

November 29, 2010

New Jersey Department of Environmental Protection
Bureau of Case Assignment and Initial Notice
401 East State Street - 5th Floor
P.O. Box 434
Trenton, New Jersey 08625-0434

via: **Overnight Courier**

**Re: LSRP Notification of Retention Form
Millington Quarry, Inc.
135 Stone House Road
Bernards Township, NJ
Incident Numbers 87-12-23-1043, 88-0824-1502, and 94-09-13-1633-13**

Dear Ms. Pointin- Hahn:

Millington Quarry, Inc. (MQI) is the current owner of the referenced property. MQI has retained Joseph Sorge of JM Sorge, Inc. as the Licensed Site Remediation Professional (LSRP) to address and resolve historic open incident numbers assigned to the site. The site currently has incident numbers 87-12-23-1043, 88-0824-1502, and 94-09-13-1633-13 listed as open with the Department.

There is also an active Memorandum of Agreement (MOA) to characterize fill material on the site. The MOA (Case Number 09-05-01113055) was signed in May 2009, and is being conducted under NJDEP oversight. The currently assigned case manager for this case is Mr. Steve Mason from the northern field office of NJDEP. The LSRP assignment will not impact or affect the MOA case which is being conducted jointly by MQI as site owner and Tilcon of New York, the quarry operator.

Should you have any questions or require additional information, please feel free to call me at (908) 218-0066, extension 115. I can also be reached via email at rgrundman@jmsorge.com.

Sincerely,



Rhea C. Grundman
Project Manager

cc: Mr. Tom Carton- Millington Quarry, Inc.
Mr. Mark Morgan - Day Pitney, LLP
Mr. Joseph Sorge - JM Sorge, Inc.



New Jersey Department of Environmental Protection Site Remediation Program

LSRP NOTIFICATION OF RETENTION OR DISMISSAL INSTRUCTIONS

General Instructions

- 1. Applicability.** Use this form for the following:
 - a. Notice of LSRP Retention.** This notification is required for the initial retention of a LSRP and all subsequent new retentions of a LSRP to conduct remediation at this site.
 - b. Notice of LSRP Dismissal.** This notification is required whenever a LSRP is released as the LSRP, whether the release is initiated by the person responsible for conducting remediation or the LSRP. The dismissal notification is only required if it occurs prior to the issuance of the response action outcome for the site by the LSRP. Do not submit notification of a simultaneous dismissal and retention on the same form. Since these two actions involve separate LSRPs they must be submitted separately. The dismissal notification is only required if it occurs prior to the issuance of the response action outcome for the site by the LSRP.
 - c. "Opt In" Request.** This certification is required by any person who initiated remediation prior to 11/4/09, in accordance with N.J.A.C. 7:26C-2.2(a), and who elects to perform remediation pursuant to N.J.A.C. 7:26C-2.4
- 2. Form Updates.** This form may be updated periodically. Please use the current version of this form. Download the current version of this form from the Department's Website: <http://www.nj.gov/dep/srp/srra/forms>.
- 3. Timeframe.** Notification to the Department must occur within 15 calendar days after every LSRP retention, and within 45 days after any of the events listed at N.J.A.C 7:26C-2.4(a)2, and within 15 calendar days after every LSRP dismissal except as noted in 1b. above.
- 4. Signature.** This form must be signed by the person responsible for conducting the remediation and must be signed by the LSRP. If this form is being submitted due to a dismissal, the LSRP that has been released must sign this form.
- 5. Filing.** This form is **not** required to be filed in duplicate.

Specific Instructions by Section

Section A. Site Name and Location

Include case tracking numbers associated with the site. Two commonly used case tracking numbers are the ISRA Case Number and the Incident Number.

Section B. Retention Information

Complete this section unless you are submitting this form to notify the Department of a dismissal. The retention date is the date the contract between the LSRP and the person responsible for conducting the remediation was signed.

Section C. Release Information

The release date is the date that a written notice was sent to either party advising them of the release. Skip Section C whenever Section B has been completed.

Section D. Licensed Site Remediation Professional Information and Statement

Complete this section to provide contact and license information concerning the LSRP. The LSRP that has been retained/released must sign and date the certification.

