address: 23 MECHANICS ST #101

Mailing Address: MORGANS RUSS  
23 MECHANICS UNIT 101  
PUTNAM, CT 06260

Parcel Number: 008-132  
CAMA Number: 008-132-102  
Property Address: 23 MECHANICS ST #102

Mailing Address: DAVILA WANDA  
23 MECHANICS ST UNIT 102  
PUTNAM, CT 06260

Parcel Number: 008-132  
CAMA Number: 008-132-103  
Property Address: 23 MECHANICS ST #103

Mailing Address: NELSON JUDITH L TRUSTEE OF THE  
JUDITH L  
50 KRISTYN CIR  
MANCHESTER, CT 06042

Parcel Number: 008-132  
CAMA Number: 008-132-201  
Property Address: 23 MECHANICS ST #201

Mailing Address: CASSICK KATHLEEN M  
PO BOX 126  
PUTNAM, CT 06260

Parcel Number: 008-132  
CAMA Number: 008-132-202  
Property Address: 23 MECHANICS ST #202

Mailing Address: FAY TERINA B  
23 MECHANICS ST UNIT 202  
PUTNAM, CT 06260

Parcel Number: 008-136  
CAMA Number: 008-136-000  
Property Address: 21 MECHANICS ST

Mailing Address: CAISSIE COREY D  
166 CREAMERY BROOK RD  
BROOKLYN, CT 06234

Parcel Number: 008-137  
CAMA Number: 008-137-000  
Property Address: 20 MECHANICS ST

Mailing Address: JOHN M DEAN CO LLC  
20 MECHANICS ST  
PUTNAM, CT 06260

Parcel Number: 008-140  
CAMA Number: 008-140-000  
Property Address: 15 MECHANICS ST

Mailing Address: GODLEY MELISSA M  
17 BLOOD RD  
PUTNAM, CT 06260

Parcel Number: 012-001  
CAMA Number: 012-001-000  
Property Address: 35 PROVIDENCE ST

Mailing Address: LITTLE DAM PROPERTY LLC  
35 PROVIDENCE ST  
PUTNAM, CT 06260

Parcel Number: 012-002  
CAMA Number: 012-002-000  
Property Address: 347 SCHOOL ST

Mailing Address: STEVENS CHERYL H  
347 SCHOOL ST APT#3  
PUTNAM, CT 06260

Parcel Number: 012-003  
CAMA Number: 012-003-000  
Property Address: 340 SCHOOL ST

Mailing Address: 340 SCHOOL STREET LLC  
25 BLOSSOM DR  
POMFRET CTR, CT 06259



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10/12/2022

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## 100 foot Abutters List Report

Putnam, CT  
October 12, 2022

Parcel Number: 012-005  
CAMA Number: 012-005-000  
Property Address: 335 SCHOOL ST

Mailing Address: COONEY DIANE E  
335 SCHOOL ST  
PUTNAM, CT 06260

Parcel Number: 012-006  
CAMA Number: 012-006-000  
Property Address: 320 SCHOOL ST

Mailing Address: KELCO LLC  
306 SCHOOL ST  
PUTNAM, CT 06260

Parcel Number: 012-007  
CAMA Number: 012-007-000  
Property Address: 309-315 SCHOOL ST

Mailing Address: FROST DAVID JR  
78 SMITH ST  
PUTNAM, CT 06260



[www.cai-tech.com](http://www.cai-tech.com)

10/12/2022

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TOWN OF PUTNAM  
ZONING COMMISSION

Check One:

- ☐ Application for Special Permit of Exception  
☐ Application for Amendment to Regulations  
☐ Application for Zone Change  
☒ Other Special Permit Renewal

Docket No.

Renewal

Date

Fee:

N/A

Amount

Check No.

1.) Name of Applicant: Strategic Commercial Realty, Inc. DBA Rawson Materials  
Address & Telephone No. 58 Pomfret Street, STE 4101, Putnam, CT 06260

2.) Owner of Land Strategic Commerical Realty, Inc. DBA Rawson Materials  
Address 58 Pomfret Street, STE 4101, Putnam, CT 06260

3.) Location of Property 79A Town Farm Road Zone QTP  
Street or Road

Assessor's Map No. 44

Lot No. 1

4.) State nature of your request in detail including the section of the regulations that affect you. Also please attach a sketch of your proposal with this application. If this application is for a Zone Change attach a list of the abutters that are within 500 feet of the property.

Renewal of special permit for earth removal on 47 acres located on Town Farm Rd.

Attached is an updated bond certificate and topographical map showing earth removal to date. As of July 2022 963,645 tons have been removed from the site.

SUBMIT THIS APPLICATION NO LESS THAN 21 WORKING DAYS PRIOR TO MEETING DATE

I hereby certify that all the information provided is accurate and complete.

Madilyn Smith

Signature of Applicant

8/30/2022

Date

Date Accepted

Date Rejected

Signature of Chairman



# CONTINUATION CERTIFICATE

The Fidelity and Deposit Company of Maryland (hereinafter called the Surety) hereby continues in force its Bond No. 9327740 in the sum of Three Hundred Forty Six Thousand Three Hundred Ninety Dollars and 00/100 (\$346,390.00) Dollars, on behalf of Strategic Commercial Realty, Inc. D/B/A Rawson Materials in favor of Town of Putnam for Earth Removal consisting of 47 acres; 79A Town Farm Road; Assessor's Map 44, Lot 1, Zoned QTP; Owner of Record: Peter Newth, Executor, Estate of Lillian Newth subject to all the conditions and terms thereof through 23rd Day of September, 2025 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this 30th Day of August, 2022.

Fidelity and Deposit Company of Maryland  
Surety

BY:

Laurie Rothwell  
Laurie Rothwell, Attorney-in-Fact



Bond Number 9327740

Obligee Town of Putnam

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Laurie Rothwell, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

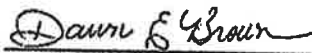
The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 19th day of June, A.D. 2019.

