



**NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION**



**BROWNFIELD CLEANUP PROGRAM (BCP)
AMENDMENT APPLICATION FOR CHANGE IN PARTY**

07/2010

Section I. Existing Application Information		
BCP SITE NAME: Macedon Films		BCP SITE NUMBER: C859025
NAME OF CURRENT APPLICANT(S): Pactiv Corproation		
INDEX NUMBER OF EXISTING AGREEMENT (if applicable): B8-0669-04-06		
Section II. Requestor Information		
NAME Pactiv LLC		
ADDRESS 1900 West Field Court		
CITY/TOWN Lake Forest, IL		ZIP CODE 60045
PHONE 847-482-2000	FAX 847-482-4738	E-MAIL mmerriman@pactiv.com
Is the requestor authorized to conduct business in New York State (NYS)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
-If the requestor is a Corporation, LLC, LLP or other entity requiring authorization from the NYS Department of State to conduct business in NYS, the requestor's name must appear, exactly as given above, in the NYS Department of State's Corporation & Business Entity Database. A print-out of entity information from the database must be submitted to DEC with the application, to document that the applicant is authorized to do business in NYS.		
NAME OF REQUESTOR'S REPRESENTATIVE Marcus Merriman		
ADDRESS 2651 Brickyard Rd.		
CITY/TOWN Canandaigua, NY		ZIP CODE 14424
PHONE 585-393-5203	FAX 585-393-5292	E-MAIL mmerriman@pactiv.com
NAME OF REQUESTOR'S CONSULTANT U.R.S Corp.		
ADDRESS 77 Goodell St.		
CITY/TOWN Buffalo, NY		ZIP CODE 14203
PHONE 716-923-1102	FAX 716-856-2545	E-MAIL bruce.przybyl@urs.com
NAME OF REQUESTOR'S ATTORNEY Ray Reott		
ADDRESS 35 East Wacker Dr., Suite 650		
CITY/TOWN Chicago, IL		ZIP CODE 60601
PHONE 312-332-7554	FAX 312-782-4519	E-MAIL rreott@reottlaw.com
THE REQUESTOR MUST CERTIFY THAT IT IS EITHER A PARTICIPANT OR VOLUNTEER IN ACCORDANCE WITH ECL §27-1405 (1) BY CHECKING ONE OF THE BOXES BELOW:		
<input type="checkbox"/> PARTICIPANT <input checked="" type="checkbox"/> VOLUNTEER		
A requestor who either 1) was the owner of the site at the time of the disposal of contamination or 2) is otherwise a person responsible for the contamination, unless the liability arises solely as a result of ownership, operation of, or involvement with the site subsequent to the disposal of contamination.		A requestor other than a participant, including a requestor whose liability arises solely as a result of ownership, operation of or involvement with the site subsequent to the contamination.
		NOTE: By checking this box, the requestor certifies that he/she has exercised appropriate care with respect to the contamination found at the facility by taking reasonable steps to: i) stop any continuing discharge; ii) prevent any threatened future release; and iii) prevent or limit human, environmental, or natural resource exposure to any previously released contamination.

Section II. Requestor Information (Continued)

Requestor's Relationship to Property (check one):
 Prior Owner Current Owner Potential /Future Purchaser Other
If requestor is not the site owner, requestor will have access to the property throughout the BCP project. Yes No
(Note: proof of site access must be submitted for non-owners)

Describe Requestor's Relationship to Existing Applicant:
Entity the same, just a name change from Pactiv Corp. to Pactiv LLC when business went private.

Briefly Describe Basis for Submitting this Amendment Application:
Transition of BCP agreement from Pactiv Corp. to Pactiv LLC.

Section III. Current Site Owner/Operator Information (only include new information)

OWNER'S NAME (if different from requestor) Berry Plastics		
ADDRESS 112 Main Street		
CITY/TOWN Macedon, NY		ZIP CODE 14502
PHONE 315-986-6026	FAX 315-986-6020	E-MAIL richardknowles@berryplastics.com
OPERATOR'S NAME (if different from requestor or owner)		
ADDRESS		
CITY/TOWN		ZIP CODE
PHONE	FAX	E-MAIL

Section IV. Eligibility Information for Requestor (Please refer to ECL 27-1407 for more detail)

If answering "yes" to any of the following questions, please provide an explanation as an attachment.

