YEAR 2017 OPRA REQUEST LOG

ITEM #	RECEIVED	REQUESTOR	BLOCK	LOT	LOCATION INQUIRY	REHS RESPONDING	INFO FOUND	PAYMENT REQUIRED	PAYMENT RECEIVED	DATE COMPLETED	CALL - EMAIL - SITE VISIT HOW RESPONDED
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	94.2	56.01	[redacted]	DB	no	no		7/31/17	called
[redacted]	[redacted]	[redacted]	34	23.01-23.02	170 [redacted] St						
[redacted]	[redacted]	[redacted]	30	8	[redacted]	ODS	no	yes		8/2/17	emailed
8-01 ~~T-15~~	8/01/17	Angela Romano	68.01	9	63 Water St T.F.	DA	yes	no		8-8-17 8/2/17	2ND SITE VISIT site visit emailed done
8-02	8/01/17	Lauren Murgo			2541 Allenwood - Lakewood Rd wall	DB	yes	no		8/2/17	called by DB spoke on phone closed
8-03	8/3/17	Richard Bapst	77.01	4 & 5	403/417 Higgins Ave Build	MK	no	no		8/4/17	called / emailed
8-04	8/8/17	Kathy Pouso			Riverview medical Ctr complaint	ODS	yes	no		8/10/17	emailed results
8-05	8/15/17	Robert Rieselman	30.01	26	18 Broad St Red Bank	ODS	no	no		8/16/17	emailed
8-06	8/18/17 X	Griffin Savage	5	28 + 29	1711-1715 Hwy 71 Wall	DB	no	no		8/21/17	DB left msg. for requestor emailed 9/6/17

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

1540 West Park Ave, Suite 1
Ocean, NJ 07712
Telephone (732)493-9520 Fax (732)493-9521

GOVERNMENT RECORD REQUEST FORM

All persons requesting access to government records must fill out this form and fax or mail the form to the Records Custodian at the address listed above. The custodian of government records must review the request and the requested documents before access is permitted to the document(s). If copies are requested, fees for documents to be copied must be prepaid. Checks must be made payable to the Monmouth County Regional Health Commission #1. or "MCRHC". Provided that the document requested is not in storage, access must be granted or denied within 7 business days of the request. Anyone denied access, may institute a proceeding to challenge the decision by filing an action in Superior Court; or in lieu of filing an action, may file a complaint with the Government Records Council established pursuant to Section 8 of P.L. 2001, c.404(C:471A-7).

BELOW INFORMATION MUST BE FURNISHED IN ORDER TO PROCESS YOUR REQUEST.
REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1
JUL 31 2017
RECEIVED

Date of Request: 7/31/2017

E-Mail address (if applicable): AROMANO2@NYC.RR.COM

Name of Person Making Request: ANGELA ROMANO, OWNER

Address of Person making Request: 823 MADISON AV 5R. NY NY 10065

Telephone Number: [redacted]

Fax Number: _____

Description of document(s) requested: I need to know where the working well is on my property at 63 WATER ST TINTON FALLS 07725 There is an old well on the Property WITH A CONCRETE SLAB OVER IT. This is NOT the WORKING ~~off~~ well Block 68.01 / LOT 9 / The old Address was 129 WATER ST

Signature of requestor: Angela Romano

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

EMAILED 8/2/17

Copying fees:

- per letter size page _____ x $.05 = _____
- per legal size page _____ x $.07 = _____

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian _____ Date Completed: 8/2/17

OPRA-Apr 08

Site visit required
DA 8/2/17

OPRA
~~7-15~~ 8-01
DA 8-1-17

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Date of Request: 7/31/2017

E-Mail address (if applicable): laurenacos@gmail.com

Name of Person Making Request: Lauren Murgo

Address of Person making Request: 2541 Allenwood Lakewood Road Wall NJ 07731 B973 L 21

Telephone Number: [redacted]

Fax Number: _____

Description of document(s) requested: I would like to obtain the paperwork necessary to understand where the placement of our septic tank is on our property. Please provide a copy of this document at your earliest convenience. Thank you in advance for your assistance!

Signature of requestor: Lauren Murgo

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

- per letter size page _____x $.05 = _____
- per legal size page _____x $.07 = _____

Nick Murgo
Fax 732-220-0440

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian _____ Date Completed: 8/2/17

OPRA-Apr 08

closed 8/2/17

OPRA
8-02
DB 8-1-17

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Date of Request: Aug 2, 2017

E-Mail address (if applicable): rbapst@dcrenv.com

Name of Person Making Request: RIchard Bapst

Address of Person making Request: 3900 north 10th stret, suite 102, Phila., PA 19140

Telephone Number: [redacted]

Fax Number: [redacted]

Description of document(s) requested:

Any enforcement, documentation, hazardous materials, spill incidents, underground storage tanks, other environmental issues to complete our Phase I Environmental Assessment for the following property:
Restaurant, 403 and 417 Higgins Avenue, Brielle Boro; BLock 77.01, Lots 4 and 5.