ATTEST:  
ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

  
By: Robert D. Murray  
Vice President



  
By: Dawn E. Brown  
Secretary

State of Maryland  
County of Baltimore

On this 19th day of June, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



  
Constance A. Dunn, Notary Public  
My Commission Expires: July 9, 2023

## EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

### CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 30th day of August, 2022.



Brian M. Hodges, Vice President

**TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:**

Zurich Surety Claims  
1299 Zurich Way  
Schaumburg, IL 60196-1056  
[www.reportsfclaims@zurichna.com](mailto:www.reportsfclaims@zurichna.com)  
800-626-4577

# Municipal Registration Form for Regulated Activities in Aquifer Protection Areas

Please complete this form in accordance with the instructions form # PAPA - 101 to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

This registration form is for registering regulated activities in Aquifer Protection Areas in accordance with Section 8 of the Aquifer Protection Area Regulations in the Town of Putnam.

| AGENCY USE ONLY  |         |
|------------------|---------|
| Application No.  | 2022-01 |
| Registration No. | 2012-01 |
| Permit No.       |         |
| APA Name         | PUTNAM  |
| Date of Receipt  |         |

## Part I: Registration Type

Check the appropriate box identifying the registration type.

|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>This registration is for (check one):</p> <p><input type="checkbox"/> A new registration</p> <p><input checked="" type="checkbox"/> A renewal of an existing registration</p> <p><input type="checkbox"/> A modification of an existing registration*</p> <p><input type="checkbox"/> A registration for a vacant site/inactive activity**</p> | <p>Please identify any previous or existing aquifer protection registration/ permit number in the space provided:</p> <p># 2012 - 01</p> <p># 2017</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

\*Note that if you are seeking a *modification*, you should consult the Town of Putnam Aquifer Protection Agency at 860-963-6803 prior to submitting a registration to determine whether a registration form is necessary. \*\*Note that if you are registering a *vacant site* where currently no regulated activity is taking place, you must certify that applicable best management practices are being met at the site.

## Part II: Fee Information

A registration fee shall be submitted with the registration form. Fee table in Section 18 of the Aquifer Protection Regulations. A registration shall not be deemed complete and no activity will be authorized by this registration unless the registration fee has been paid in full. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Town of Putnam.

## Part III: Registrant Information

1. Fill in the name of the registrant(s). PUTNAM FINANCIAL ASSOCIATES LLC

Name of Registrant: PUTNAM FINANCIAL ASSOCIATES LLC Name of Company:

Mailing Address: 9700 BRIDGEBROOK DRIVE

City/Town: BOCA RATON FLORIDA State: FL Zip Code: 33496

Business Phone: 860 334 2716 ext. Fax:

E-mail address: PUTSBC@GMAIL.COM  
PUTSBC@SBCGLOBAL.NET

Registrant's interest in property or facility at which the proposed activity is to be located: (check all that apply)

☒ site owner ☐ option holder ☐ lessee ☐ facility owner

☐ easement holder ☐ operator ☐ other (specify):

☐ Check here if there are co-registrants. If so, label and attach additional sheet(s) to this sheet with the required information.

**Part III: Registrant Information (continued)**

2. List primary contact for departmental correspondence and inquiries. (Please complete all fields.)

Name: DANIEL MALCHMAN  
Mailing Address: 311 WYASSUP RD  
City/Town: NORTH STONINGTON State: CT Zip Code: 06359  
Business Phone: 860 334 0801 ext. Fax:  
Contact Person: Title:  
E-mail address: dmalchman@aol.com

3. List attorney or other representative, if applicable:

Firm Name: STUART GREENFIELD - ATTORNEYS  
Mailing Address: 29 LAMBS WAY  
City/Town: STONINGTON CT State: CT Zip Code: 06378  
Business Phone: 860 334 2716 ext. Fax:  
Attorney:

4. Facility Operator: PROPERTY IS LEASED TO

Name: MERSENE DEWATERING  
Mailing Address: 600 WORYDEN RD  
City/Town: METAMORA State: MI Zip Code: 48455  
Business Phone: 810 678 8085 ext. Fax:  
Contact Person: Reba WYLAN - COMPTROLLER  
Title:

5. Facility Owner: PUTNAM FINANCIAL ASSOCIATES LLC

Name:  
Mailing Address: 9700 BRIDGEBROOK DR NW  
City/Town: BOCA RATON State: FL Zip Code: 33496  
Business Phone: 860 334 2716 ext. Fax:  
Contact Person: STUART GREENFIELD Title: Manager

6. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.

Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext. Fax:  
Contact Person: Title:  
Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

## Part IV: Facility Information

1. Name of facility:

Street Address or Description of Location:

33 INDUSTRIAL PARK RD

City/Town: PUTNAM

State: CT

Zip Code: 06260

2. From the following list, check *all* regulated activities being conducted at the facility.

**Regulated Activity:** For a full description of each regulated activity see Section 4 of the Aquifer Protection Area Regulations of the Town of Putnam or Appendix A of the instructions Form # PAPA - 101

- X 2 500 gallons  
FUEL TANKS
- ☒ (A) Underground storage or transmission of oil or petroleum
  - ☒ (B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use
  - ☐ (C) On-site storage of hazardous materials for the purpose of wholesale sale
  - ☒ (D) Repair or maintenance of vehicles or internal combustion engines of vehicles
  - ☐ (E) Salvage operations of metal or vehicle parts
  - ☐ (F) Wastewater discharges to ground water other than domestic sewage and stormwater
  - ☐ (G) Car or truck washing (unsewered)
  - ☐ (H) Production or refining of chemicals
  - ☐ (I) Clothes or cloth cleaning service (dry cleaner)
  - ☐ (J) Industrial laundry service (unsewered)
  - ☐ (K) Generation of electrical power by means of fossil fuels (power plants)
  - ☐ (L) Production of electronic boards, electrical components, or other electrical equipment
  - ☐ (M) Embalming or crematory services (unsewered)
  - ☐ (N) Furniture stripping operations
  - ☐ (O) Furniture finishing operations
  - ☐ (P) Storage, treatment or disposal of hazardous waste under a RCRA permit (hazardous waste facility)
  - ☐ (Q) Biological or chemical testing, analysis or research (unsewered)
  - ☐ (R) Pest control services
  - ☐ (S) Photographic finishing (unsewered)
  - ☐ (T) Production or fabrication of metal products
  - ☐ (U) Printing, plate making, lithography, photoengraving, or gravure
  - ☐ (V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEP General Permit)
  - ☐ (W) Production of rubber, resin cements, elastomers or plastic
  - ☐ (X) Storage of de-icing chemicals (salt storage facility, fleet, state or municipal garage)
  - ☐ (Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)
  - ☐ (Z) Dying, coating or printing of textiles, or tanning or finishing of leather
  - ☐ (AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood
  - ☐ (BB) Pulp production processes

## Part V: Best Management Practices

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. The registrant and the operator, if different from the registrant, must sign this part. A registration will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see Section 12 of the Aquifer Protection Area Regulations or Appendix B of the instructions PAPA - 101.