- LSRP ID Number: The LSRP License Number
- First and Last Name: Name of the LSRP
- Phone and Fax Number: The phone and Fax number for the LSRP
- Mailing Address: The business address for the LSRP
- Email Address: The email address for the LSRP
- The certification, if applicable, shall be signed and dated by the LSRP
- The Licensed Site Remediation Professional should note by placing an "X" in the box if there have been no changes in this section since the last submittal.

Section E. Person Responsible for Conducting the Remediation Information and Certification

The person identified in this section is the person who is remediating the site.

- Provide the full legal name of the person responsible for conducting the remediation i.e., ABC Corporation;
- Provide the full name of the representative of the person responsible for conducting the remediation, pursuant to N.J.A.C. 7:26C-1;
- Provide the title of the representative of the person responsible for conducting the remediation;
- Provide the telephone number, extension number, and fax number of the representative of the person responsible for conducting the remediation;
- Provide the mailing address, including the city/town, state, and zip code of the representative of the person responsible for conducting the remediation;
- Provide the email address of the representative of the person responsible for conducting the remediation;
- Check appropriate box to identify the relationship to the site:
 1. If remediation was initiated by different party and the indicated party is taking over the remediation, check yes and indicate the name of the party that was previously conducting remediation . Note that if a new party takes over remediation, the certification at Section F is not needed since the party assuming responsibility for conducting remediation must proceed pursuant to N.J.A.C. 7:26C-2.4.
 2. If remediation is being taken over from another party indicate whether there is agreement between the parties that the indicated party should conduct the remediation.
- The certification required in this section above shall be executed as follows:
 1. For a corporation or limited liability company, by a principal executive officer of at least the level of vice president;
 2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
 3. For a municipality, state, Federal or other public agency, by either a principal executive officer or ranking elected official; or
 4. By a duly authorized representative of the corporation, partnership, sole proprietorship, municipality, state or Federal or other public agency, as applicable. A person is deemed to be a duly authorized representative if the person is authorized in writing by an individual described in 1, 2 or 3 above and the authorization meets the following criteria:
 - i. The authorization specifies either an individual or a position having responsibility for the overall operation of the industrial establishment or activity, such as the position of plant manager, or a superintendent or person of equivalent responsibility (a duly authorized representative may thus be either a named individual or any individual occupying a named position);
 - ii. The written authorization is submitted to the Department along with the certification; and
 - iii. If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the industrial establishment or activity, a new authorization satisfying the requirements of this section shall be submitted to the Department prior to or together with any reports, information, or applications to be signed by an authorized representative.
- The certification shall be signed and dated by the person responsible for conducting the remediation who is submitting this notification.

Section F. "Opt In" Request

A person who initiated remediation prior to 11/4/09, who has continuously conducted remediation, and who elects to perform remediation in accordance with N.J.A.C. 7:26C-2.4 without the Department's pre-approvals shall provide his/her signature in Section F. Note that those who have not yet made any submittals do not have to sign this section. Also note that if a new party takes over remediation, the certification at Section F is not needed since the party assuming responsibility for conducting remediation must proceed pursuant to N.J.A.C. 7:26C-2.4.

In order to sign the certification the person must first be sure that remediation funding source and related surcharge requirements have been met if applicable, and that all invoiced costs have been paid. If you have not received an oversight cost invoice from the NJDEP within 3 months from the date you intend to submit this form, request an invoice by contacting the Office of Direct Billing & Cost Recovery at (609) 633-0701. You may sign the certification if the Department has approved a payment plan for outstanding costs.

Submission of this certification results in automatic Department approval. The Department will not be issuing a separate approval. The person certifying may proceed upon submittal of the certified form.

Please note that the following Federal Facility case types are ineligible to proceed without the Departments pre-approval: Department of Energy sites, Department of Defense sites, Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) sites (commonly known as Superfund sites), and Resource Conservation and Recovery Act (RCRA) Government Priority Remedial Action Sites listed at <http://www.epa.gov/epawaste/hazard/correctiveaction/pdfs/2020scc.pdf>. If you have any questions please contact the Bureau of Case Management at 609-633-1455.

Indicate whether a case manager is assigned and if yes provide the Case Manager's name.

