YEAR 2017 OPRA REQUEST LOG

ITEM #	RECEIVED	REQUESTOR	BLOCK	LOT	LOCATION INQUIRY	RESPONDING	INFO FOUND	PAYMENT REQUIRED	PAYMENT RECEIVED	DATE COMPLETED	CALL - EMAIL - SITE VISIT HOW RESPONDED
9-10 (B)	Frank Rizzo	9/27/17	920	25	1807 Carmenille Rd Wall	N.I.	yes	no		9/27/17	walk-in
10-01	10/4/17	Rey Perez	920	25		DB ~~NI~~ NI	yes	no		10/5/17	Walk in SPOKE W/ DB on site
10-02	10/12/17	Bretton Savage	774	8	3400 RT 34 Wall	DB	yes	no		10/17/17	DB called. NII called email closing open pending info
10-03	10/03/17	Kevin Records Retrieval	-	-	Re: Robin MALIK	D. Henry	yes	no / reopened 11/8	closed 11/8 sent 11/8/17	~~Fax~~ Signature Fax request 10/3/17	no response FAXED 10-12 CLOSED DUE TO NO RESPONSE
10-04	10/20/17	Kelsey Logan	3	8	Navesink Marina 1410 ~~Ocean~~ Ocean Ave Sea Bright	JM	yes	no		10/25/17	JM spoke w/ requestor
10-05	10/25/17	Erica Burkert ~~Burkert~~ ~~Burkert~~ RT	—	-	Applebees - WALL Chipotle - Ocean Panera - Ocean ~~Red Lobster - Oakhurst~~	DB LM	yes	no		10/30/17	emailed findings
11-01	11/2/17	mike Fantini	138	50	907 Brookside Ave Ocean	LM	no	no		11/2/17	email
11-02 X	6 11/6/17	OLIVER Bonhotel			52 Evergreen Ter. Red Bank	ODS					

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
SEP 27 2017
RECEIVED

Date of Request: 9-27-17

E-Mail address (if applicable): frizzo@glorianilson.com

Name of Person Making Request: Frank Rizzo

Address of Person making Request: Gloria nilson & Co., 600 Broad St., Shrewsbury,NJ

Telephone Number: [redacted]

Fax Number: [redacted]

Description of document(s) requested: Location of well and septic system for 1807 Carmerville Road, Wall Township. Block 920, Lot 25. The buyer is getting an FHA loan and the lender is requiring this information.

Signature of requestor: Frank Rizzo

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 = _____

OPRA
9-10 (B)
NI 9-27-17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian _____ Date Completed: 9/27/17

OPRA-Apr 08

copy of septic bid

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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Date of Request: 11,4,17

E-Mail address (if applicable): prey04995@gmail.com

Name of Person Making Request: Rey Perez

Address of Person making Request: 1756 Raleigh ct E. Ocean NJ.

Telephone Number: [redacted]

Fax Number: _____

Description of document(s) requested: 1807 Carmerville rd Wall NJ Block 920 Lot 25. I need to show the location of the septic on a survey or in writing to give to our mortgage company

Signature of requestor: [signature]

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1

OCT 04 2017

RECEIVED

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: _____

OPRA
10-1
NI 10-5-17

10/5/17 onsite review w/ DBeard HF

Signature of Custodian [signature]

Date Completed: 10/5/17

OPRA-Apr 08

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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

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REQUEST WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

Monmouth County Regional Health Commission
OCT 12 2017
RECEIVED

Date of Request: 10/11/2017

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

Name of Person Making Request: Griffin Savage

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

Telephone Number: [redacted]

Fax Number: [redacted]

Description of document(s) requested: _____

Signature of requestor: Griffin Savage

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 = _____

OPRA
10-2
DB 10-12-17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

10/3/17 - Called Requestor Re: files found. He will contact for an appt. if warranted. DB

Signature of Custodian _____ Date Completed: 10/17/17

OPRA-Apr 08

Declined opra

envirotactics
Your Environmental Resource

October 11, 2017

County of Monmouth
1540 West Park Ave, Suite 1
Ocean, NJ 07712

Fax: (732)493-9521

RE: OPRA Request
3400 Highway 138
Block 774, Lot 8
Wall Township, Monmouth County, NJ 07719
Envirotactics Project #4212

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 [redacted]. Thank you for your assistance.

Sincerely,
For Envirotactics, Inc.