"I certify that the subject facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices."

- ☒ Storage of hazardous materials above ground is in compliance with all provisions of Section 12(a) - (1) of the Aquifer Protection Area Regulations.
- ☒ The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section 12 - (a) - (2) of the Aquifer Protection Area Regulations.
- ☒ Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section 12 - (a) - (3) of the Aquifer Protection Area Regulations.
- ☒ Devices for release of wastewaters to the ground shall not be used except in accordance with Section 12 - (a) - (4) of the Aquifer Protection Area Regulations.
- ☐ A Materials Management Plan has been developed in accordance with Section 12 - (A) - (5) of the Aquifer Protection Area Regulations and will be implemented upon issuance of a registration.

Signature of Registrant

Date

Name of Registrant (print or type)

Title (if applicable)

Signature of Operator (if different than above)

Date

Name of Operator (print or type)

Title (if applicable)



# Town of Putnam Assessor Map

38

**DISCLAIMER:**  
Putnam is provided for all information presented in this map is provided for informational purposes only. It is not intended to be used as a legal document. The assessor's office is not responsible for any errors or omissions in this map. The assessor's office is not responsible for any errors or omissions in this map. The assessor's office is not responsible for any errors or omissions in this map.

| Legend          | Parcels on the Map |
|-----------------|--------------------|
| Parcel Lines    | RCV                |
| Boundary Type   | Private Streets    |
| Property        | Public Streets     |
| Right of Way    | Water Features     |
| Water Features  | Railroad           |
| Town Boundary   | County Boundary    |
| County Boundary | Map Project        |
| Map Project     |                    |

|    |    |    |    |
|----|----|----|----|
| 19 | 20 | 31 | 32 |
| 37 | 38 | 39 | 40 |
| 44 | 45 | 46 | 47 |

|    |    |    |    |
|----|----|----|----|
| 19 | 20 | 31 | 32 |
| 37 | 38 | 39 | 40 |
| 44 | 45 | 46 | 47 |



1 inch = 200 feet



Produced by  
the  
Northeastern  
Council of  
Governments

2021

## Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name.

- ☐ Attachment A: A Facility Boundary Map *(Required for all Registrations)*

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility\* (property) boundaries shown. A larger scale [local property or assessor's] map with the facility boundaries shown, may also be submitted to clarify boundary locations. For sample maps see Figures A and B of the instructions PAPA.

\*Note: In accordance with Section 2 of the Aquifer Protection Area Regulations, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.

- ☐ Attachment B: Materials Management Plan, *if requested by the Agency.*
- ☐ Attachment C: Stormwater Management Plan, *if requested by the Agency.*

*(continued on the following page)*

## Part VII: Registrant Certification

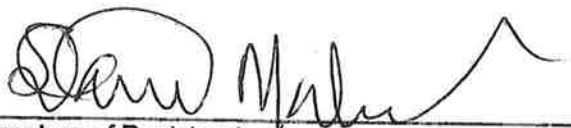
The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.

I understand that the agency or its duly authorized agent may make regular inspections of the facility and associated property, except a private residence, at reasonable hours.

I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text."

✓   
Signature of Registrant

9/6/2022  
Date

Daniel Malchman  
Name of Registrant (print or type)

Agent  
Title (if applicable)

  
Signature of Preparer (if different than above)

Date

Daniel Malchman  
Name of Preparer (print or type)

Agent  
Title (if applicable)

☐ Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Please submit the Registration Form, Fee, and all Supporting Documents to:

TOWN OF PUTNAM AQUIFER PROTECTION AGENCY  
Putnam Town Hall  
126 Church Street  
Putnam, CT 06260

The registrant shall also mail a copy of this completed form to the following:

- Commissioner of the Department of Environmental Protection,
- Commissioner of Public Health, and
- The affected water company.

See Appendix C of the instructions for contacts and mailing addresses.

# Municipal Registration Form for Regulated Activities in Aquifer Protection Areas

Please complete this form in accordance with the instructions form # PAPA - 101 to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

This registration form is for registering regulated activities in Aquifer Protection Areas in accordance with Section 8 of the Aquifer Protection Area Regulations in the Town of Putnam.

| AGENCY USE ONLY  |                |
|------------------|----------------|
| Application No.  | <u>2022-02</u> |
| Registration No. | <u>2012-02</u> |
| Permit No.       | _____          |
| APA Name         | <u>PUTNAM</u>  |
| Date of Receipt  | _____          |

## Part I: Registration Type

Check the appropriate box identifying the registration type.

|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>This registration is for (check one):</p> <p><input type="checkbox"/> A new registration</p> <p><input checked="" type="checkbox"/> A renewal of an existing registration</p> <p><input type="checkbox"/> A modification of an existing registration*</p> <p><input type="checkbox"/> A registration for a vacant site/inactive activity**</p> | <p>Please identify any previous or existing aquifer protection registration/ permit number in the space provided:</p> <p style="text-align: center;">2017-02</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*Note that if you are seeking a *modification*, you should consult the **Town of Putnam** Aquifer Protection Agency at 860-963-6803 prior to submitting a registration to determine whether a registration form is necessary. \*\*Note that if you are registering a *vacant site* where currently no regulated activity is taking place, you must certify that applicable best management practices are being met at the site.

## Part II: Fee Information

A registration fee shall be submitted with the registration form. Fee table in Section 18 of the Aquifer Protection Regulations. A registration shall not be deemed complete and no activity will be authorized by this registration unless the registration fee has been paid in full. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the **Town of Putnam**.