Indicate the type of oversight mechanism.

Indicate whether the subject site includes a childcare center, school or residence, or is a site that potentially impacts these types of sensitive receptors.

The representative for the person responsible for conducting the remediation shall provide his/her name, title (i.e. President, CEO), signature, and the date when signing occurred. See N.J.A.C. 7:26C-1 to determine who can sign the form.



**New Jersey Department of Environmental Protection
Site Remediation Program**

LSRP NOTIFICATION OF RETENTION OR DISMISSAL

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: Millington Quarry, Inc.
 List all AKAs: Tilcon Quarry, Millington Quarry
 Street Address: 135 Stone House Road
 Municipality: Bernards Township (Township, Borough or City)
 County: Somerset Zip Code: 07920
 Program Interest (PI) Number(s): 005602 Case Tracking Number(s): 87-12-23-1043 ;

88-08-24-1502 ; 94-09-13-1633-13

SECTION B. RETENTION INFORMATION

I was retained by Millington Quarry Incorporated to serve as the licensed site remediation professional for the remediation at the site on 11/10/2010.
 I replaced another LSRP: Yes No
 Provide name of LSRP: _____
 I have been hired to address (check one): an area(s) of concern a full site

SECTION C. RELEASE INFORMATION

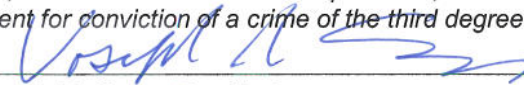
I was released by _____ from service as the licensed site remediation professional for remediation at the site on _____.
Note: The release notification is only required if it occurs prior to the issuance of the response action outcome for the site by the LSRP.

SECTION D. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: 507737
 First Name: Joseph Last Name: Sorge
 Phone Number: (908) 218-0066 Ext: 111 Fax: (908) 218-9185
 Mailing Address: 57 Fourth Street
 City/Town: Somerville State: New Jersey Zip Code: 08876
 Email Address: jsorge@jmsorge.com

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature:  Date: 11/29/2010
 LSRP Name/Title: Joseph M. Sorge, President **No Changes Since Last Submittal**
 Company Name: J. M. Sorge, Inc.

SECTION E. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: Millington Quarry, Inc.
Representative First Name: Gary Representative Last Name: Mahan
Title: President
Phone Number: (908) 542-0055 Ext: _____ Fax: _____
Mailing Address: P.O Box 367
City/Town: Millington State: New Jersey Zip Code: 07946
Email Address: _____

Indicate relationship to the site (check all that apply):

- ISRA Owner/Operator
- UST Owner/Operator
- Spill Act Liable Party
- Prospective Purchaser
- Innocent Purchaser pursuant to N.J.S.A. 58:10-23.11gd

I am taking over remediation from the Department or another party Yes No

If "Yes," indicate name of party that was previously conducting remediation: _____

If "Yes," the party who I am taking over from agrees that I will conduct the remediation. Yes No

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and that to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature:  Date: 11/10/2010
Name/Title: Mr. Gary Mahan, President

SECTION F. "OPT IN" REQUEST

Is a Case Manager assigned?... Yes No If "Yes," provide name: _____

Current oversight mechanism:

- UST Rule
- ISRA Rule
- ACO/MOU/RA
- MOA
- None

Does the site involve or potentially impact a childcare center, school or residence?..... Yes No

In accordance with N.J.A.C. 7:26C-2.3(b), I hereby request that the Department allow the remediation at the site identified in Section A, above, to be conducted in accordance with N.J.A.C. 7:26C-2.4. I certify that I have paid all invoiced uncontested oversight costs and applicable fees and that, if applicable, my remediation funding source has been established and maintained in an amount that reflects the estimated cost of remediation and that all applicable surcharges have been paid. I further certify that I agree to pay oversight costs incurred by the Department but not yet invoiced and, if applicable, to maintain my remediation funding source in an amount that equals the estimated cost of the remediation and to pay any required surcharge.

I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

I understand that my submittal of this certification provides an automatic approval of this request, provided that I am eligible for approval and that the Department finds the certification to be truthful and accurate.

Signature: _____ Date: _____
Typed/Printed Name: _____
Title: _____