Griffin Savage

Griffin Savage

Enclosure (OPRA Form)

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

Phone 732.449.0077
Fax 732.449.5810
www.envirotactics.com

Order No. 212776.023

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1

NOV 0 6 2017

RECEIVED

Keais RECORDS RETRIEVAL

Attn: Custodian of Records
Monmouth Public Health Consortium
Office of Communicable Diseases
1540 West Park Avenue, Suite 1
Ocean, NJ 07712

Keais Order No. 212776.023

Fax #

Please Use Keais *Secure* Records Delivery! It is Fast, Easy & HIPAA Compliant

Go to:https:\\www.keais.com - Records Delivery
Enter Order Number on the Request
Enter Patient's Date of Birth on the Request
Upload the Records
Click Submit to Securely Send to Keais

or please send **records** to:
PO Box 525597, Houston, Tx. 77052
FAX #[redacted]

Patient Name or Subject Matter:	**Robin Malik**
Date of Birth:	03/26/1965
Social Security #:	xxx-xx-7968

Scope of Records being Requested: **Records Type:** Medical Records

Complete medical records from first date of treatment to the present, including but not limited to any records/documents that may be stored digitally and/or electronically: documents, correspondence, correspondence from the patient or patient's attorney, intake forms, medical reports, doctor's entries, nurse's notes, medication administration records, office notes, progress reports, cardiology reports, radiology reports, x-ray reports, MRI reports, CT reports, myelogram reports, lab reports, pathology reports, monitor strips, physical therapy records, occupational therapy records, case history, emergency records, outpatient records, diagnosis and prognosis documentation, admit and discharge records, and notation(s) on any file folder. All emails between physicians and the patient regarding physical complaints, symptoms, and treatment, including secure messages.

Date range of records: Any and all records

**** This is a legal request requiring a certification/Declaration ****

*** **You may** upload the records to our secure website or fax the records, instead of mailing with the ATTACHED certification/Declaration. ***

IF THE FEE FOR THE RECORDS EXCEEDS $101.00, please contact our office prior to copying the records so that a fee approval may be obtained from the attorney. **We will not be able to pay any invoices that do not accompany the records and have not been approved**.

If you have any questions, please contact Keais Records Service at [redacted] (local); [redacted] (fax) or e-mail at customerservice2@keais.com. Please reference the above order number.
PLEASE DO NOT CONTACT THE ORDERING ATTORNEY'S OFFICE DIRECTLY.

FAXED 11/8/17

OPRA 10-03

opened 10/3/17
closed 10/18/17
re-opened 11/8/17

THIS REQUEST REQUIRES THAT YOU CERTIFY YOUR RECORDS.

Please do not return the records without the signed certification/declaration/affidavit included for you in this packet.

Please see cover page to see if the ORIGINAL is required. If ORIGINAL is required, please return by mail ONLY.

If the document must be notarized, DO NOT return without proper notarization. Contact our office if you need help locating a notary.

MARKS, O'NEILL, O'BRIEN,
DOHERTY & KELLY, P.C.

NEW JERSEY OFFICE
Cherry Tree Corporate Center
Suite 501
535 Route 38 East
Cherry Hill, NJ 08002
(856) 663-1500 Fax: (856) 663-4130

09/28/2017

Monmouth Public Health Consortium (Medical Records)
Office of Communicable Diseases
1540 West Park Avenue, Suite 1, Ocean, New Jersey 07712

Re: [redacted]
DOB: [redacted]
SS# [redacted]

Dear Custodian of Records:

Please be advised that ***KEAIS RECORDS SERVICE, INC***, has been commissioned by **MARKS, O'NEILL, O'BRIEN, DOHERTY & KELLY, P.C.**, as our agent and/or representative to obtain records on the aforementioned person. ***KEAIS RECORDS SERVICE, INC*** will obtain at our behalf, medical records, billing and x-ray films, as well as other types of records regarding the aforementioned person.

Please release the items mentioned at your earliest convenience. Thank you for your anticipated cooperation in this matter.

Very truly yours,

MARKS, O'NEILL, O'BRIEN,
DOHERTY & KELLY, P.C.

/s/ Alina Rhoads

Alina Rhoads, Esquire

AUTHORIZATION FOR HEALTH INFORMATION DISCLOSURE

PATIENT INFORMATION

Patient Name: [redacted]
Street Address: **278 Danielle Drive**
Ocean, New Jersey 07712

Date of Birth: [redacted]
SS#: [redacted]

I hereby authorize: **Monmouth Public Health Consortium**
Office of Communicable Diseases
1540 West Park Ave., Ste. 1
Ocean, NJ 07712
732-493-9520

REQUEST/RECIPIENT INFORMATION

Please disclose the following protected health information to:
Marks, O'Neill, O'Brien, Doherty & Kelly, P.C.
Our File Number: 1492-102778 (MJN)

c/o **KEAIS Record Service, Inc.**
1010 Lamar Street, #1800
Houston, TX 77002

Please indicate the information or types of information to be disclosed: Your complete medical file, including but not limited to psychological records, medical reports and records, diagnosis records, prognosis records, diagnostic films and/or images, office notes, prescriptions, billing and payment ledgers and records and results of testing.