## Part III: Registrant Information

1. Fill in the name of the registrant(s).

Name of Registrant: KENNETH KONARSKI

Name of Company: KARS OF PUTNAM LLC

Mailing Address: 181 KILLINGLY AV

City/Town: PUTNAM

State: CT Zip Code: 06260

Business Phone: 860 963 1138

ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Registrant's interest in property or facility at which the proposed activity is to be located: (check all that apply)

- ☒ site owner      ☐ option holder      ☐ lessee      ☒ facility owner
- ☐ easement holder      ☐ operator      ☐ other (specify): \_\_\_\_\_

☐ Check here if there are co-registrants. If so, label and attach additional sheet(s) to this sheet with the required information.

**Part III: Registrant Information (continued)**

2. List primary contact for departmental correspondence and inquiries. (Please complete all fields.)

Name: KENNETH KONARSKI

Mailing Address: 181 KILLINGLY AV

City/Town: PUTNAM

State: CT

Zip Code: 06260

Business Phone: 860 963 1130

ext.

Fax:

Contact Person: SAME

Title:

E-mail address:

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

4. Facility Operator:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

5. Facility Owner:

Name: KENNETH KONARSKI

Mailing Address: 181 KILLINGLY AV

City/Town: PUTNAM

State: CT

Zip Code: 06260

Business Phone: 860 963 1130

ext.

Fax:

Contact Person: SAME

Title:

6. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

#### Part IV: Facility Information

1. Name of facility: KARS OF Putnam LLC

Street Address or Description of Location: 181 KILLINGLY AV

City/Town: Putnam

State: CT Zip Code: 06260

2. From the following list, check *all* regulated activities being conducted at the facility.

**Regulated Activity:** For a full description of each regulated activity see Section 4 of the Aquifer Protection Area Regulations of the Town of Putnam or Appendix A of the instructions Form # PAPA - 101

- ☐ (A) Underground storage or transmission of oil or petroleum
- ☒ (B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use
- ☐ (C) On-site storage of hazardous materials for the purpose of wholesale sale
- ☒ (D) Repair or maintenance of vehicles or internal combustion engines of vehicles
- ☐ (E) Salvage operations of metal or vehicle parts
- ☐ (F) Wastewater discharges to ground water other than domestic sewage and stormwater
- ☐ (G) Car or truck washing (unsewered)
- ☐ (H) Production or refining of chemicals
- ☐ (I) Clothes or cloth cleaning service (dry cleaner)
- ☐ (J) Industrial laundry service (unsewered)
- ☐ (K) Generation of electrical power by means of fossil fuels (power plants)
- ☐ (L) Production of electronic boards, electrical components, or other electrical equipment
- ☐ (M) Embalming or crematory services (unsewered)
- ☐ (N) Furniture stripping operations
- ☐ (O) Furniture finishing operations
- ☐ (P) Storage, treatment or disposal of hazardous waste under a RCRA permit (hazardous waste facility)
- ☐ (Q) Biological or chemical testing, analysis or research (unsewered)
- ☐ (R) Pest control services
- ☐ (S) Photographic finishing (unsewered)
- ☐ (T) Production or fabrication of metal products
- ☐ (U) Printing, plate making, lithography, photoengraving, or gravure
- ☐ (V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEP General Permit)
- ☐ (W) Production of rubber, resin cements, elastomers or plastic
- ☐ (X) Storage of de-icing chemicals (salt storage facility, fleet, state or municipal garage)
- ☐ (Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)
- ☐ (Z) Dying, coating or printing of textiles, or tanning or finishing of leather
- ☐ (AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood
- ☐ (BB) Pulp production processes

## Part V: Best Management Practices

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. The registrant and the operator, if different from the registrant, must sign this part. A registration will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see Section 12 of the Aquifer Protection Area Regulations or Appendix B of the instructions PAPA - 101.

"I certify that the subject facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices."

- ☒ Storage of hazardous materials above ground is in compliance with all provisions of Section 12(a) - (1) of the Aquifer Protection Area Regulations.
- ☐ The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section 12 - (a) - (2) of the Aquifer Protection Area Regulations.
- ☐ Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section 12 - (a) - (3) of the Aquifer Protection Area Regulations.
- ☐ Devices for release of wastewaters to the ground shall not be used except in accordance with Section 12 - (a) - (4) of the Aquifer Protection Area Regulations.
- ☐ A Materials Management Plan has been developed in accordance with Section 12 - (A) - (5) of the Aquifer Protection Area Regulations and will be implemented upon issuance of a registration.

Signature of Registrant

Date

27 Aug 2022

Name of Registrant (print or type)

Title (if applicable)

KENNETH KONARSKI

owner/member

Signature of Operator (if different than above)

Date

Name of Operator (print or type)

Title (if applicable)

## Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name.

- ☐ Attachment A: A Facility Boundary Map *(Required for all Registrations)*

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility\* (property) boundaries shown. A larger scale [local property or assessor's] map with the facility boundaries shown, may also be submitted to clarify boundary locations. For sample maps see Figures A and B of the instructions PAPA.

\*Note: In accordance with Section 2 of the Aquifer Protection Area Regulations, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.

- ☐ Attachment B: Materials Management Plan, *if requested by the Agency.*

- ☐ Attachment C: Stormwater Management Plan, *if requested by the Agency.*

*(continued on the following page)*

## Part VII: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.

I understand that the agency or its duly authorized agent may make regular inspections of the facility and associated property, except a private residence, at reasonable hours.

I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text."

Signature of Registrant

Date

27 Aug 2022

Name of Registrant (print or type)

Title (if applicable)

KENNETH KOVARSKI

owner / member

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)



Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Please submit the Registration Form, Fee, and all Supporting Documents to:

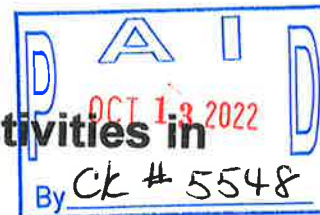
TOWN OF PUTNAM AQUIFER PROTECTION AGENCY  
Putnam Town Hall  
126 Church Street  
Putnam, CT 06260

The registrant shall also mail a copy of this completed form to the following:

- Commissioner of the Department of Environmental Protection,
- Commissioner of Public Health, and
- The affected water company.