1. Are any enforcement actions pending against the requestor regarding this site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Is the requestor subject to an existing order relating to contamination at the site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Is the requestor subject to an outstanding claim by the Spill Fund for this site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Has the requestor been determined to have violated any provision of ECL Article 27?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Has the requestor previously been denied entry to the BCP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Has the requestor been found in a civil proceeding to have committed a negligent or intentionally tortious act involving contaminants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Has the requestor been convicted of a criminal offense that involves a violent felony, fraud, bribery, perjury, theft, or offense against public administration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Has the requestor knowingly falsified or concealed material facts or knowingly submitted or made use of a false statement in a matter before the Department?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9. Is the requestor an individual or entity of the type set forth in ECL 27-1407.8(f) that committed an act or failed to act, and such act or failure to act could be the basis for denial of a BCP application?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Statement of Certification and Signatures: Requestor

(Individual)

I acknowledge and agree to the general terms and conditions set forth in DER-32 *Brownfield Cleanup Program Applications and Agreements*. I also agree that in the event of a conflict between the general terms and conditions of participation set forth in DER-32 and the terms contained in a site-specific BCA, the terms in the BCA shall control. I hereby affirm that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

Date: _____ Signature: _____ Print Name: _____

(Entity)

I hereby affirm that I am Ex. Director (title) of Pactiv LLC (entity); that I am authorized by that entity to make this application; that this application was prepared by me or under my supervision and direction; and that information provided on this form and its attachments is true and complete to the best of my knowledge and belief. I acknowledge and agree to the general terms and conditions set forth in DER-32 *Brownfield Cleanup Program Applications and Agreements*. I also agree that in the event of a conflict between the general terms and conditions of participation set forth in DER-32 and the terms contained in a site-specific BCA, the terms in the BCA shall control. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Date: 07/05/2012 Signature: [Signature] Print Name: Timothy Sheehan

Statement of Certification and Signatures: Existing Applicant

(Individual)

I hereby affirm that I am a party to the Brownfield Cleanup Agreement and/or Application referenced in Section I above and that I am aware of this Application for an Amendment to that Agreement and/or Application. If an Agreement exists, I will execute an Amendment to that Agreement if this Application for an Amendment is approved.

Date: _____ Signature: _____ Print Name: _____

(Entity)

I hereby affirm that I am Ex. Director (title) of Pactiv Corp (entity) which is a party to the Brownfield Cleanup Agreement and/or Application referenced in Section I above and that I am aware of this Application for an Amendment to that Agreement and/or Application. If an Agreement exists, _____ will execute an Amendment to that Agreement if this Application for an Amendment is approved.

Date: 07/05/2012 Signature: [Signature] Print Name: Timothy Sheehan

SUBMITTAL INFORMATION:

Three (3) complete copies are required.

- Two (2) copies, one hard copy with original signatures and one electronic copy in Portable Document Format (PDF) on a CD, must be sent to:

Chief, Site Control Section
New York State Department of Environmental Conservation
Division of Environmental Remediation
625 Broadway
Albany, NY 12233-7020

- One (1) paper copy must be sent to the DEC regional contact in the regional office covering the county in which the site is located. Please check DEC's website for the address of our regional offices:
<http://www.dec.state.ny.us/website/der/index.html>

FOR DEPARTMENT USE ONLY

BCP SITE T&A CODE: _____ LEAD OFFICE: _____

PROJECT MANAGER: _____

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through June 28, 2012.

Selected Entity Name: PACTIV LLC

Selected Entity Status Information

Current Entity Name: PACTIV LLC

DOS ID #: 4184235

Initial DOS Filing Date: JANUARY 05, 2012

County: NEW YORK

Jurisdiction: DELAWARE

Entity Type: FOREIGN LIMITED LIABILITY COMPANY

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

C/O CT CORPORATION SYSTEM
111 EIGHTH AVENUE
NEW YORK, NEW YORK, 10011

Registered Agent

C T CORPORATION SYSTEM
111 EIGHTH AVENUE
NEW YORK, NEW YORK, 10011

This office does not require or maintain information regarding the names and addresses of members or managers of nonprofessional limited liability companies. Professional limited liability companies must include the name(s) and address(es) of the original members, however this information is not recorded and only available by viewing the certificate.

***Stock Information**

# of Shares	Type of Stock	\$ Value per Share
No Information Available		

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
JAN 05, 2012	Actual	PACTIV LLC

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

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