Specify dates (or date ranges) if applicable: **ALL AVAILABLE RECORDS**

This request is for the purpose of: Lawsuit and/or Litigation
I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing and addressed to the privacy officer of the above named facility authorized to make this disclosure. I understand that the revocation does not apply to information that has already been released in response to this authorization.

Unless otherwise revoked, this authorization will expire in twelve months.

I understand that any disclosure of information may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I understand that I need not sign this authorization to assure treatment. I understand that I may inspect and/or copy the information to be disclosed. I understand that authorizing this disclosure is voluntary. I understand that if I have

CERTIFICATION OF RECORDS

Records pertaining to: Robin Malik

I, David A. Henry, of Monmouth Public Health Consortium, being duly sworn, hereby certify that I am employed as the Record Custodian and that as part of my duties as the custodian of the records of this facility, I have examined the pages attached hereto and certified:

1. Said attachments are all of the exact copies of the requested records of this entity of which affiant is the custodian;

2. The originals of said attachments were all prepared in the usual course of business of said entity;

3. The originals of said attachments were all prepared at or about the time of the events and conditions they record;

4. The originals of said attachments were all prepared and maintained by employees of said entity in the normal and usual manner that the records are prepared and maintained; and

5. Said attachments, constitute the complete and exact copies of the records that are in the custody and possession of this entity regarding [redacted].

Custodian of Records

11/8/17
Dated

Order No.: 212776.023

ENTERED

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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

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

Monmouth County Regional Health Commission
OCT 20 2017
RECEIVED

Date of Request: 10/20/2017

E-Mail address (if applicable): klogan@whitmanco.com

Name of Person Making Request: Kelsey J. Logan

Address of Person making Request: 7 Pleasant Hill Road, Cranbury, NJ 08512

Telephone Number: [redacted]

Fax Number: [redacted]

Description of document(s) requested: Please see the attached cover letter.

Signature of requestor: Kelsey J. Logan

HEALTH COMMISSION USE

Denial date: _____

Denial reason (attach add'l page if necessary): Called 10/25/17 - Request Answered over phone. J.M.

Approved date: _____

Copying fees:

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

OPRA
10-04
10-20-17 jm

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: /

EMAILED
10/27/17
attached

Signature of Custodian _____ Date Completed: 10/25/17

WHITMAN

Corporate Headquarters
7 Pleasant Hill Road
Cranbury, NJ 08512

Tel: [redacted]
www.whitmanco.com

October 20, 2017

John McDonald
Monmouth County Regional Health Commission
1540 West Park Avenue, Suite 1
Ocean, NJ 07712

Fax: (732) 493-9521

RE: Classification Exception Area (CEA) Biennial Certification
Navesink Marina
1410 Ocean Avenue
Block 3, Lot 8
Sea Bright, Monmouth County, New Jersey
Whitman Project #93-10-05

Dear Mr. McDonald:

Whitman is completing a Biennial Certification Monitoring Report for a Ground Water CEA for submittal to the New Jersey Department of Environmental Protection (NJDEP) for the above-referenced property. In accordance with the Open Public Records Act (OPRA), please provide any information available through your department for the above referenced property. A Request for Public Records form is attached. We are specifically interested in knowing if any new potable wells have been installed in the vicinity of the property since 2015, and if there are any planned changes to the future water use for the area.

Please call me at [redacted] if you have any questions or when these files will be available for review. Thank you in advance for your help in this matter.

Respectfully yours,

Kelsey J. Logan

Kelsey J. Logan
Junior Scientist

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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

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

Date of Request: 09/21/2017

E-Mail address (if applicable): inspections@activeviewhdi.com

Name of Person Making Request: Erica Burkert

Address of Person making Request: 1601 West Diehl Road, Naperville, IL 60563

Telephone Number: [redacted]

Fax Number: [redacted]

Description of document(s) requested: We are searching for food safety inspections for the following:

1. Applebee's: 2007 Hwy 35, Wall - We are searching for any inspections conducted after 06/09/2016.
2. Chipotle: 2150 Route 35, Ocean - We are searching for any inspections conducted after 05/12/2016.
3. Panera: 1100 Route 35, Ocean - We are searching for any inspections conducted after 01/13/2016.
4. Red Lobster: 2200 Route 35, Oakhurst - We are searching for any inspections conducted after 02/03/2016.