See Appendix C of the instructions for contacts and mailing addresses.

# Municipal Registration Form for Regulated Activities in Aquifer Protection Areas



Please complete this form in accordance with the instructions form # PAPA - 101 to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

This registration form is for registering regulated activities in Aquifer Protection Areas in accordance with Section 8 of the Aquifer Protection Area Regulations in the Town of Putnam.

| AGENCY USE ONLY  |                |
|------------------|----------------|
| Application No.  | <u>2022-03</u> |
| Registration No. | <u>202-03</u>  |
| Permit No.       | _____          |
| APA Name         | <u>PUTNAM</u>  |
| Date of Receipt  | _____          |

## Part I: Registration Type

Check the appropriate box identifying the registration type.

|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <p>This registration is for (check one):</p> <p><input type="checkbox"/> A new registration</p> <p><input checked="" type="checkbox"/> A renewal of an existing registration</p> <p><input type="checkbox"/> A modification of an existing registration*</p> <p><input type="checkbox"/> A registration for a vacant site/inactive activity**</p> | <p>Please identify any previous or existing aquifer protection registration/ permit number in the space provided:</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

\*Note that if you are seeking a *modification*, you should consult the **Town of Putnam** Aquifer Protection Agency at 860-963-6803 prior to submitting a registration to determine whether a registration form is necessary. \*\*Note that if you are registering a *vacant site* where currently no regulated activity is taking place, you must certify that applicable best management practices are being met at the site.

## Part II: Fee Information

A registration fee shall be submitted with the registration form. Fee table in Section 18 of the Aquifer Protection Regulations. A registration shall not be deemed complete and no activity will be authorized by this registration unless the registration fee has been paid in full. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the **Town of Putnam**.

## Part III: Registrant Information

1. Fill in the name of the registrant(s).

Name of Registrant: Michael J. Glover Name of Company: \_\_\_\_\_

Mailing Address: 54 Nancy Dr.

City/Town: Putnam

State: CT Zip Code: 06260

Business Phone: 860-963-7004

ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Registrant's interest in property or facility at which the proposed activity is to be located: (check all that apply)

- ☒ site owner      ☐ option holder      ☐ lessee      ☐ facility owner
- ☐ easement holder      ☐ operator      ☐ other (specify): \_\_\_\_\_

☐ Check here if there are co-registrants. If so, label and attach additional sheet(s) to this sheet with the required information.

**Part III: Registrant Information (continued)**

2. List primary contact for departmental correspondence and inquiries. (Please complete all fields.)

Name: Michael J. Glover

Mailing Address: 54 Nancy Dr.

City/Town: Putnam

Business Phone: 860-963-7004

Contact Person: Michael J. Glover

E-mail address:

State: CT Zip Code: 06260

ext. Fax:

Title: Owner

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State: Zip Code:

Business Phone:

ext. Fax:

Attorney:

4. Facility Operator:

Name: Michael J. Glover

Mailing Address: 54 Nancy Dr.

City/Town: Putnam

Business Phone: 860-963-7004

Contact Person: Michael J. Glover

State: CT Zip Code: 06260

ext. Fax:

Title: Owner

5. Facility Owner:

Name: Michael J. Glover

Mailing Address: 54 Nancy Dr.

City/Town: Putnam

Business Phone: 860-963-7004

Contact Person: Michael J. Glover

State: CT Zip Code: 06260

ext. Fax:

Title: Owner

6. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State: Zip Code:

Business Phone:

ext. Fax:

Contact Person:

Title:

Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

#### Part IV: Facility Information

1. Name of facility:

Michael's

Street Address or Description of Location:

54 Nancy Dr.

City/Town:

Putnam

State: CT

Zip Code: 06260

2. From the following list, check *all* regulated activities being conducted at the facility.

**Regulated Activity:** For a full description of each regulated activity see Section 4 of the Aquifer Protection Area Regulations of the Town of Putnam or Appendix A of the instructions Form # PAPA - 101

- ☐ (A) Underground storage or transmission of oil or petroleum
- ☐ (B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use
- ☐ (C) On-site storage of hazardous materials for the purpose of wholesale sale
- ☒ (D) Repair or maintenance of vehicles or internal combustion engines of vehicles
- ☐ (E) Salvage operations of metal or vehicle parts
- ☐ (F) Wastewater discharges to ground water other than domestic sewage and stormwater
- ☐ (G) Car or truck washing (unsewered)
- ☐ (H) Production or refining of chemicals
- ☐ (I) Clothes or cloth cleaning service (dry cleaner)
- ☐ (J) Industrial laundry service (unsewered)
- ☐ (K) Generation of electrical power by means of fossil fuels (power plants)
- ☐ (L) Production of electronic boards, electrical components, or other electrical equipment
- ☐ (M) Embalming or crematory services (unsewered)
- ☐ (N) Furniture stripping operations
- ☐ (O) Furniture finishing operations
- ☐ (P) Storage, treatment or disposal of hazardous waste under a RCRA permit (hazardous waste facility)
- ☐ (Q) Biological or chemical testing, analysis or research (unsewered)
- ☐ (R) Pest control services
- ☐ (S) Photographic finishing (unsewered)
- ☐ (T) Production or fabrication of metal products
- ☐ (U) Printing, plate making, lithography, photoengraving, or gravure
- ☒ (V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEP General Permit)
- ☐ (W) Production of rubber, resin cements, elastomers or plastic
- ☐ (X) Storage of de-icing chemicals (salt storage facility, fleet, state or municipal garage)
- ☐ (Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center)
- ☐ (Z) Dying, coating or printing of textiles, or tanning or finishing of leather
- ☐ (AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood
- ☐ (BB) Pulp production processes

## Part V: Best Management Practices

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. The registrant and the operator, if different from the registrant, must sign this part. A registration will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see Section 12 of the Aquifer Protection Area Regulations or Appendix B of the instructions PAPA - 101.

"I certify that the subject facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices."