Signature of requestor: [signature]

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

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Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

(Richard Bapst Contacted requestor to report no files found.)

Signature of Custodian [signature]

Monmouth County Regional Health Commission
AUG 03 2017
RECEIVED

Date Completed: 8/4/17

OPRA
8-03

OPRA-Apr 08

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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Date of Request: 8/4/17

E-Mail address (if applicable): Kathleen.pouso@hackensackmeridian.org

Name of Person Making Request: Kathleen Pouso

Address of Person making Request: Riverview Medical Center 1 Riverview Plaza Red Bank NJ 07701

Telephone Number: [redacted]

Fax Number: [redacted]

Description of document(s) requested: Final report from site visit at Riverview Medical center visit from 8/2/17

Signature of requestor: Kathleen Pouso

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1
AUG 08 2017
RECEIVED

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- per legal size page _____ x $.07 = _____

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian KSP

Date Completed: 8/10/17

OPRA-Apr 08

OPRA
8-04
ODS 8-8-17

EMAILED
8-10-17

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Date of Request: 08/14/2017

E-Mail address (if applicable): horizoneci@aol.com

Name of Person Making Request: Robert D. Rieselman / Horizon Environmental & Contracting, Inc.

Address of Person making Request: 901 Harrison Ave., Mays Landing, NJ 08330

Telephone Number: [redacted]

Fax Number: [redacted] E-mail: horizoneci@aol.com

Horizon Environmental & Contracting, Inc. is currently conducting a Phase I Environmental Site Assessment for ***18 Broad St., Red Bank, Block: 30.01 Lot: 26*** As part of the due diligence inquiry for this property transaction, we are writing to request a records search targeted for any incidents to which the County Health Dept. and HAZMAT may have responded and/or documented (i.e., spills, leaks, releases). Specifically, we are seeking information on such incidents that may have resulted in an environmental impact to either soil, water or air quality.

Signature of requestor: [signature]

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): _____

Approved date: _____

Copying fees:

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Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost:

Signature of Custodian _____ Date Completed: _____

8/16 - No records found pertaining to environmen impact (soil, water, air qualit Utilities

EMAILED 8/16/17

OPRA-Apr 08

OPRA
8-05
ODS 8-15-17

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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Monmouth Regional Health Commission
AUG 18 2017
RECEIVED

Date of Request: 8/18/2017

E-Mail address (if applicable): griffin@envirotactics.com

Name of Person Making Request: Griffin Savage x 115

Address of Person making Request: 1330 Laurel Ave Building 3, Sea Girt, NJ 08750

Telephone Number: [redacted]

Fax Number: [redacted]

Description of document(s) requested: Please see attched letter for details

Signature of requestor: Griffin Savage

HEALTH COMMISSION USE

Denial date: ____________

Denial reason (attach add'l page if necessary): ____________

Approved date: ____________

Copying fees:

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- per legal size page ______ x $.07 = ______

Estimated Document Cost: ____

Estimated Delivery Cost: ____

Estimated Extra Cost: ____

Total Estimated Cost: ____

OPRA 8-06

D. Beard 8-18-17

No file found: Left message for requestor 8/21/17

Signature of Custodian: H. Niketich for N. Figoolito

Date Completed: 8-21-17 DLB

OPRA-Apr 08

envirotactics
Your Environmental Resource

August 18, 2017

Monmouth County Regional Health Commission No. 1
1540 West Park Ave, Suite 1
Ocean, NJ 07712

Fax: (732)493-9521

RE: OPRA Request
1711-1715 Highway 71
Block 5, Lots 28+29
Belmar (Wall), Monmouth County, New Jersey
Envirotactics Project #4673

To Whom It May Concern:

Envirotactics is conducting an environmental assessment of the above referenced property and we are in need of accessing any records regarding the site maintained by the Health Department. Specifically, we are in search of records addressing or pertinent to environmental investigations such as; storage tank records, corrective actions, contaminant releases, spill incidents, fires, hazardous materials storage, citations, notices of violation, NJDEP correspondences, potable wells, monitoring wells, or other areas of environmental concern at the above referenced property. **We realize that some of the files may be quite extensive, if this is the case we ask that you provide us access to the files so we can determine which files will be required.**

If you have any questions or require additional information please call me at (732) 449-0077. Thank you for your assistance.

Sincerely,
For Envirotactics, Inc.

Griffin Savage
Environmental Scientist

Enclosure (OPRA Form)

MONMOUTH COUNTY REGIONAL
HEALTH COMMISSION #1
AUG 18 2017
RECEIVED

Envirotactics, Inc.
1330 Laurel Ave.
Building 3
Sea Girt, NJ 08750

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.com