Signature of requestor: [signature]

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 = _____

OPRA
10-05
DB 10/25/17
LM 10/25/17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: /

Total Estimated Cost: /

Signature of Custodian [signature] Date Completed: 10/30/17

Tuesday, October 24, 2017

ATTN: MONMOUTH COUNTY REGIONAL HEALTH COMMISSION - ORPA REQUEST OFFICER

To Whom It May Concern,

I hope this finds you doing well and having a great week thus far!

On Thursday, September 21, 2017, we sent a request for copies of health inspections for the facilities listed below.

We are following-up in case you did not receive our request.

We are working with several national restaurant chains and food service companies to gather inspection data as part of their corporate Quality Assurance programs.

If you have any questions or concerns, please let us know.

1. **Applebee's**
   2007 Hwy. 35 Wall, NJ 07719
   Please send any inspections performed AFTER 06/09/2016. If there are no inspections after that date, please let us know. We do not need any inspections performed on or before 06/09/2016.
2. **Chipotle Mexican Grill**
   2150 Route 35, Space E-7 Sea Girt, NJ 08750
   Permit No.: B1705
   Please send any inspections performed AFTER 05/12/2016. If there are no inspections after that date, please let us know. We do not need any inspections performed on or before 05/12/2016.
3. **Panera**
   1100 Route 35 Ocean Township, NJ 07712
   Please send any inspections performed AFTER 01/13/2016. If there are no inspections after that date, please let us know. We do not need any inspections performed on or before 01/13/2016.
4. **Red Lobster USA**
   2200 HWY 35 OAKHURST, NJ 77557204
   Permit No.: F-0000042-2009-10
   Please send any inspections performed AFTER 02/03/2016. If there are no inspections after that date, please let us know. We do not need any inspections performed on or before 02/03/2016.

This request is made in accordance with your State's Open Records law and under the Freedom of Information Act, 5 U.S.C. Sec. 552.

Please advise if there is a cost for copies, and how that needs to be paid. If possible, we would like to receive the reports in an electronic format or by e-mail or fax. However, if there are too many pages U.S. mail is fine - we will pay the postage.

Thank you for all of your help, as well as your hard work with this request. Your assistance with our inquiry is truly appreciated, and I look forward to hearing from you soon!

Best Regards;

Erica Burkert [B3F3-134]
Ecolab
1601 West Diehl RD, Naperville, IL 60563
Email: inspections@activeviewhdi.com
Phone: [redacted]
Fax: [redacted]

ATT: FOIA Form (MCRHC NJ OPRA5.pdf)

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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

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

Monmouth County Regional Health Commission

NOV 02 2017
RECEIVED

Date of Request: 11/2/17

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

Name of Person Making Request: Michael Fantini

Address of Person making Request: 907 Berkeley Avenue, Ocean, NJ 07712

Telephone Number: [redacted]

Fax Number: _____

Description of document(s) requested: Documentation as to whether there was a septic tank at 907 Brookside Avenue, Ocean Twp., NJ

Block 138, Lot 50

Year built - 1931

11/2/17

Signature of requestor: [signature]

NOTHING IN FILES

HEALTH COMMISSIOI

LISA

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 = _____

OPRA
11-01
LM 11-2-17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: -0-

Signature of Custodian [signature]

Date Completed: 11/2/17

OPRA-Apr 08

EMAILED
11-2-17
M Fantini

9D 11/13 - LM
11/14 - Called, NO Answer
11/15 - Called, NO Answer
11/16 - LM

Opra Curt called Twice now
Tried Gain - no answer
11/21/17

DOMINION
Due Diligence Group

To: Monmouth County Regional Health Commission
Attn: Environmental Health Division
Date: November 4, 2017
Re: Project Name: Borough of Red Bank
Address: 52 Evergreen Terrace
Red Bank, Monmouth County, New Jersey

As part of the real estate screening that we are performing at the above-listed property, I am requesting assistance to locate any environmental-related permits and information associated with the property.

Please answer the following questions:

Is any information for former or current wells or septic tanks available for the property?

☐ Yes If yes, please attach all related information

☐ No

Are there any known Regional Health issues associated with this property?

☐ Yes If yes, please attach all related information

☐ No

OPRA
11-02
ODS 11-6-17

Comments:

no response from Mr. Bonhotel after 6 call attempts.
Fax machine not answering. closed opra

Signature

Printed Name, Title

Thank you for your time and effort in completing the above request for information. If any more information is needed from our company in regards to the screening that we are performing on the above property please contact me at (540) 793-5055. I will follow up directly due to the timeliness of need for this information. Please fax this form and any additional information to me at (804) 358-3003.

Thanks for your time,

Oliver Bonhotel
Project Manager