- ☒ Storage of hazardous materials above ground is in compliance with all provisions of Section 12(a) - (1) of the Aquifer Protection Area Regulations.
- ☐ The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section 12 - (a) - (2) of the Aquifer Protection Area Regulations.
- ☐ Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section 12 - (a) - (3) of the Aquifer Protection Area Regulations.
- ☐ Devices for release of wastewaters to the ground shall not be used except in accordance with Section 12 - (a) - (4) of the Aquifer Protection Area Regulations.
- ☒ A Materials Management Plan has been developed in accordance with Section 12 - (A) - (5) of the Aquifer Protection Area Regulations and will be implemented upon issuance of a registration.

Signature of Registrant

Date

Name of Registrant (print or type)

Title (if applicable)

Signature of Operator (if different than above)

Date

Name of Operator (print or type)

Title (if applicable)

## Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name.

☒ Attachment A: A Facility Boundary Map (*Required for all Registrations*)

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility\* (property) boundaries shown. A larger scale [local property or assessor's] map with the facility boundaries shown, may also be submitted to clarify boundary locations. For sample maps see Figures A and B of the instructions PAPA.

\*Note: In accordance with Section 2 of the Aquifer Protection Area Regulations, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.

☒ Attachment B: Materials Management Plan, *if requested by the Agency.*

☐ Attachment C: Stormwater Management Plan, *if requested by the Agency.*

(continued on the following page)

## Part VII: Registrant Certification

The registrant and the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.

I understand that the agency or its duly authorized agent may make regular inspections of the facility and associated property, except a private residence, at reasonable hours.

I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text."

Signature of Registrant

Date

Name of Registrant (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)



Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Please submit the Registration Form, Fee, and all Supporting Documents to:

TOWN OF PUTNAM AQUIFER PROTECTION AGENCY  
Putnam Town Hall  
126 Church Street  
Putnam, CT 06260

The registrant shall also mail a copy of this completed form to the following:

- Commissioner of the Department of Environmental Protection,
- Commissioner of Public Health, and
- The affected water company.

See Appendix C of the instructions for contacts and mailing addresses.

Michael's



P.O. Box 258  
32 Exeter Road  
Lebanon, Connecticut 06249

**ENVIRONMENTAL CONTRACTORS, INC.**

Phone: (860) 642-9952  
Fax: (860) 642-9953  
[www.kroppenvironmental.com](http://www.kroppenvironmental.com)

June 7, 2004

Michael Glover  
54 Nancy Drive  
Putnam, CT 06260

To Whom It May Concern:

This is to certify that Kropp Environmental Contractors Inc will remove waste oil and oily water from:

54 Nancy Drive  
Putnam, CT

If you have any questions, please contact us at 860-642-9952.

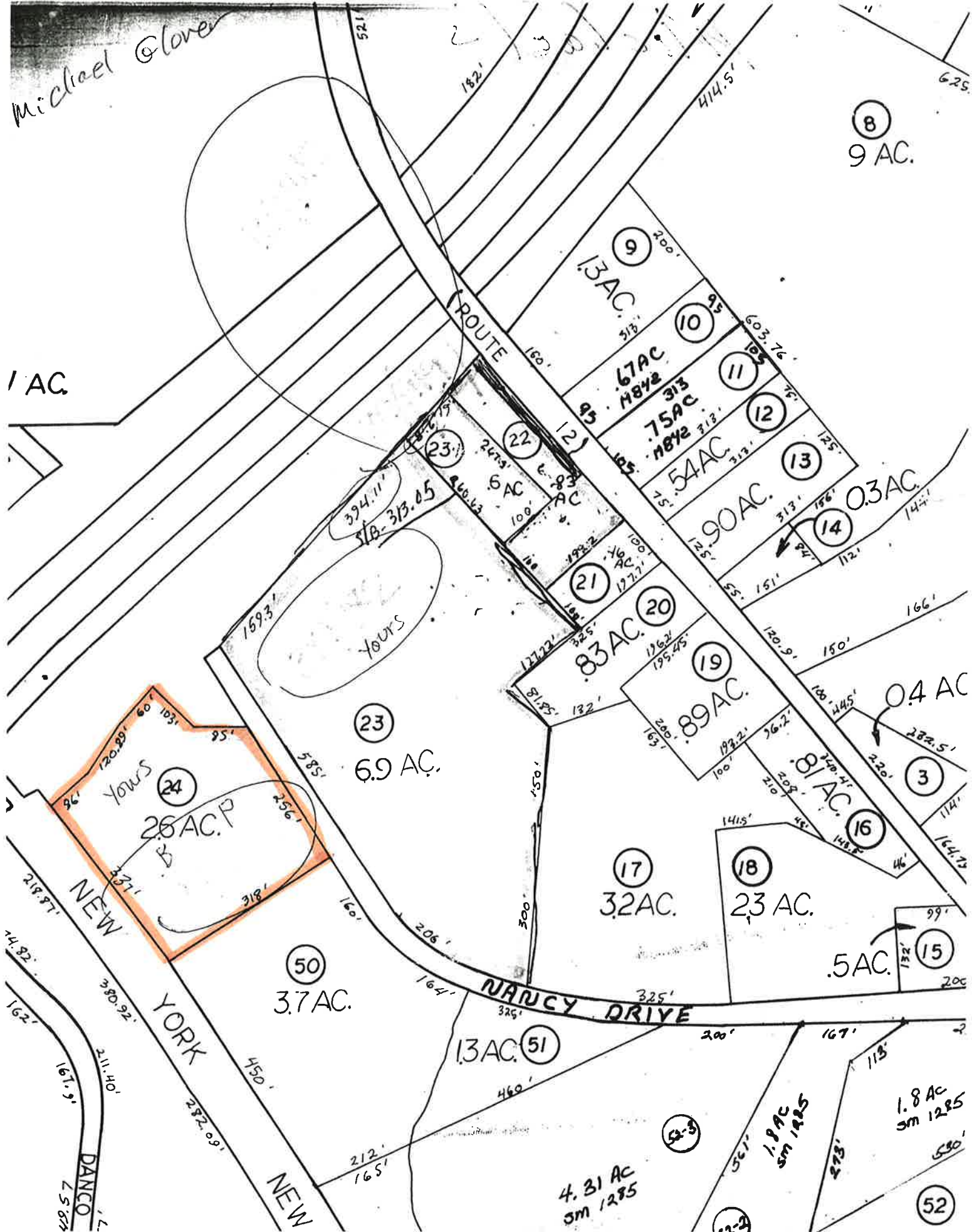
All work will be done in a workmanlike manner, in a reasonable length of time and according to state and federal regulations. A finance charge of 1 1/2% per month (18% Annual Percentage Rate) will be charged on all invoices 30 days past due. All accounts subject to attorney and collection fees. Kropp Environmental Contractors, Inc. is a Connecticut permitted Emergency Spill Clean-Up Contractor and licensed Hazardous Waste Hauler, # CT-HW-690; a Rhode Island licensed Emergency Spill Clean-Up Contractor and licensed Hazardous Waste Hauler, # RI-804; a New York licensed Hazardous Waste Hauler, # CT-138; Asbestos Removal Contractor, # CT-000302 and Tank and Pump Contractor, # P9-00279287. Please feel free to call Sally or Mike at 860-642-9952 with any questions.

