

YEAR 2017 OPRA REQUEST LOG

ITEM #	RECEIVED	REQUESTOR	BLOCK	LOT	LOCATION INQUIRY	REHS RESPONDING	INFO FOUND	PAYMENT REQUIRED	RECEIVED	DATE COMPLETED	CALL - EMAIL - SITE VIS HOW RESPONDED
7-03	7/1/17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	7/1/17	called
7-14	7/1/17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	8/2/17	called
8-01	8/01/17	Angela Ramano	68.01	9	63 Water St T.F.	DA	yes	no		8-8-17	2ND SITE VISIT site visit emailed done
8-02	8/01/17	Lauren Munge			2541 Allenwood - Salemwood Rd wall	DB	yes	no		8/2/17	called by DB appt on phone closed
8-03	8/3/17	Richard Bopst	77.01	485	403 / 417 Higgins Ave Bridges	mk	no	no		8/4/17	called / emailed
8-04	8/8/17	Kathy Pounce			Reverend Medical Ctr complex	ODS	yes	no		8/10/17	emailed results
8-05	8/15/17	Robert Reselman	30.01	26	18 Broad St Red Bank	ODS	no	no		8/16/17	emailed
8-06	8/18/17	Griffin Savage	5	28 + 29	1741-1715 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.

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 AVE. NY 10065

Telephone Number: 718-216-5517

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 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: _____

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: [Signature]

Date Completed: 8/2/17

OPRA-Apr 08

Site visit required
DA 8/2/17

OPRA

7-5 8-01

DA 8-1-17

MONMOUTH COUNTY REGIONAL
HEALTH COMMISSION #1
JUL 31 2017
RECEIVED

EMAILED
8/2/17

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Date of Request: 7/31/2017

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

Name of Person Making Request: Lauren Murgio

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

Telephone Number: ~~908 998 2888~~

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 Murgio

HEALTH COMMISSION USE

Denial date: _____

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

Approved date: _____

Copying fees:

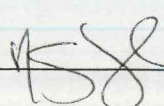
- per letter size page _____ x \$.05 = _____
- per legal size page _____ x \$.07 = _____

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian 

Date Completed: 8/2/17

B973 L 21

nick Murgio

Fax 732-220-0440

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Date of Request: Aug 2, 2017

E-Mail address (if applicable): rbapst@dcenv.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; ELock 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: _____

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Total Estimated Cost: _____

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

Signature of Custodian [Signature]

Monmouth County Regional Health Commission

Date Completed: 8/4/17

RECEIVED

OPRA

8-03

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

Telephone Number:

732-550-2510

Fax Number:

732-530-3818

Red Bank NJ
07701

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

Copying fees:

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- per legal size page

\$.05 =

\$.07 =

AUG 08 2017

RECEIVED

Estimated Document Cost:

Estimated Delivery Cost:

Estimated Extra Cost:

Total Estimated Cost:

Signature of Custodian

[Signature]

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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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: 609-436-2202
Fax Number: 609-436-2202 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: _____

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Estimated Document Cost: _____

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Total Estimated Cost: _____

Signature of Custodian: _____

Date Completed: _____

*8/16 - No records found
pertaining to environmen
t impact (soil, water, air qualiti
utilias*

OPRA-Apr.08

EMAILED
8/16/17

OPRA

8-05

ODS 8-15-17

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Date of Request: 8/18/2017E-Mail address (if applicable): griffin@envirotactics.comName of Person Making Request: Griffin SavageAddress of Person making Request: 1330 Laurel Ave Building 3, Sea Girt, NJ 08750Telephone Number: 732-449-0077Fax Number: 732-449-0040Description of document(s) requested: Please see attached letter for detailsSignature 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: _____

Signature of Custodian: H. M. W. for N. F. G. 10Date Completed: 8-21-17

AUG 18 2017

RECEIVED

OPRA

8-06

D. Beard
8-18-17No file found:
Left message for
requestor 8/21/17

DLB



August 18, 2017

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

Fax: (732)493-9521

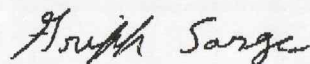
**RE: OPRA Request
1711-1715 Highway 71
Block 5, Lots 28+29
Belmar (Wall), Monmouth County, New Jersey
EnviroTactics Project #4673**

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