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 VISI HOW RESPONDED
11-03	11/13/17	Rich Bapst	28	2.01 - 2.04	55 Monmouth Pkwy Monmouth Beach	LM ~~DS~~	no	no	-	11/13/17	emailed
11-04	11/15/17	Denise Cali	37	10	28 Manor St Shrewsbury	RG ~~LM~~	no	no	-	11/16/17	email
11-05	11/15/17	David Lipton	102	22	214 Broad St Red Bank	ODS	yes	no	-	11/16/17	email
11-06	11/20/17	Larry Schmidt	33	9.01	120 Monmouth St Red Bank	ODS	no	no	-	11/21/17	email
11-07	11/21/17	NJ media	-	-	all Opras from 8/1/17 - 11/20/17	H.O. / NJI	yes			11-21-17 → 11-22-17	email requesting site visit / email log, cover sheets
	X										

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
NOV 13 2017
RECEIVED

Date of Request: Nov. 9, 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:
Dwelling, 55 Monmouth Parkway, Monmouth Beach Boro, NJ; Block 28, lots 2.01 through 2.0

2.04

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
- per legal size page

11/13/17

NOTHING FOUND

Jasa

OPRA
11-03
11-13-17
Lm

Estimated Document Cost:

Estimated Delivery Cost:

Estimated Extra Cost:

Total Estimated Cost:

Signature of Custodian [signature] Date Completed: 11-13-17

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Date of Request: 11.14.17

E-Mail address (if applicable): denise@wiliamhagangroup.com

Name of Person Making Request: Denise Cali, Keller Williams Realty

Address of Person making Request: 750 Broad St, Suite 1, Shrewsbury, NJ 07702

Telephone Number: [redacted]

Fax Number: _____

Description of document(s) requested:

Pls supply all information, certificates, documents with regard to underground septic tank, underground oil tank, or any other pertinent information with regard to the property at: 28 MONROE AVE, SHREWSBURY, NJ 07702, BLOCK 37, LOT 10

THANK YOU.

Signature of requestor: Denise Cali dotloop verified 11/14/17 12:02PM EST JRPE-AAAR-AXHN-9FSU

HEALTH COMMISSION USE

Denial date: _____

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

No Files on record

Approved date: _____

Copying fees:

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

OPRA
11-04
LM 11-15-17
RG

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

EMAILED
11-16-17

Signature of Custodian _____ Date Completed: 11-16-17

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Monmouth County Regional Health Commission
NOV 15 2017
RECEIVED

Date of Request: 11/14/17

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

Name of Person Making Request: David N. Lipton

Address of Person making Request: 214 Broad Street

Telephone Number: [redacted]

Fax Number: _____

Description of document(s) requested: Reports of inspection for flea infestation at 214 Broad Street. Red Bank

BK 102 LOT 22

Signature of requestor: David N. Lipton

HEALTH COMMISSION USE

Denial date: _____

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

OPRA
11-05

Approved date: _____

ODS 11-15-17

Copying fees:

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

EMAILED
11-16-17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian _____ Date Completed: 11-16-17

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION NO.1

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Date of Request: 11/13/17

E-Mail address (if applicable): lawrence.schmidt@fpaengineers.com

Name of Person Making Request: Lawrence Schmidt

Address of Person making Request: French and Parrello Assoc. 1800 Rt 34 Wall, NJ 07719

Telephone Number: [redacted]

Fax Number: [redacted]

Description of document(s) requested: Seeking environmental records on 120 Monmouth Street, Red Bank Block 33 Lot 9.01 Please see attached cover letter for specific informational request

Signature of requestor: _____

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 = _____

11/21 - No Information found in DEP files regarding this property. DD

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian _____ Date Completed: 11/21/17

OPRA-Apr 08

OPRA
11-06

FRENCH & PARRELLO ASSOCIATES

Corporate Office
1800 Route 34, Suite 101
Wall, NJ 07719

Regional Offices
Hackettstown, NJ
New York, NY

November 13, 2017

Mr. David Henry, Health Officer
Monmouth County Regional Health Commission
1540 West Park Avenue
Ocean Township, NJ 07712

Re: Open Public Records Act (OPRA) – Environmental Search
Site: 120 Monmouth Street
Block 33 Lot 9.01
120 Monmouth Street
Borough of Red Bank, Monmouth County, New Jersey
FPA No. 13079.001

Dear Mr. Henry:

French & Parrello Associates, is performing an Environmental Site Assessment of the above referenced property. As part of our assessment, we ask that your office perform a records search to identify permits for the installation/removal of petroleum storage tanks and any information regarding potable wells, septic systems, site contamination, spills of hazardous substances, hazardous waste emergency responses, land use restrictions or development plans.

If files are located for this property, please provide me with same or contact me so that I can schedule an appointment for a file review or make arrangements for e-mailing aid records. If no records are found, kindly advise me in writing.

A Monmouth County Regional Health Commission Open Public Records Act Information Request form is attached.

Yours truly,

FRENCH & PARRELLO ASSOCIATES

Lawrence Schmidt, Senior Environmental Specialist
Environmental Services Department

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Ocean, NJ 07712
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Date of Request: 11-21-17

E-Mail address (if applicable): as attached

Name of Person Making Request: Ask NJ Media

Address of Person making Request: -

Telephone Number: -

Fax Number: -

Description of document(s) requested: all Opra's from August 1, 2017 - November 20, 2017

25 Opra's during time period requested

2 knee Opra's during time period requested

Signature of requestor: _____

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
11-07
D.H. / Opra Cost.
11-21-17

Estimated Document Cost: _____

Estimated Delivery Cost: _____

Estimated Extra Cost: _____

Total Estimated Cost: _____

Signature of Custodian _____ Date Completed: _____

as per H.O.