Sincerely yours,

A handwritten signature in cursive script that reads "Sally W. Kropp". The ink is dark and the signature is fluid.

Sally W. Kropp  
President

Michael Glover





SAFETY  
SECURITY  
SERVICE



**STATE OF CONNECTICUT**  
Department of Motor Vehicles  
60 State Street, Wethersfield, CT 06109

License Number

U0963

Effective September 1, 2011  
Expiration August 31, 2013

**MICHAELS**  
**GLOVER MICHAEL J**  
54 NANCY RD  
PUTNAM, CT 06260

**Used Dealer**

NON TRANSFERABLE. If business is sold, transferred, or discontinued, return this license and current number plates to Department of Motor Vehicles.

# Municipal Registration Form for Regulated Activities in Aquifer Protection Areas

Please complete this form in accordance with the instructions to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

This registration form is for registering regulated activities in Aquifer Protection Areas in accordance with Section Four of the Aquifer Protection Area Regulations in the **Town of Putnam**.

| AGENCY USE ONLY  |                |
|------------------|----------------|
| Application No.  | <u>2022-04</u> |
| Registration No. | <u>2012-04</u> |
| Permit No.       | _____          |
| APA Name         | <u>PUTNAM</u>  |
| Date of Receipt  | _____          |

## Part I: Registration Type

Check the appropriate box identifying the registration type.

|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <p>This registration is for (check one):</p> <p><input type="checkbox"/> A new registration</p> <p><input checked="" type="checkbox"/> A renewal of an existing registration</p> <p><input type="checkbox"/> A modification of an existing registration*</p> <p><input type="checkbox"/> A registration for a vacant site/inactive activity**</p> | <p>Please identify any previous or existing aquifer protection registration/ permit number in the space provided:</p> <p><u>2012-04</u></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

\*Note that if you are seeking a *modification*, you should consult the **Putnam** Aquifer Protection Agency at 860-963-6803 prior to submitting a registration to determine whether a registration form is necessary. \*\*Note that if you are registering a *vacant site* where currently no regulated activity is taking place, you must certify that applicable best management practices are being met at the site.

## Part II: Fee Information

A registration fee of \$150 for one acre, \$250 between one and five acres, five acres and more \$350 shall be submitted with the registration form. A registration shall not be deemed complete and no activity will be authorized by this registration unless the registration fee has been paid in full. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the **Town of Putnam**.

## Part III: Registrant Information

1. Fill in the name of the registrant(s).

Name of Registrant: VISTA HOLDINGS, LLC

Name of Company: \_\_\_\_\_

Mailing Address: 38 RIVER JUNCTION ESTS

City/Town: PUTNAM

State: CT

Zip Code: 06260

Business Phone: 860-928-2731

ext. \_\_\_\_\_

Fax: 860-963-6683

E-mail address: JDYKEMAN@PUTNAM-FORD.COM

Registrant's interest in property or facility at which the proposed activity is to be located: (check all that apply)

- ☒ site owner      ☐ option holder      ☐ lessee      ☐ facility owner
- ☐ easement holder      ☐ operator      ☐ other (specify): \_\_\_\_\_

☐ Check here if there are co-registrants. If so, label and attach additional sheet(s) to this sheet with the required information.

**Part III: Registrant Information (continued)**

2. List primary contact for departmental correspondence and inquiries. (Please complete all fields.)

Name: **JAKE DYKEMAN**  
Mailing **3 PARK ROAD**  
City/Town **POTNAM** State: **CT** Zip Code: **06260**  
Business Phone: **860-928-2731** ext. Fax: **860-963-6683**  
Contact Person: **JAKE DYKEMAN** Title: **PRESIDENT**  
E-mail address: **JDYKEMAN@POTNAM-FORD.COM**

3. List attorney or other representative, if applicable:

Firm Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: Fax:  
Attorney:

4. Facility Operator:

Name: **POTNAM FORD, INC**  
Mailing Address: **3 PARK ROAD**  
City/Town: **POTNAM** State: **CT** Zip Code: **06260**  
Business Phone: **860-928-2731** ext. Fax: **860-963-6683**  
Contact Person: **JAKE DYKEMAN**  
Title: **PRESIDENT**

5. Facility Owner

Name: **VISTA HOLDINGS, LLC**  
Mailing Address: **38 RIVER JUNCTION ESTS**  
City/Town: **POTNAM** State: **CT** Zip Code: **06260**  
Business Phone: **860-928-2731** ext. Fax: **860-963-6683**  
Contact Person: **JAKE DYKEMAN** Title:

6. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.

Name:  
Mailing Address:  
City/Town: State: Zip Code:  
Business Phone: ext. Fax:  
Contact Person: Title:  
Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

## Part IV: Facility Information

1. Name of facility: **VISTA HOLDINGS, LLC / PUTNAM FORD, INC.**  
 Street Address or Description of Location: **3 PARK ROAD**

City/Town: **PUTNAM**

State: **CT**

Zip Code: **06260**

2. From the following list, check *all* regulated activities being conducted at the facility.

**Regulated Activity:** For a full description of each regulated activity see Section Four of the Aquifer Protection Area Regulations of the Town of Putnam or Appendix A of the instructions.

- |                                     |      |                                                                                                                                                                                                                                                    |
|-------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | (A)  | Underground storage or transmission of oil or petroleum                                                                                                                                                                                            |
| <input checked="" type="checkbox"/> | (B)  | Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use                                                                                                                                                                      |
| <input type="checkbox"/>            | (C)  | On-site storage of hazardous materials for the purpose of wholesale sale                                                                                                                                                                           |
| <input checked="" type="checkbox"/> | (D)  | Repair or maintenance of vehicles or internal combustion engines of vehicles                                                                                                                                                                       |
| <input type="checkbox"/>            | (E)  | Salvage operations of metal or vehicle parts                                                                                                                                                                                                       |
| <input type="checkbox"/>            | (F)  | Wastewater discharges to ground water other than domestic sewage and stormwater                                                                                                                                                                    |
| <input type="checkbox"/>            | (G)  | Car or truck washing (unsewered)                                                                                                                                                                                                                   |
| <input type="checkbox"/>            | (H)  | Production or refining of chemicals                                                                                                                                                                                                                |
| <input type="checkbox"/>            | (I)  | Clothes or cloth cleaning service (dry cleaner)                                                                                                                                                                                                    |
| <input type="checkbox"/>            | (J)  | Industrial laundry service (unsewered)                                                                                                                                                                                                             |
| <input type="checkbox"/>            | (K)  | Generation of electrical power by means of fossil fuels (power plants)                                                                                                                                                                             |
| <input type="checkbox"/>            | (L)  | Production of electronic boards, electrical components, or other electrical equipment                                                                                                                                                              |
| <input type="checkbox"/>            | (M)  | Embalming or crematory services (unsewered)                                                                                                                                                                                                        |
| <input type="checkbox"/>            | (N)  | Furniture stripping operations                                                                                                                                                                                                                     |
| <input type="checkbox"/>            | (O)  | Furniture finishing operations                                                                                                                                                                                                                     |
| <input type="checkbox"/>            | (P)  | Storage, treatment or disposal of hazardous waste under a RCRA permit (hazardous waste facility)                                                                                                                                                   |
| <input type="checkbox"/>            | (Q)  | Biological or chemical testing, analysis or research (unsewered)                                                                                                                                                                                   |
| <input type="checkbox"/>            | (R)  | Pest control services                                                                                                                                                                                                                              |
| <input type="checkbox"/>            | (S)  | Photographic finishing (unsewered)                                                                                                                                                                                                                 |
| <input type="checkbox"/>            | (T)  | Production or fabrication of metal products                                                                                                                                                                                                        |
| <input type="checkbox"/>            | (U)  | Printing, plate making, lithography, photoengraving, or gravure                                                                                                                                                                                    |
| <input type="checkbox"/>            | (V)  | Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries (recycling facility under a state DEP General Permit)                                                                                                               |
| <input type="checkbox"/>            | (W)  | Production of rubber, resin cements, elastomers or plastic                                                                                                                                                                                         |
| <input type="checkbox"/>            | (X)  | Storage of de-icing chemicals (salt storage facility, fleet, state or municipal garage)                                                                                                                                                            |
| <input type="checkbox"/>            | (Y)  | Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste (under a state DEP permit; a solid waste facility, landfill, transfer station, composting facility, processing center) |
| <input type="checkbox"/>            | (Z)  | Dying, coating or printing of textiles, or tanning or finishing of leather                                                                                                                                                                         |
| <input type="checkbox"/>            | (AA) | Production of wood veneer, plywood, reconstituted wood or pressure-treated wood                                                                                                                                                                    |
| <input type="checkbox"/>            | (BB) | Pulp production processes                                                                                                                                                                                                                          |

## Part V: Best Management Practices

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth in Section Twelve of the Aquifer Protection Area Regulations. The registrant and the operator, if different from the registrant, must sign this part. A registration will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see Section Twelve of the Aquifer Protection Area Regulations or Appendix B of the instructions

"I certify that the subject facility is in compliance with all the best management practices set forth in Section Twelve of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices."

- ☐ Storage of hazardous materials above ground is in compliance with all provisions of Section Twelve of the Aquifer Protection Area Regulations.
- ☐ The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section Twelve of the Aquifer Protection Area Regulations.
- ☐ Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section Twelve of the Aquifer Protection Area Regulations.
- ☐ Devices for release of wastewaters to the ground shall not be used except in accordance with Section Twelve of the Aquifer Protection Area Regulations.
- ☐ A Materials Management Plan has been developed in accordance with Section Twelve of the Aquifer Protection Area Regulations and will be implemented upon issuance of a registration.

Signature of Registrant

Date

JACOB DYKEMAN  
Name of Registrant (print or type)

PRESIDENT / MANAGING MEMBER  
Title (if applicable)

Signature of Operator (if different than above)

Date

Name of Operator (print or type)

Title (if applicable)

## Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name.



Attachment A: A Facility Boundary Map (*Required for all Registrations*)

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility\* (property) boundaries shown. A larger scale [local property or assessor's] map with the facility boundaries shown, may also be submitted to clarify boundary locations. For sample maps see Figures A and B of the instructions .

\*Note: In accordance with Section Two of the Aquifer Protection Area Regulations, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.



Attachment B: Materials Management Plan, *if requested by the Agency.*



Attachment C: Stormwater Management Plan, *if requested by the Agency.*

(continued on the following page)

## Part VII: Registrant Certification

The registrant and the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.

I understand that the agency or its duly authorized agent may make regular inspections of the facility and associated property, except a private residence, at reasonable hours.

I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text."

  
Signature of Registrant

8/26/2022  
Date

JACOB DYKEMAN  
Name of Registrant (print or type)

PRESIDENT/MANAGING MEMBER  
Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)



Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Please submit the Registration Form, Fee, and all Supporting Documents to:

AQUIFER PROTECTION AGENCY  
PUTNAM MUNICIPAL COMPLEX  
200 SCHOOL ST.  
PUTNAM, CT 06260

The registrant shall also mail a copy of this completed form to the following:

- Commissioner of the Department of Environmental Protection,
- Commissioner of Public Health, and
- The affected water company.

See Appendix C of the instructions for contacts and mailing addresses.